

**MOTOR VEHICLE USE POLICY  
SUPERVISOR'S ACCIDENT FOLLOW-UP CHECKLIST FORM**

*Supervisors are to complete this checklist and forward it to Human Resources within two (2) work days of being advised of an on-the-job accident that occurred while driving on state business.*

DRIVER INFORMATION	
<b>Name</b>	<b>Department</b>
<b>Date of Accident</b>	<b>Frequency of driving on College business</b> <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 requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Requirement</b>	<b>Date</b>
Obtain all necessary information at the scene	
Call loss into 1-877-656-7475 of ARI within 48 hours and forward email confirmation and claim number to CCGA Insurance Coordinator in Business Affairs.	
Contact Insurance Coordinator to assist in completing the Auto Notice of Loss Form	
Obtain the police report, if requested, and forward to Insurance Coordinator	
<input type="checkbox"/> Discuss appropriate corrective action, depending on whether the driver was cited for the accident.	
<b>Recommendation</b>	<b>Date</b>
Online defensive driving course at employee's expense	
View an appropriate driver safety video	
No further action required	
<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.	

DRIVER INFORMATION	
<b>Printed Name</b>	<b>Department</b>
<b>Signature</b>	<b>Date</b>