

CENTRAL STATE HOSPITAL
PROCEDURE

SUBJECT: ACCIDENTS INVOLVING STATE VEHICLES

ANNUAL REVIEW MONTH: December

RESPONSIBLE FOR REVIEW: Police Captain

LAST REVISION DATE: February 2008

This procedure provides the guidelines to ensure proper investigations and reports of accidents in state owned and state leased vehicles on and off campus.

Participants:

Service Chiefs/Department Heads/
Office Directors (DD0)
Operator of State Vehicle
Police Captain
Facility Risk Management Director
CSH Property Control Manager

PERSON RESPONSIBLE

RESPONSIBILITY

**Service Chiefs, Department
Heads and Office Directors**

1. Assure that drivers of state vehicles are aware of reporting requirements and actions to be taken when a vehicle accident occurs.
2. Assure all employees required to operate state vehicles participate in the driver's safety training.
3. Assure that drivers of state vehicles have a proper drivers' licenses.
 - a. Provide authorization form to driver to confirm or verify status of driver's license.
 - b. Have police captain advised of

operator license number, state of issue, name, and date of birth of all persons authorized to drive a state vehicle and obtain information concerning validity of license through the Department of Public Safety.

4. Ensure all drivers of state owned vehicles are aware of reporting procedures when involved in an accident.
 - a. Complete attached Exhibit # 40, DHR Initial Vehicle Accident Reporting Form and forward a copy to Property Control and Risk Management.
 - b. Forward the Critical Incident Report form, Exhibit # 40 and a copy of the Accident Report to Property Control, Risk Management Office and Plant Operations
5. Ensure employees with two (2) or more motor vehicle citations or have been involved in two or more accidents and were at fault within the past thirty-six (36) months, do not drive a state owned vehicle.
6. Verify that DOAS has been contacted immediately.

Police Captain

1. Obtain employee(s) motor vehicle report (MVR) to ensure the validity of the license.
2. If the MVR reflects an employee's license is invalid, or two or more motor vehicle code citations within the past thirty-six (36) months, immediately contact the appropriate DDO.

Police Captain or Designee

1. Forward copy of Accident Report to Georgia Dept of Transportation Crash Reporting Unit
P.O. Box 80447 Conyers, GA 30013
Attention: Rosa Roberts
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ACCIDENTS

Operator of State Vehicle

1. Report to supervisor any motor vehicle accident involved when at fault and any motor vehicles citations (on or off duty) within twenty-four (24) hours to supervisor.
2. The driver of any vehicle involved in an accident will not move the vehicle unless it causes a safety hazard until directed to do so by the investigating officer and will:
 - a. render and/or request such first aid and assistance as required;
 - b. notify the appropriate law enforcement agency having jurisdiction;
 - i. provide investigating law enforcement officer details of accident;
 - ii. remain at the scene until released by the investigating law enforcement officer;
 - iii. give his/her name, address, and vehicle license number and produce his/her license, upon request, to any person injured, or to any occupant of other vehicle involved, or any person acting for such person;
 - iv. obtain name, address and vehicle's year make/model of any vehicle involved in the accident. **NOTE:** If driver is injured, request other persons at the scene of accident to notify the appropriate law enforcement agency appropriate law enforcement agency;

- c. notify the immediate supervisor in area of responsibility as soon as possible.
 - d. refer to Motor Transport Information Packet supplied with each vehicle for further clarification and assistance.
- 3. Notify Department of Administrative Services (DOAS) Insurance Unit, by telephone at 1-877-656-7475, as soon as possible after accident, and report the following information:**
- a. year, make and type of vehicle;
 - b. vehicle identification number (serial number);
 - c. official name of the organization insuring the vehicle;
 - d. description of damage; and
 - e. present location of vehicle, plus name, address and telephone number of garage or person having possession of the damaged vehicle.
- 4. Obtain copy of the Motor Vehicle Accident Report and Critical Incident Report and forward to appropriate supervisor. Supervisor must submit to Central Property Control and Plant Operations within twelve (12) hours of accident.**

**Investigating Law
Enforcement Agency**

- 1. Ensure proper investigation of accidents that occur involving state vehicles and other vehicles on campus.
- 2. Have form DPS, Georgia Uniform Motor Vehicle Accident Report, completed by investigating police officer.

Facility Risk Management
Director

Notify the Division of MHDDAD and DHR Risk Management Section of any accident which may result in litigation.

Plant Operations

Ensure DHR Transportation Manual - Exhibit # 40 Form/Critical Incident Report and Motor Vehicle Accident Report is provided when any state vehicle is involved in an accident. Ensure that copies of reports are sent to Risk Management and Central Property Control .

Central Property
Control

Complete regional reports in accordance with DHR Transportation Manual and distribute to the appropriate agencies. Make sure that CSH received reimbursements on all non-fault accidents

Approved:

This procedure was approved by the CEO and CMO in April 2008.

Attachment:

DHR Initial Vehicle Accident Reporting Form

DHR INITIAL VEHICLE ACCIDENT REPORTING FORM

DOAS Contacted
(404)463-7490 _____ Yes _____ No DOAS Incident Number _____

DHR Vehicle # _____ Make/Model of DHR Vehicle _____

Vehicle VIN# _____ DHR Tag # _____

Date of Accident _____ Time of Accident _____

Police Accident Report Completed? _____ Yes _____ No

Date & Time Police Notified of Accident _____

Location of Accident _____

Who was at fault? ___ Driver of DHR Vehicle ___ Driver of Other Vehicle ___ Not Applicable

Details of Accident _____

Witness(es)? _____

Describe the Damage to DHR Vehicle _____

Was any vehicle towed? ___ Yes DHR Vehicle ___ Yes Other Vehicle _____ No Vehicle Towed

Where were the vehicle towed (if any)? _____

Was medical attention given? _____ Yes _____ No

If yes, what type of injuries? _____

Driver's Information	Driver of DHR Vehicle	Driver of Other Vehicle
Name		
Address		
Phone Number		
Make/Model/Color of Vehicle		
Insurance Co.		
Insurance Co. Phone #		
Policy Number		

Signature of Person Completing this Form _____

Contact Telephone Number _____

Agency Name _____

Agency Address _____

Type of Agency _____ DHR Human Service Provider _____ Private Provider (non DHR Insured Vehicle)

Please fax to DHR Risk Management (Charlene Reid) at (404)657-6215

NOTE: Submitting this form only meet DHR's immediate notification requirement. Risk Management must receive a copy of the Police Report and Supervisor's Accident Report within 7days of the accident.

FOR RISK MANAGEMENT USE ONLY			
<input type="checkbox"/> Copy faxed to RTO	<input type="checkbox"/> Follow-up made with HSP	<input type="checkbox"/> Police Report Rec'd	<input type="checkbox"/> Supv. Report Rec'd