Wood County Board of Developmental Disabilities

PROCEDURE

Procedure #:	02-ALL-ALL-0356 (VH)	Subject:	Accidents and/or Damage to Board Owned/Leased Vehicles 09-14-2023
Effective Date: Person Responsible:	10-01-91 Health & Safety Coordinator	Last Revision:	
Approvals/Date:	Brent Chaen 10/12/2023 Superintendent, WCBDD Date	Department Direct	or Date
 QUICK REFERENCE FOR DRIVER OF ACCIDENT: Call Local Law Enforcement (9-1-1). Driver of Accident calls Accident/Vehicle Maintenance On-Call 419-409-0308, if no response, call Health & Safety Coordinator 419-409-1966. Call immediate Supervisor or Department Director. After forms are completed with Law Enforcement Agency, request their Accident Report Form Number and write it on our Accident Report 03-ALL-ALL-0153. Fill out Accident Report Form 03-ALL-ALL-0153 and submit to Vehicle Maintenance. Vehicle Maintenance will provide pictures to Health & Safety Coordinator by next business day. All accidents outside of Bowling Green should be reported to the Local Law Enforcement Authorities 9-1-1 			
 When any vehicle accident/damage occurs, the vehicle whenever possible shall not be moved unless instructed by the Law Enforcement Agent or Vehicle Maintenance Personnel. The driver of the involved vehicle, will call 1) Local Law Enforcement Agent (9-1-1); Accident/Vehicle Maintenance On-Call at 419-409-0308, if unable to reach, call the Health & Safety Coordinator at 419-409-1966; Immediate Supervisor or Department Director. 			
A copy of the police report shall be requested by the driver involved in the accident. If no report is immediately available they shall obtain the place, time, date, cost and the identification number of the accident report.			
 Following the accident, if an individual served is on board a UIR must be submitted. All accidents will require the driver to immediately complete the Accident form 03-ALL-ALL-0153. It is the decision of the driver's supervisor whether an Employee Incident Report 03-ALL- ALL-0384 is required. 			
 The Substance Abuse Testing procedure 02-ALL-ALL-0499 (AD) shall be followed for WCBDD employees. The original Accident form must be forwarded to Vehicle Maintenance immediately. Signatures from the driver's supervisor must already be in place. 			
 Vehicle Maintenance will complete the forms including estimated repair costs and signature. Vehicle Maintenance will provide, by the next business day, pictures to designated staff who will in turn notify the insurance company. A copy will be made and sent to the immediate supervisor and the original will be sent to the Health & Safety Coordinator. 			
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Forms:

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