

Dinwiddie County

Auto, General Liability, and Property Claim Packet

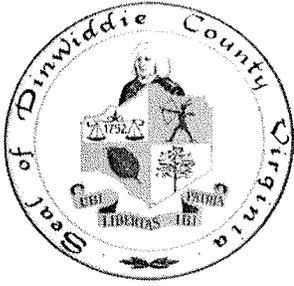
VEHICLE ACCIDENT PROCEDURES

Any employee or volunteer involved in a motor vehicle accident while operating a County-owned or County-insured vehicle shall follow the procedures below.

1. Stop immediately and investigate even when the accident seems minor.
2. If an emergency exists (bodily injury, chance of fire, etc.), call for emergency service.
3. Notify the local law enforcement agency.
4. Notify your supervisor as soon as possible.
5. Make no expressed or implied admission of liability or fault. Make no expression of apology.
6. Make written notes of the details of the accident while at the scene. Include description of other vehicles involved and property damaged. Obtain names, addresses, and phone numbers of all persons involved and witnesses. In addition, write down the tag number of all involved vehicles or witnesses.
7. Do not give information concerning the accident to anyone unless the party requesting is an authorized official (such as your supervisor, police officer, risk manager, etc.).
8. Do not discuss the accident with insurance agents, news personnel, adjusters or attorneys for any third party without permission from Risk Management.
9. Notify Risk Management immediately that an accident has occurred by calling 804-469-4500.
10. Complete the "Vehicle Accident Report" form with your supervisor and forward to Risk Management within **24 hours** after your accident.

Note: It is the responsibility of each department head to ensure that the Vehicle Accident Reporting Procedures are followed.

***** If an employee is injured, a Worker's Compensation Incident Report must be filled out as well. This form is found in the Worker's Compensation Packet. *****



Vehicle Accident Report

Accident Date: _____

Accident Time: _____

Accident Location: _____

Driver and Vehicle Information:

Driver Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Driver's License No./State: _____ DOB: _____

Department: _____ Supervisor Name: _____

County Vehicle #: _____ License Plate #: _____

Year/Make/Type of Vehicle: _____

Approximate Cost of Repair: _____

Where can vehicle be seen: _____

Describe damage to vehicle: _____

Pedestrian or Other Vehicle Involvement Information (if applicable):

Driver/Pedestrian Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Driver's License No./State: _____ DOB: _____

