

	Document # WSS-026
Document – Vehicle Accident Reporting Procedures	10/17

The following procedures must be followed in the event of a motor vehicle accident involving vehicles operated by _____ employees. These procedures must be followed no matter who is at fault of the accident, or in the event property damage is involved.

Remember: **Do Not** admit guilt to the other party in the accident, even when you feel you're at fault. Insurance investigations often find other factors that contribute to deciding percentage of responsibility.

1. Transfer information with the other party (photograph, if possible)
 - Names
 - Drivers license and vehicle plate numbers
 - Address and contact phone
 - Insurance policy and carrier

2. Document the following at the scene of the incident
 - Damage caused to other vehicles or property (photograph, if possible)
 - Statements made by other party
 - Names of other occupants of vehicle
 - Injuries claimed at time of incident

3. Obtain information from witnesses
 - Names of witnesses
 - Statement from witnesses
 - Obtain contact information

4. Report the incident to your supervisor immediately

5. Obtain an Oregon Traffic Accident and Insurance Report from Oregon Department of Transportation website, or the Department of Motor Vehicles.

6. When required, and for all CDL drivers; provide a post-accident drug screen test for all serious accidents as soon as possible after the incident. Not at your convenience or the next day!
 - Report to Immediate Care Center / Mountain Medical (541) 388-7799
1302 N.E. 3rd Street, in Bend

7. Complete the following, and provide to the office within 48 hours of the incident:
 - Complete the Oregon Traffic Accident and Insurance Report
 - Provide employer with a copy of the report
 - All information gathered at the scene (listed in procedures 1, 2, and 3)
 - A copy of the drug screen Chain of Custody

8. Deliver completed Oregon Traffic Accident and Insurance Report to the DMV or fax to (503) 945-5267 within 72 hours of the accident.

Failure to complete the required information may result in loss of driver license, and disciplinary actions.

If you are in a company vehicle accident

- Check to see if anyone involved has been injured.
- **Call law enforcement.**
- Make sure to ask for contact information from the other driver involved.

Name _____

Address _____

Phone # _____

Drivers License # _____

Insurance information:

Policy # _____

Effective dates _____

Description of vehicle:

Year _____

Make _____

Model _____

License plate # _____

- Contact your employer about the car wreck.
- Take photos of the scene of the accident and any injuries you may have suffered.