



CHEROKEE COUNTY VEHICLE ACCIDENT PACKET

“KEEP IN GLOVE BOX”





CHEROKEE COUNTY VEHICLE ACCIDENT INSTRUCTIONS

Drug and alcohol testing must be performed when any employee, while in operation of a County vehicle or while in the performance of Cherokee County business, is involved in an accident that results in: 1) a fatality; or 2) a citation issued to the employee; or 3) an injured person requiring immediate medical treatment; or (4) employees who have been determined to be at fault by the investigating law enforcement officer for damage to County property or 5) employee at fault for damage to any other property. Alcohol and drug test(s) shall be completed within 8 hours of an accident.

*If vehicle accident results in an injury requiring medical treatment ~ Supervisor/employee will need to complete additional Workers' Compensation forms in the WC Accident Packet on the HR website ~ cherokeega.com/human-resources.

Fire Department employees will report vehicle accidents to their Battalion Chief, who will complete the Fire Department WC forms packet (if needed).

Non Fire/ES Employees will notify their immediate supervisor as soon as reasonably practical. The Supervisor will transport the employee to the nearest collection site.

COLLECTION SITES AND HOURS FOR TESTING

OPTIMAL HEALTH ~ 1030 Marietta Rd, Canton, GA 30114 ~ PH: 770-720-8668

Hours: 9am-1pm & 3pm-6pm ~ Mon, Tue, Thu, Fri ~ **Wed - 3pm-6pm** ~ Sat ~ 9am-12pm
Sunday- Closed

PRICE COUNSELING ~ 2920 Marietta Hwy~ Suite # 122 ~ Canton, GA 30114 ~ PH: 770-720-8668

Hours: 8:30am-4:30pm ~ Monday-Friday ~ *Sat and Sun Closed*

Peachtree Immediate Care ~ 720 Transit Ave Suite 101 ~ Canton GA 30114~ PH: 770-720-7000

Hours: 9am-9pm ~ *Monday - Sunday*

Northside Hospital Cherokee ~ 201 Hospital Dr. Canton, GA; 30114 ~ PH: 770-720-5100

Hours: 24 hours~ *Mon-Sun*

The employee will: 1) Complete the Vehicle Accident Report Form; 2) Cherokee County Accident Investigation Report (*if injured*); 3) Have any witness (es) complete the Witness Accident Statement as soon as possible, but no later than 24 hours after the accident; 4) Take pictures of the accident scene if possible. A Georgia Uniform Motor Vehicle Accident Report will also be required for additional information.

ALL OF THE ABOVE DOCUMENTS NEED TO BE SENT TO:

Robert Alford ~ ralford@cherokeega.com and Matt Black ~ <mailto:rblack@cherokeega.com>
Fire Department personnel will send documents to: Field Operations Chief ~ gerdely@cherokeega.com



NOTIFY THE DRIVER OF THE OTHER VEHICLE OF THE FOLLOWING

Cherokee County is insured by One Beacon Insurance Company
A copy of the insurance certificate should be in the vehicle glove box,
If not ~ a copy is attached for proof of insurance

AUTOMOBILE CLAIMS ARE HANDLED BY:

Cherokee County BOC
Risk Management
1130 Bluffs Parkway
Canton, GA 30114
Attn: Matt Black ~ email: rblack@cherokeega.com
Phone: 678-493-6033 ~ Fax: 678-493-6035



GEORGIA INSURANCE POLICY INFORMATION CARD

INSURANCE COMPANY NAME

OneBeacon Insurance Company

00 COMMERCIAL D PERSONAL

POLICY NUMBER
7910004710005EFFECTIVE DATE
10/01/2015EXPIRATION DATE
10/01/2016

NAMED INSURED

**Cherokee County, acting by and through its Board of Commissioners
1130 Bluffs Parkway
Canton, GA 30114-5632**

VEHICLE INSURED

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER

FLEET

SEE IMPORTANT NOTICE ON REVERSE SIDE

KEEP THIS CARD IN YOUR MOTOR
VEHICLE WHILE IN OPERATION

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each **vehicle involved.**

The current status of actual motor vehicle liability insurance coverage is maintained by the Georgia Dept. of Revenue and is accessible to law enforcement agencies upon a check of the vehicle registration.



VEHICLE ACCIDENT REPORT

This report is to be used by all departments to make an immediate report of all motor vehicle accidents involving county employees, vehicles or equipment. This report is NOT a substitute for the Georgia Uniform Motor Vehicle Report completed by law enforcement. This report is NOT a substitute for reporting any injury sustained in the accident.

