

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 busin	ness
	☐ Weekly or more often	
	Infrequently	
	CHECKLIST	
	CHECKLIST	
Meet with the Driver to discuss the	ne details of the accident.	
Meet with the Driver to discuss the	ne details of the accident.	
Meet with the Driver to discuss thDid the driver meet the following		
Did the driver meet the following		Date
Did the driver meet the following	requirements?	Date
Did the driver meet the following Req	requirements? Yes No uirement at the scene	Date
Did the driver meet the following Req Obtain all necessary information Call loss into 1-877-656-7475 or	requirements? Yes No uirement at the scene	Date
Did the driver meet the following Req Obtain all necessary information Call loss into 1-877-656-7475 or Respond to any acknowledgement	requirements? Yes No uirement n at the scene r ARI within 48 hours	Date
Did the driver meet the following Req Obtain all necessary information Call loss into 1-877-656-7475 or Respond to any acknowledgement	requirements? Yes No uirement n at the scene r ARI within 48 hours ents or requests sent by DOAS RMS	Date

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