

# Ector County

## Vehicle Accident Reporting Procedure

Revised February, 2005

1. All Ector County employees who operate a County-owned vehicle shall be responsible for verifying that the vehicle has a **Vehicle Accident Information Sheet** and **current insurance card** in the glove box.
2. In the event of an accident, the appropriate **law enforcement agency** shall be notified as soon as possible by the employee who was operating the vehicle. If the operator is unable to notify the law enforcement agency, someone at the accident scene or the employee's supervisor shall make the necessary contact.
3. The Ector County employee shall be responsible for immediately notifying his/her **supervisor, department head or elected official**.
4. The employee, supervisor, department head or elected official shall immediately notify the **Equipment Services Director and Insurance Department**. Contact numbers are located on the Vehicle Accident Information Sheet located in each vehicle. Daytime contact number is 432-385-1100.
5. The employee, supervisor, department head or elected official shall immediately notify **Risk Management Director** for **all accidents where the County driver is "at fault"**. **Permian Claim Service must be notified of any serious accident.** "*Serious accident*" for the purpose of this reporting procedure means any or all of the following conditions: 1) a fatality occurred; 2) one or more individuals had to be transported for medical care; and/or 3) one or more of the vehicles was towed from the scene. Ector County's contract with Permian Claim Service has a 24 hour per day, seven day per week adjuster on call to receive claims. Contact numbers are located on the Vehicle Accident Information Sheet located in each vehicle. The **Insurance Department** shall be immediately notified during business hours, or no later than the next business day, of all accidents, regardless of whether driver is "at-fault" or not. Night time and Weekend Pager Number is **(432) 499-1101**.
6. The employee's supervisor, department head or elected official shall immediately make arrangements with the **Human Resources Department** (if during business hours) or **the laboratory on-call technician** (after hours) for **drug testing (and for drug and alcohol testing for CDL drivers)**. Drug/alcohol testing is available 24 hours per day, seven days per week by calling the laboratory after hours pager. Contact numbers for the laboratory are located on the Vehicle Accident Information Sheet located in each vehicle.
7. The employee shall be responsible for obtaining an **accident report** from the **law enforcement agency** called to the accident. A copy of the **employee's detailed statement** concerning the accident and the **accident report** shall be sent to the **County's Insurance and Equipment Services Departments** by the employee, supervisor, department head or elected official.

8. The **Equipment Services Director** shall be responsible for obtaining **copies of all documentation** and forwarding it to the **Insurance Department**. The **Equipment Services Director** shall also confirm that **Permian Claim Service** has been notified and has received a copy of all documentation. The **Equipment Services Director** shall submit to the **Permian Claim Service** adjuster, the **Insurance Department**, and the **Auditor** a **damage assessment report** to include a cost of repairs.
9. An accident packet will be located in the glove compartment of each County owned and operated vehicle complete with disposable camera and investigation form, with details for photos to be taken.
10. Accident reviews will be conducted on **every** motor vehicle incident involving county owned equipment. Determination will be made as to preventable or non-preventable based on **NSC** criteria. The review board will be a 5-7 person committee of which 2 members will be peers of equal job class category, 2 of safety committee team, and Risk Management or Human Resources Director, and the supervisor of the employee.
11. Accident review team will submit a written determination of their investigation with recommendation for prevention of like incidents in the future, signed by all review committee members. Findings will become a part of the accident file and be utilized in training of all employees.