



MOTOR VEHICLE USE PROGRAM SUPERVISOR'S ACCIDENT FOLLOW-UP CHECKLIST

Supervisors are to complete this checklist and forward it to the Risk Management Services Division (RMS) within 2 workdays of being advised of an on-the-job accident that occurred while driving on state business.

DRIVER INFORMATION	
Name	Work Unit
Date of Accident	Frequency of driving on state business <input type="checkbox"/> Weekly or more often <input type="checkbox"/> Infrequently

CHECKLIST	
<input type="checkbox"/> Meet with the Driver to discuss the details of the accident.	
<input type="checkbox"/> Did the driver meet the following requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Requirement	Date
Obtain all necessary information at the scene	
Call Toll Free 1-877-656-7475 Report accidents within 48 hours	
Respond to any acknowledgements or requests sent by DOAS RMS	
Obtain the police report, if requested, and forward to DOAS RMS	
<input type="checkbox"/> Discuss appropriate corrective action, depending on whether the driver was cited for the accident.	
Recommendation	Date
On-line defensive driving course at employee's expense	
View an appropriate driver safety video	
No further action warranted	
<input type="checkbox"/> Forward to DOAS Accident Review Panel for the following determinations: <input type="checkbox"/> Preventable <input type="checkbox"/> Non-Preventable <input type="checkbox"/> Additional Recommendations	
<input type="checkbox"/> Forward copy to Human Resources for placement in the employee's personnel file.	

SUPERVISOR INFORMATION	
Printed Name	Work Unit
Signature	Date