



## VEHICLE ACCIDENT REPORTING KIT

A copy of this kit shall be kept in all Okaloosa County Vehicles and shall be used in its entirety by any/all employees that are in a vehicle accident.

### IN THE EVENT OF A VEHICLE ACCIDENT TAKE THE FOLLOWING STEPS:

1. If anyone involved in the accident is injured, take all necessary precautions to protect them from further injury.
  - a. **DO NOT** move anyone that is injured unless it is a life threatening situation.
2. Immediately call 911.
  - a. Request medical assistance if someone is injured.
  - b. Request Fire Department assistance if there is a fire or danger of a fire starting/igniting.
3. Immediately notify your supervisor and/or director.
4. Call and notify the Risk Management office of the accident at (850) 689-5977.
5. Fully cooperate with the local law enforcement, however only provide factual information and limit responses to the questions being asked.
6. Only provide the legally required information to driver(s) of other vehicles involved in the accident.
  - a. Provide only factual information about yourself and the County vehicle to the other driver(s) such as name, agency, work phone number, proof of insurance, make, model, Vehicle Identification Number (VIN), etc.
7. Obtain needed information from any other driver(s) involved such name, address, home phone number, proof of insurance, make, model, Vehicle Identification Number (VIN), etc.
8. Collect contact information such as name, address, and phone number from any witnesses.
  - a. Ask witnesses to complete the *Witness Statement* form to document what they saw.
9. Do not discuss your actions with any parties other than law enforcement. Do not admit fault or make any statements about the County's response to the accident, financial responsibility or otherwise.
10. Take as many photos as necessary to fully document the accident scene and the damage to **each** vehicle involved in the accident. When appropriate, include something (for example: a coin, ruler, or pen) in a photo to convey the correct sense of scale.
11. As soon as possible, prepare a written statement or written notes to address any other relevant information (for example the injured person's voluntary statements concerning the incident).
12. Provide all documentation and photographs to your supervisor to assist with the investigation.
13. Assist your supervisor in completing the *Supervisors Accident/Incident Investigation Report*.

### WORKMANS COMPENSATION INFORMATION

#### County Claims Examiner

Jackie Matichuk  
302 N. Wilson Street, Suite 301  
Crestview, FL 32536  
Phone: (850) 683-6207 Office  
(850) 398-2223 Cell  
(850) 689-5977 Main  
Email: [jmatichuk@myokaloosa.com](mailto:jmatichuk@myokaloosa.com)

#### Claims Administrator

PMA Management Corp  
P O Box 5231  
Janesville, WI 53546-5231  
Phone: (800) 476-2669  
Toll Free: 1 (888) 476-2669

**ACCIDENT INFORMATION**

<b>1. Date of Accident:</b>	<b>2. Time:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>3. Location:</b>	<b>4. Drivers Name:</b>
<b>5. Department:</b>	<b>6. Phone:</b>	<b>7. Job Title:</b>	<b>8. Normal Work Hours:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>9. Vehicle Year:</b>	<b>10. Make:</b>	<b>11. Model:</b>	<b>12. Property ID #:</b>
<b>13. Which Side of Road/Street Were You Driving on:</b>			<b>14. Vehicle Headlights:</b> <input type="checkbox"/> On <input type="checkbox"/> Off
<b>15. Weather Conditions:</b>		<b>16. Any Passengers:</b> <input type="checkbox"/> Yes (list below) <input type="checkbox"/> No	
<b>17. Describe How Incident Occurred:</b>			
<b>18. Anyone Injured:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes provide the below information)			
<b>a. Name:</b>		<b>a. Name:</b>	
<b>b. Address:</b>		<b>b. Address:</b>	
<b>c. Phone: ( )</b>		<b>c. Phone: ( )</b>	
<b>d. Type of Injury Sustained:</b>		<b>d. Type of Injury Sustained:</b>	
<b>e. Transported to a medical facility:</b> <input type="checkbox"/> Yes (provide name) <input type="checkbox"/> No _____		<b>e. Transported to a medical facility:</b> <input type="checkbox"/> Yes (provide name) <input type="checkbox"/> No _____	
<b>f. How were they transported or by whom:</b>		<b>f. How were they transported or by whom:</b>	
<b>19. Any non-county owned property or vehicles damaged:</b> <input type="checkbox"/> Yes (provide below info) <input type="checkbox"/> No			
<b>a. Owners Name:</b>	<b>b. Address:</b>	<b>c. Phone:</b>	
<b>d. Driver's License #:</b>	<b>e. Type of property or year/make/model of vehicle:</b>	<b>f. Owners Insurance Carrier:</b>	
<b>g. Any Passengers:</b> <input type="checkbox"/> Yes (list below) <input type="checkbox"/> No			

**WITNESS STATEMENT**

<b>1. Name:</b>	<b>2. Phone:</b>	<b>3. Address:</b>
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<b>4. Date:</b>	<b>5. Time:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>6. See the incident occur:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>7. Anyone appear injured:</b> <input type="checkbox"/> Yes (who) <input type="checkbox"/> No	<b>8. Where were you when accident occurred:</b>
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<b>9. Were you a passenger:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>10. Your destination:</b>
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**11. What happened:**

**12. How did the accident occur:**

**13. Additional comments:**



## PROPERTY DAMAGE / LOSS REPORT

### PART I: BASIC INFORMATION

1. Name of Claimant:		2. Address:	
3. Phone Number:	4. Location of Incident:	5. Date of Incident:	6. Time of Incident:
7. Description of the Property or Equipment & Asset Number:			

### PART II: NAMES OF OTHER EMPLOYEES INVOLVED


### PART III: WITNESSES

1. List (Print) Names & Phone Numbers of Any Witnesses:	3. Employee(s) Involved Drug Tested: <input type="checkbox"/> Yes <input type="checkbox"/> No
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### PART IV: SUPERVISOR NOTIFICATION & COST

1. Name (Print) of Supervisor:	2. Date & Time Supervisor Was Notified:	3. Estimated Cost of Damage / Loss:
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### PART V: INCIDENT DESCRIPTION & DETAILS

**Note:** For vehicle accidents/incidents, attach a copy of the Florida Traffic Accident Report.

1. Description of What Occurred:
2. What Unsafe Act, Equipment, or Property Contributed to This Incident:
3. What Steps or Changes Have Been Made to Prevent a Similar Incident from Occurring in the Future:

### PART VI: MANAGEMENT REVIEW / APPROVAL

1. Site Supervisor: Name (Print): _____ Signature: _____ Date: _____	2. Department Director: Name (Print): _____ Signature: _____ Date: _____
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Please submit this completed form to [riskinfo@myokaloosa.com](mailto:riskinfo@myokaloosa.com). For questions contact the Risk Department at (850) 689-5977.