

TOWN OF VIENNA
Vehicle & Property Damage Reporting
CHECKLIST

Always stop when involved in an accident, no matter how minor!
Always report an accident to Police!
Always file an Accident Report!

1. Aid the injured. Warn other drivers. Call 9-1-11 if an injury has occurred.
2. Contact Vienna Police Department, at **703-255-6366**, or other jurisdictional law enforcement, as appropriate to the location of the accident.
3. Call and report accident to the Supervisor or designated contact.
4. Obtain the name and phone number of the investigating police officer.
5. Obtain information about other vehicle(s) in vehicle accidents. Have the other party complete the *Accident Information Form (2.24-2)*.
6. Obtain information about any property damage, whether vehicle or other property.
7. Provide Town of Vienna *Insurance Information Form (2.24-4)* to other party or parties where appropriate.
8. Complete the *Employee's Report of Property Damage Form; (2.24-3)* submit to Supervisor & HR Department before the end of shift or first thing next shift.
9. Do not discuss the accident with anyone, other than the Police, supervisor or the HR Department.
10. Submit to drug and alcohol testing. A civilian employee who has been found to have had a preventable accident, pursuant to A.R. 2.24, will have a drug and alcohol test performed. The supervisor and the HR Department will make arrangements.
11. The supervisor completes the *Supervisor's Incident Investigation Report (2.24-5)* and submits it to the HR Department within 24 hours of the accident.

TOWN OF VIENNA, VIRGINIA

THIRD PARTY ACCIDENT INFORMATION FORM

<i>Please complete this Accident Information Form so that the Human Resources Department and/or the Town's insurance carrier may contact you regarding this incident.</i>	
Your Name:	
Address:	
City, State, Zip:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	
Location of Accident:	
Your Involvement in Accident:	
Insurer Name:	

OWNER OF PROPERTY (If different than above)	
Name of Owner:	
Address:	
City, State, Zip:	
Home Phone Number:	
Work Phone Number:	
Cell Phone Number:	
Insurer Name:	

Thank you for completing this form. The Human Resources Department's Risk Management Section is responsible for the administration of all accident claims involving Town property.

(703) 255-6362 – (703) 255-6350

EMPLOYEE'S REPORT OF PROPERTY DAMAGE

ACCIDENT INFORMATION

Date of Accident:	Time: am pm
Location of Accident:	
Description of Accident:	

TOWN PROPERTY/VEHICLE

Year:	Make and Model:	
Last six Serial Numbers:	Tag Number:	
Driver's Name:	Vehicle Number:	Vehicle Color:
Driver's Address:	City, State, Zip:	
Driver's Cell Phone Number:	Driver's Alternative Phone Number:	
Damage to Vehicle (explain):		
Where can vehicle be seen?		
Were there witnesses? <input type="radio"/> yes <input type="radio"/> no If yes, list names and contact phones:		

OTHER VEHICLE/PROPERTY

Describe Property (e.g., fence, car):		
Location:		
Name of Owner/Driver:		
Address:		City, State, Zip:
Home Number:	Cell Number:	Work Number:
If vehicle, Make:		Model/Year:

OTHER INFORMATION

Any injuries? <input type="radio"/> yes <input type="radio"/> no	Medical Treatment <input type="radio"/> yes <input type="radio"/> no
If yes, Name:	If yes, where:
Address:	
City, State, Zip:	
Responding Police Department:	Officer's Name and Phone Number:
Other Comments/Remarks:	
Report Completed by:	Signature:

TOWN OF VIENNA

INSURANCE INFORMATION

The Human Resources Department's Risk Management Section is responsible for administrating all accident reports and claims.

If you have any questions concerning the accident which occurred, contact:

HUMAN RESOURCES DEPARTMENT

(703) 255-6362

or

(703) 255-6350

TOWN HALL HOURS

**Monday – Friday
8:00 A.M. TO 4:30 P.M.**

SUPERVISOR'S POST INCIDENT/ACCIDENT INVESTIGATION REPORT

Supervisor must complete

GENERAL INFORMATION	
Name of Employee Involved/Driver:	Date of Accident:
Dept./Division:	Time: <input type="radio"/> am <input type="radio"/> pm
Exact Location of Accident:	
DESCRIPTION OF ACCIDENT	
Explain what happened:	
Any unusual circumstances before or after the accident? <input type="radio"/> yes <input type="radio"/> no If yes, describe:	
Estimated cost of damage:	Signature of Vehicle Maintenance Supvr., if Town vehicle involved:
CAUSE OF THE ACCIDENT	
Were there any unsafe acts? Yes No If Yes, please describe and complete Column A below:	
Were there any unsafe conditions? Yes No If Yes, please describe and complete Column B below:	
Was this accident avoidable? Yes No Please explain: *A post accident drug/alcohol screening is only required if it meets the criteria of a "preventable" accident defined in A.R. 2.24*	
CORRECTIVE ACTIONS (check one or more)	
A <i>If Caused by Unsafe Act</i>	B <i>If Caused by Unsafe Conditions</i>
Instructed involved employee	Corrected condition
Instructed other employee(s)	Made physical changes or changes to equipment
Counseled involved employee	Modified environment or safeguarded machinery
Recommended disciplinary action	Changed operating procedures
Other	Other
Explain specifically the corrective action(s) checked above:	
<i>I (Supervisor) have performed an on-site review of this incident prior to my final determination on this form.</i>	
Name of Supervisor:	Signature of Supervisor:
Department Head Signature:	Department Head Comments: