



◆ **VEHICLE ACCIDENT PACKET CONTENTS:**

1. **Auto Accident Reporting Guidelines**
2. **WV Fleet Management Automobile Loss Notice - Complete attached form and send to jtrent@osteo.wvsom.edu**
3. **WV BRIM Certificate of Liability Insurance**
4. **Reference-WV Fleet Management Policies and Procedures Edition 2**

◆ ***PLEASE KEEP THIS PACKET IN VEHICLE***

WVSOM AUTO ACCIDENT REPORTING PROCEDURE

Know What to Say and Not Say

- Do not admit fault.
- Do not discuss specifics with anyone other than the police, WVSOM, or WVSOM's insurance carrier.
- Do not accept any monetary compensation from the other driver.

Procedure to Report accident involving WVSOM-owned vehicles:

1. Immediately following the accident, contact police to come to the scene:
 - If off campus, contact local police at 911 and file and obtain a copy of the report.
 - If on campus, contact Security at (304) 647-8911 and file and obtain a copy of the report.
2. At the scene: Gather information needed to complete the BRIM Automobile Loss notice.

Loss: <ul style="list-style-type: none">• Date• Time• Location• Description of Accident
Property Damage: <ul style="list-style-type: none">• Other driver name• Driver phone / contact information• Insurance information (<i>company, agent name, phone number, policy number</i>)• Car or damaged property information (<i>year, make, model, license plate number</i>).
Injured: <ul style="list-style-type: none">• Name• Phone number• Description of injury
Witness/Passengers: <ul style="list-style-type: none">• Name• Phone / contact information

3. Within 24 hours, inform your supervisor and/or Physical Plant. Fill out the enclosed vehicle accident report.
4. **Email** the completed accident form along with the police report, photos, repair estimates and any other available documentation to the Office of Physical Plant at jtrent@osteo.wvsom.edu.
5. Physical Plant will forward the information to WVSOM's insurance company for processing.
6. A claims adjuster from WVSOM's insurance carrier will contact the parties involved and attempt to settle the claim.

Questions? Call (304) 793-6812

Fleet Driver Report of Accident/Incident/Event

Accident/Incident Date:			Accident/Incident Time:		
Report Type: Accident	<input type="checkbox"/>	Incident	<input type="checkbox"/>	Event	<input type="checkbox"/>
Report Type: Initial			<input type="checkbox"/>	Interim	<input type="checkbox"/>
			Final <input type="checkbox"/>		

Spending Unit Driver Information (You may complete this section at your office)					
Name:			Date of Birth:		
Job Title:		Assigned Department/Division:		Work Phone Number:	
Driver's License Number:	Expiration Date:	Date Last Completed Defensive Driver Training?		Seat Belt On?	
				<input type="checkbox"/> Yes	<input type="checkbox"/> No

Spending Unit Vehicle Information (You may complete this section at your office)					
Vehicle Make:		Vehicle Model:		Vehicle Number:	
Vehicle License Plate Number:		Vehicle Color:		Odometer at time of accident / incident:	
Describe Damages to Spending Unit Vehicle: <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major					
Is this a rental vehicle?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a Personally Owned Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If YES, provide name of rental company			

Accident Details (to be completed at the scene of accident/incident)					
Location of Accident/Incident	Address:		City:	State:	Zip Code:
Road Conditions:	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Ice <input type="checkbox"/>	Snow <input type="checkbox"/>	Weather Conditions: Overcast <input type="checkbox"/>
					Rain <input type="checkbox"/>
					Snow <input type="checkbox"/>
					Fog <input type="checkbox"/>
Traffic Conditions:	Light <input type="checkbox"/>	Heavy <input type="checkbox"/>	How fast were you driving - MPH?		Estimated speed of other vehicle:

Other Driver / Registered Owner / Vehicle Information (To be completed at the scene of accident/incident)					
Driver's Name:		Date of Birth:		Driver's License No.:	State:
					Expiration Date:
Home Phone Number:		Work Phone Number:		Number of Passengers in Other Vehicle:	
Driver's Address	Street:	City:	State:	Zip Code:	
Registered Owner of Other Vehicle (If different from Driver)		Home Phone Number:		Work Phone Number:	
Owner's Address	Street:	City:	State:	Zip Code:	
Other Party's Insurance Info	Insurance Co:	Address:	Phone Number:	Policy Number:	
Vehicle Make:	Vehicle Model:	Year:		Color:	
Extent of Damages to Other Vehicle:	<input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Major				
License Plate of Other Vehicle	Plate Number:	State:	Describe Damages to Other Vehicle:		

WITNESSES (To be completed at the scene of accident/incident)		
Name	Address	Phone Number
Name	Address	Phone Number
Name	Address	Phone Number

5.2.1. Driver Responsibility in Accident Investigation

5.2.1.1. Driver responsibilities must be carried out at the scene of an accident.

5.2.1.2. The two immediate concerns at the scene of an accident are providing medical aid and to gather and report pertinent accident information promptly. These two items can be broken down into a six-step accident procedure for drivers to follow.

5.2.1.2.1. **Step One:** Stop and stay calm.

5.2.1.2.2. **Step Two:** Turn on your emergency flashers as an immediate warning signal. Then do a quick evaluation of accident victims, if any, and provide assistance. Next, set out emergency warning devices on the roadway.

5.2.1.2.3. **Step Three:** Either contact local law enforcement personnel and your supervisor yourself or arrange to have someone do it for you. Be courteous and cooperative when providing information to authorities. Never admit guilt or liability at the scene of an accident. Never leave the scene of an accident.

5.2.1.2.4. **Step Four:** Write down names, license numbers and other information regarding the accident and those people involved in it. Draw a simple diagram of the accident scene. The more detail you can provide, the better it will be for insurance and/or legal purposes later. If you have a camera for use at the accident scene, document the situation with photographs from various angles.

5.2.1.2.5. **Step Five:** After the vehicle has been secured, warning devices put in place, assistance rendered to injured person(s) (if any), and law enforcement personnel contacted, the driver should communicate the accident to the supervisor.

5.2.1.2.6. **Step Six:** Complete DOA-FM-012, Fleet Driver Accident/Incident Report at the scene of the accident.

6.0 Completion of Accident Reports:

6.1. Accidents and incidents involving state-owned or leased vehicles must be investigated and reported to the FMO and the BRIM by the spending unit on the day

of the accident, when practical, or the next business day if it is impractical to report the accident/incident on the day of the accident.

6.2. The SUFC must provide an initial DOA-FM-012, Fleet Driver Accident/Incident Report to FMO and an Insurance Loss Notice form to BRIM.

6.3. Both forms may be submitted:

6.3.1. Electronically on either the FMO website (DOA-FM-012) or BRIM website (Insurance Los Notice) form at:

6.3.1.1. (fleet website pending).

6.3.1.2. <http://www.state.wv.us/brim/Claim/claim.htm>.

6.3.2. USPS (or equivalent) as an original and one copy to:

Claims Management
Board of Risk and Insurance Management
90 MacCorkle Avenue, S.W., Suite 203
South Charleston, WV 25303-1444

Phone: (304)-766-2646
Toll-free: (800) 345-4669
Fax: (304)-766-2653

Accident Management
Fleet Management Office
2101 Washington Street East
P.O. Box 50121
Charleston, WV 25305-0121

Phone: (304) 558-0086
Toll-free (855) 817-1910
Fax: (304) 957-0198