



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 work days 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

- 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 1-877-656-7475 or ARI within 48 hours	
Respond to any acknowledgements or requests sent by DOAS RMS	
Obtain the police report, if requested, and forward to DOAS RMS	

- Discuss appropriate