

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

Supervisors are to complete this checklist & forward it to the Auxiliary Services or Parking & Transportation within 2 work days of being advised of an on-the-job accident that occurred while driving on state business.

DRIVER INFORMATION

Name	Work Unit
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of Accident	Frequency of driving on state business
<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Weekly or more often <input type="checkbox"/> Infrequently

CHECKLIST

- Meet with the Driver to discuss the details of the accident.
- Did the driver meet the following requirements? Yes No

Requirement	Date
Obtain all necessary information at the scene	
Call loss into the DOAS at 1-877-656-7475 within 48 hours	
Respond to any acknowledgements or requests sent by DOAS RMS	
Obtain the police report, if requested, & forward to DOAS	

Auxiliary Services or Parking & Transportation

- 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	

- Forward to Auxiliary Services & Parking & Transportation for Review :
- Preventable
 - Non-Preventable
 - Additional Recommendations
- Forward copy to Human Resources for placement in the employee's personnel file.

SUPERVISOR INFORMATION

Printed Name	Work Unit
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Signature	Date
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>