Location of Accident: _____

Date of Accident: _____ Time of Accident: _____

Vehicle – No. 1 License Plate# _____
(County Driver)

Year: _____ Make: _____ Type (Sedan, Truck, etc.) _____

Driver's Name _____

Driver's Department _____ Phone Number _____

Driver's License Number _____

Vehicle – No. 2 License Plate# _____

Year: _____ Make: _____ Type (Sedan, Truck, etc.) _____

Driver's Name _____

Address _____ Policy Number _____

Phone Number _____ Driver's License Number _____

EMPLOYEE STATEMENT OF ACCIDENT:

Be Specific. Write street or highway names/numbers. Take Pictures if possible. Signature _____

Did Police investigate? Yes ___ No ___ If yes- Who? City Police _____ Sheriff ___ State Patrol _____

Date of Police Report: _____ Report Number: _____ Officer Name: _____

Any Injuries Due to the Accident ? Yes ___ No ___

If Yes ~ complete County Accident Investigation Report form

Name of Witness (s) _____



Cherokee County Accident Investigation Report

Employee Name:		Employer's Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of Accident or illness:
		Off site: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Job Title:		Location of Accident:	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM
Department:	Date Reported:		Has employee performed this job before? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was any county property/equipment damaged? Yes <input type="checkbox"/> No <input type="checkbox"/>			Job being performed
Property/Equipment Damaged:			
What was employee doing when injury/illness occurred?			
Describe in detail how accident occurred?			
Part of body affected/injured? (be specific):			
Nature of injury/illness (be specific):			

PLEASE INDICATE IF ANY OF THE FOLLOWING CONTRIBUTED TO THE INJURY OR ILLNESS

- | | | |
|--|---|---|
| <input type="checkbox"/> Unsafe Act(s) | <input type="checkbox"/> Lack of Experience | <input type="checkbox"/> Defective Tools/Equipment |
| <input type="checkbox"/> Employee Training | <input type="checkbox"/> Improper Lifting | <input type="checkbox"/> Improper Procedures |
| <input type="checkbox"/> Insufficient Maintenance | <input type="checkbox"/> Poor Housekeeping | <input type="checkbox"/> Improper PPE or PPE not used |
| <input type="checkbox"/> Unsafe Conditions | | |
| <input type="checkbox"/> Violation of Safety Rules | <input type="checkbox"/> Other: _____ | |

RECOMMENDED REMEDIAL ACTION:

Was Post-Accident Drug Test administered? Yes No ~ Name of Hospital/Urgent Care Facility: _____

If YES ~Location: _____

If NO ~ Why? _____

Employee Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Person Completing Report: _____

Date: _____

ACCIDENT WITNESS STATEMENT



TO BE COMPLETED BY THE WITNESS ONLY!

Injured Employees Name: _____

Witness Name: _____

Department: _____

Date of Accident: _____

Location: _____

Describe fully how accident occurred:

Describe Injury Sustained (be specific):

Any Recommendations on how to prevent this accident from occurring?

The above is factual to the best of my knowledge:

Name (Print)

Date

Signature

ACCIDENT WITNESS STATEMENT- Supplemental



TO BE COMPLETED BY THE WITNESS(es) ONLY!

Injured Employees Name: _____

Witness Name: _____

Department: _____

Date of Accident: _____

Location: _____

Describe fully how accident occurred:

Describe Injury Sustained (be specific):

Any Recommendations on how to prevent this accident from occurring?

The above is factual to the best of my knowledge:

Name (Print)

Date

Signature

VEHICLE ACCIDENT CHECKLIST

- **Move your vehicle to a safe location and do not obstruct traffic, if possible**
- **Remain calm & Turn off your engine**
- **Check for personal, passenger, and/or citizen injuries**
- **If injuries - **CALL 911****
- **Use safety measures to prevent road hazards**
- **Aid the injured, if no immediate risk**
- **Take photos of all vehicle damage and the accident scene**
- **Use the Vehicle Accident Packet Forms**
- **C o n t a c t Fleet/Services in order to secure a tow (if needed) ~ 770-345-0200
AFTER HOURS ~ 678-414-2417**
- **Secure any witness information - if available**
- **Certificate of Coverage for Insurance ~ **Insurance Company: One Beacon****
- **Get a copy of the Police Report Case Number and submit it with the *Vehicle Accident Report***

DO NOT GIVE STATEMENTS TO ANYONE, EXCEPT LAW ENFORCEMENT OFFICERS