WVSOM Vehicle Accident Packet



- 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:

- Date
- Time
- Location
- · Description of Accident

Property Damage:

- Other driver name
- Driver phone / contact information
- Insurance information (company, agent name, phone number, policy number)
- Car or damaged property information (year, make, model, license plate number).

Injured:

- Name
- Phone number
- Description of injury

Witness/Passengers:

- 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 <a href="mailto:iteration-ite
- 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 Dr	iver F	Report of	Accid	lent/	Incide	nt/Even	t			
Report Type: Accident Incident				Ev	Accident/Incident Time: Report Type: Initial Interim Final								
Spending Unit Driver Information (You may complete this section at your office) Name: Date of Birth:													
Job Title:			Assign	ed Departme				Work Phone Number:					
Driver's License Number: Expirati			Expiratio	n Date:		Date Last Complete Training?			d Defensive Driver			Seat Belt On?	
			Spending l		icle Informat Model:	on (You may complete thi			is section at your office) Vehicle Number:				
Vehicle Make:				venicie				venicie Number:					
Vehicle License Plate Number:				Vehicle				Odometer at time of accident / incident:					
Describe Damages to Spending Munit Vehicle:			Minor		Moderate			Major					
Is this a rental		Yes			Is this a Person			nally Owned Vehicle?			Yes	□ No	
vehicle? If YES, provide nar				e of ren									
Accident Details (to be completed at the scene of accident/incident)													
Location of Address: Accident/Incident			City:			State:			incident)	Zip Code:			100.000.000.000.000.000.000.000.000
Road Condition				e ☐ Sn	Weather Conditions:			Overca	st 🗆 I	tain	Snow	Fog	
Traffic Conditions: Light Heavy			Heavy [How fa				Estimated speed of other vehicle:					
Other Driver / Registered Ownter / Vehicle Information (To be completed at the scene of accident/incident) Driver's Name: Date of Birth: Driver's License State: Expiration Date:									on Date:				
					No.:		N. I. an						
Home Phone Number:				Work	er:			Number of Passengers in Other			r Vehicle:		
Driver's Address Stree		Street	t:		City:			State:		Zip Cod		Code:	
Registered Owner of Other Vehicle			Home	er:	r:		Work Phone Number:						
,			T	6			77						
		Street			City:		State:				Zip Code:		
Other Party's Insu		Insur	irance Co:		Address:		Phone		Number:		Policy Number:		
Vehicle Make:			Vehicle Model:		Yea		ar:		Color				
Extent of Damages to Other Vehicle:		Minor		Modera		oderate	e		□Major			***************************************	
License Plate of Other Plate Number:			State:		Descrit		be Damages to Other V			hicle:			
Vehicle													
WITNESSES (To be completed at the scene of accident/incident)													
Name				Address				Phone Number					
Name			Address				Phone Number						
Name			Address					Phone Number					

DOA-FM-012 Page 1 Revised (24 March 2011)

Enabling statute: WV Code §5A-1-2(f) and §5A-3-48 through 5A-3-53.

Regulatory authority: Code of State Rules 148 CSR 3.

	Passengers	in Spending Un	it Vehicle (You may	complete this sect	ion at vour office)			
Name:	Address:		Phone Nun			Describe Injury (If Applicable)		
Name:	Address:		Phone Nun	nber:	Describe	Injury (If Applicable)		
	M	o Otto an Wahiala	er I I I I I I I I I I I I I I I I I I I					
Name:	Address:		(To be completed at the			r		
Name:	Address:		Phone Nun	iver:	Describe Injury (If Applicable			
Nаше: Т	Address:		Phone Nun	ober:	Describe	Injury (If Applicable)		
	Da	escribe Haw Thi	s Accident/Inciden	nt Occurred				
		***************************************	***************************************		***************************************			
			***************************************		***************************************			
Was There Any Additio	nal, Non-Vehicle I	Property Damag	ge?					
			A					
	CI LON		F* 4 45 6	** *** **				
Fire	Ambulance	State Police	sponding to the Ac		County Sheriff	Other		
FBC	Andulance		e diyir	nice	County Sherin	_ Other		
Was a Report Made?	□Yes	No Name	Accident R	eport Number	: Address			
Investigating Agency:		Nature			Address			
Date & Time 911 was N Accident/Incident	otified of		Date:		Time:			
		ensering year name	ary purpose of this report, by ele- e in the appropriate field above, reising their intent to sign the re-	the driver and				
Signature of Spendi	ng Unit Driver	transmittanene-		***************************************	Da	te		
	То Ве	Completed by S	pending Unit Driv					
Supervisor's Name:			Phone Nun					
In Your Opinion, Could	This Accident/Inc	cident Have Bee	n Prevented?	Yes 1	No If YES, e	xplain:		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							

Recommendations:								

		For the document	ary purpose of this region, by ele	etronseally				
Signature of Sup	ervisor	entening your sam	ne in the appropriate field above, recising their intent to sign the re	the driver and	Dat	*		
Signature of Supe KJA-FM-012 Page 2 Revised (2-		ey accuracy			EFAL			
nabling statute: WV Code \$5A-	-1-2(f) and §5A-3-48 the	augh 5A-3-53.	Same Daniel	Forest Extramer	v Port	79		
egulatory authority: Code of St.	ate Rules 148 CSR 3.		Save Report	Entail FMO/BRI	M Print	Reset		

- 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