



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