CHEROKEE COUNTY VEHICLE ACCIDENT PACKET

"KEEP IN GLOVE BOX"

Rev: 6/5/17

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-Thursday ~ Friday 8:30AM-1:30PM ~ *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 ~ 450 Northside Cherokee Blvd ~ Canton, GA; 30114 ~ PH: 770-224-1000
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:rmblack@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: rmblack@cherokeega.com
Phone: 678-493-6033 ~ Fax: 678-493-6035

GEORGIA INSURANCE POLICY INFORMATION CARD

INSURANCE COMPANY NAME

[X] COMMERCIAL [ ] PERSONAL

OneBeacon Insurance Company

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE
7910004710006	10/01/2016	10/01/2017

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
1	FLEET	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 ☐ No ☐ Off site: Yes ☐ No ☐	Date of Accident or illness:
Job Title:	Location of Accident:	Time of Accident ☐AM PM ☐
Department:	Date Reported:	Has employee performed this job before? Yes ☐ No ☐
Was any county property/equipment damaged? Yes ☐ No ☐ Property/Equipment Damaged:		Job being performed
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

____ Unsafe Act(s) ____Lack of Experience ____Defective Tools/Equipment
____ Employee Training ____Improper Lifting ____Improper Procedures
____ Insufficient Maintenance ____Poor Housekeeping ____Improper PPE or PPE not used
_____Unsafe Conditions
____ Violation of Safety Rules ____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 tact 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: O n e B e a c o n**
- □ **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