County Vehicle #: _____ License Plate #: _____

Year/Make/Type of Vehicle: _____

Approximate Cost of Repair: _____

Where can vehicle be seen: _____

Describe damage to vehicle: _____

Insurance Agent: _____ Insurance Co.: _____

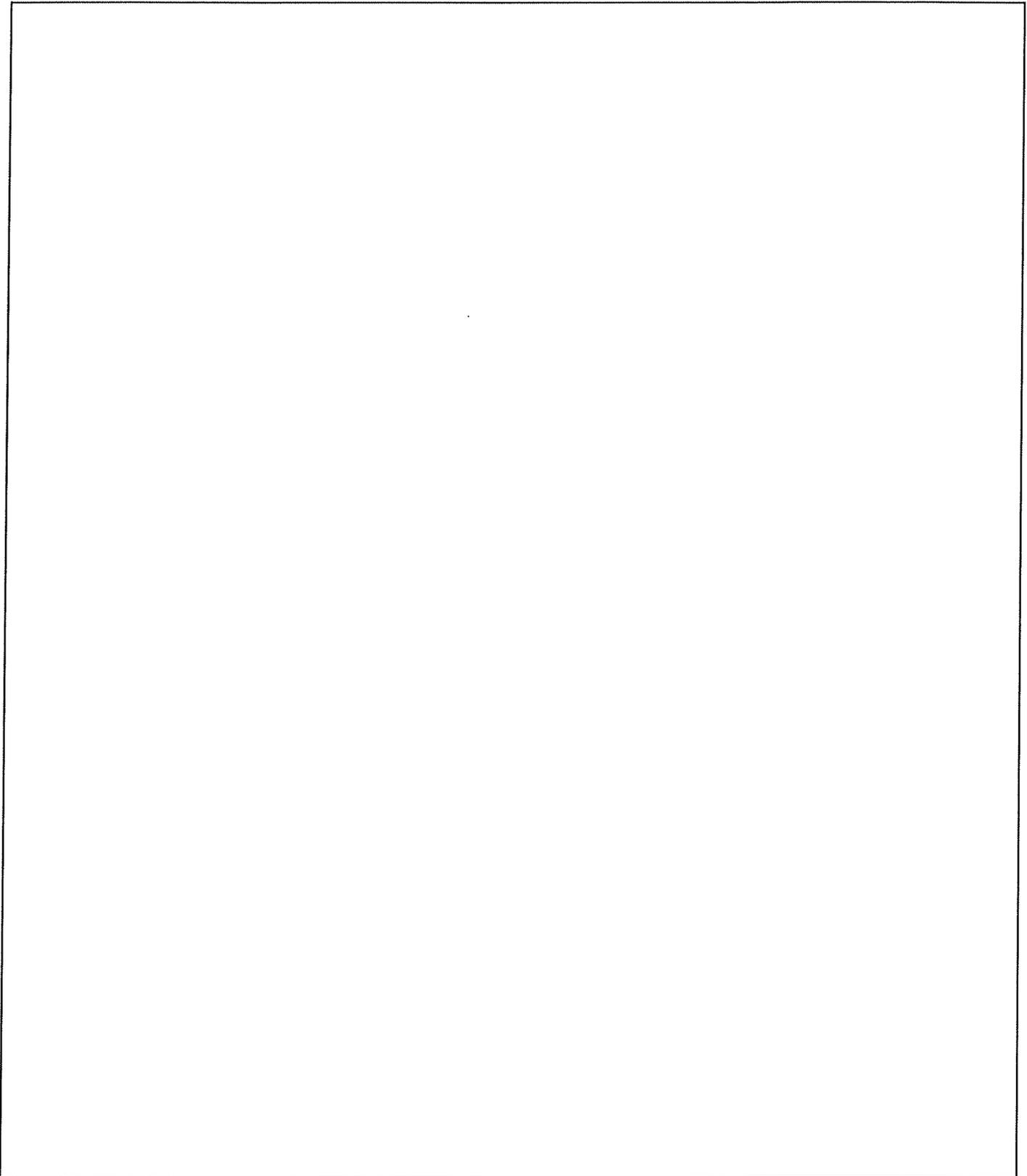
Vehicle Owner's Information (if not the same driver above):

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Insurance Agent: _____ Insurance Co.: _____

Accident Diagram:



Factors Causing the Accident: _____

Weather Conditions: _____

What action could you have taken to prevent this accident from occurring? _____

Injured Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Witness Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

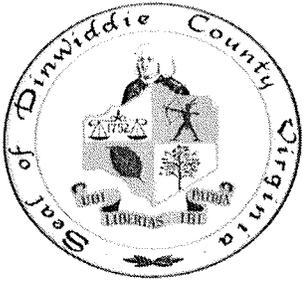
Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Driver Signature: _____ Date: _____

Superv. Signature: _____ Date: _____

Action Taken by Supervisor: _____



Property Claim Notice

(Includes Buildings & Contents, Inland Marine, and Crime Claims)

Date of Loss : _____

Time of Loss: _____

Location of Loss: _____

Department Name: _____

Contact Name: _____

Supervisor Name: _____

Phone Number: _____

Type of Loss:

Contact Address: _____

Fire	<input type="checkbox"/>	Flood	<input type="checkbox"/>	Hail	<input type="checkbox"/>
Lightning	<input type="checkbox"/>	Wind	<input type="checkbox"/>	Theft	<input type="checkbox"/>
Other	<input type="checkbox"/>	Describe Other: _____			

Phone Number: _____

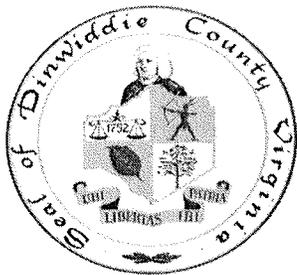
Description of Incident and Action Taken (Attach photos/reports if available):

What protective measures were taken:

Description of Property and Damage (i.e. for equipment: Age, Make, Model)

Estimate amount \$: _____

(Please attach written estimate if available.)



General Liability Loss Notice

Date of Occurrence : _____
Time of Occurrence: _____
Location of Incident: _____
Authority Contacted: _____

Name (Injured Party, Department, or Owner of Property):

Status (circle one): On-Duty Off-Duty Student Other _____

Full Description of Loss: _____

Injuries - Were there any injuries? If yes, please provide the information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

DOB: _____ Gender: _____

Description of Injury: _____

Medical Facility Name (if treatment needed): _____

Attorney Information (if represented): _____

Property Damage - Is there damage to the property of others? If yes, did the loss involve business damage? If yes, please provide the following information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Estimate Amt \$: _____

Description of Property: _____

Where can property be seen?

Witness Information:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____
