



AUTO NOTICE OF LOSS FORM

Important: Insurable Auto losses must be reported on this form immediately. Please EMAIL completed form to: riskmanagement@kennesaw.edu AND bhunterb@kennesaw.edu

Please provide the following information:

Date of loss: _____ **Time of loss:** _____ **am/pm Loss Location:** _____

Your Agency: Kennesaw State Univ. **Department:** _____

Agency Ref. #: _____ **Agency Contact:** _____

Contact Phone Number: _____

About Insured Vehicle: Year: _____ **Make:** _____ **Model:** _____

VIN# _____ **DOAS VEH ID#:** _____

Cause of Loss (Insured Peril): _____

Type of Damages: _____

Loss Description (Required):

Witnesses? _____ (if so fill out Witness Statement Form)

Loss control measures taken to reduce/prevent future losses:

Estimated Loss Amount: _____

Is this vehicle enrolled in the ARI program? Yes _____ **or No** _____

Billie Hunter-Barron

Agency Insurance Coordinator
_____ **or** _____ **(cell)**

Phone Number

Date
_____ 470-578-9325

Fax Number



Department of Environmental Health & Safety

INCIDENT WITNESS STATEMENT

Instructions: This form should be completed witness to an accident that results in injury or illness. The form should be as soon as possible (24 hrs) and submitted to the injured employee's immediate supervisor.

EOSMS 108-3 Incident Witness Statement

02/02/2015

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To be completed by accident witness

Injured employee First Name		Injured employee Last Name	
Witness First Name		Witness Last Name	
Witness Home address:			Tel #
City	State	Zip Code	
Witness Job Title	Witness Department		
Witness Supervisor Name	Supervisor Tel #		
Employment Type <input type="checkbox"/> Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Others _____	Employment Category <input type="checkbox"/> Regular full time <input type="checkbox"/> Regular part time <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary	Length of Employment <input type="checkbox"/> 1-6 mos. <input type="checkbox"/> 6 mos. – 1 yr. <input type="checkbox"/> 1 yr. – 5 yrs. <input type="checkbox"/> 5 yrs. (or more)	

Describe the incident

Date of Incident		Time of the incident		Shift	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd
Location of the Incident (Address)	Specific Location of the incident (e.g office, mechanical room, shop)				
Did the incident involve property damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was a motor vehicle involved in this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Affected body Part:					
<input type="checkbox"/> Head/face	<input type="checkbox"/> Eye	<input type="checkbox"/> Neck/shoulder	<input type="checkbox"/> Arms/elbow	<input type="checkbox"/> Right Hand	<input type="checkbox"/> Left Hand
<input type="checkbox"/> Fingers	<input type="checkbox"/> Chest/lower trunk	<input type="checkbox"/> Hip	<input type="checkbox"/> Back	<input type="checkbox"/> Leg/knee	<input type="checkbox"/> Wrist/Head
<input type="checkbox"/> Other _____	<input type="checkbox"/> Rib <input type="checkbox"/> Foot/ankle <input type="checkbox"/> Toes				

Describe, step-by-step, how the incident occurred:

What would you recommend to prevent this accident from recurring:

Witness Signature		Date	
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MOTOR VEHICLE USE PROGRAM DRIVER NOTIFICATION

Employees are to use this form to notify their supervisor of activities that may affect their eligibility to operate a motor vehicle for state business.

Employee Information			
Employee Name		Employee ID	
Work Unit		Frequency of driving on state business <input type="checkbox"/> Weekly or more often <input type="checkbox"/> Infrequently	
Reported Activity (Select all that apply)			
<input type="checkbox"/> I received a traffic citation while driving on state business			
Date Received			
Charge			
<input type="checkbox"/> I was involved in an on-the-job accident while driving on state business			
Date of accident			
Any injuries?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Any property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> My driver's license has been (select one)			
<input type="checkbox"/> Suspended <input type="checkbox"/> Revoked <input type="checkbox"/> Expired		Date of Action	
<input type="checkbox"/> I was charged with the following (select all that apply)			
<input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Driving While Intoxicated <input type="checkbox"/> Leaving the Scene of an Accident <input type="checkbox"/> Refusal to take a Chemical Test for Intoxication <input type="checkbox"/> Aggressive Driving* <input type="checkbox"/> Exceeding the Speed Limit by more than 19 mph		Date of Charge _____	

I understand that this notification may affect my eligibility to drive on state business. I may be required to view a driver safety video and successfully complete a defensive driving course, and I may be subject to other appropriate action.

Signature

Date



MOTOR VEHICLE USE PROGRAM SUPERVISOR'S ACCIDENT FOLLOW-UP CHECKLIST

Supervisors are to complete this checklist and forward it to the Risk Management Services Division (RMS) within 2 work days of being advised of an on-the-job accident that occurred while driving on state business.

DRIVER INFORMATION	
Name	Work Unit
Date of Accident	Frequency of driving on state business <input type="checkbox"/> Weekly or more often <input type="checkbox"/> Infrequently

CHECKLIST	
<input type="checkbox"/> Meet with the Driver to discuss the details of the accident.	
<input type="checkbox"/> Did the driver meet the following requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Requirement	Date
Obtain all necessary information at the scene	
Call loss into Risk Management immediately 470-578-2599 or 404-558-1572	
Respond to any acknowledgements or requests sent by DOAS RMS	
Obtain the police report, if requested, and forward to Risk Management	
<input type="checkbox"/> Discuss appropriate corrective action, depending on whether the driver was cited for the accident.	
Recommendation	Date
On-line defensive driving course at employee's expense	
View an appropriate driver safety video	
No further action warranted	
<input type="checkbox"/> Forward to DOAS Accident Review Panel for the following determinations:	
<input type="checkbox"/> Preventable	
<input type="checkbox"/> Non-Preventable	
<input type="checkbox"/> Additional Recommendations	
<input type="checkbox"/>	

SUPERVISOR INFORMATION	
Printed Name	Work Unit
Signature	Date



MOTOR VEHICLE USE PROGRAM DRIVER SAFETY TIPS

- ✓ **Observe Speed Limits and Traffic Laws** – Allow sufficient time to reach your destination without violating speed limits or traffic laws.
- ✓ **Drivers License** - Employees who drive state or privately owned vehicles on state business must possess and carry on their person a current valid Operator's or CDL license and must present it upon request to any authorized person.
- ✓ **Insurance** - Employees who operate their privately owned vehicles on state business shall carry proof of financial responsibility at all times that the vehicle is in operation and must present evidence of current insurance coverage upon request to any authorized person. It is suggested that all employees driving on state business have a copy of the state's insurance card and present that to the police in the event of an accident.
- ✓ **Seat Belts** – Each driver and front seat passenger in any motor vehicle operated on a street or highway in this state is required by law to wear a properly adjusted and fastened seat belt.
- ✓ **Cargo** - Drivers hauling any type of cargo should ensure that the cargo is properly secured, and that the height of the cargo is such that it shall safely pass under obstructions such as under/over passes along the intended route before placing the vehicle in motion.
- ✓ **Electronic Devices** – The use, operation and manipulation of electronic devices such as cellular phones, Blackberries, or PDAs, by the driver while the vehicle is in motion is strongly discouraged. Even with “hands free” equipment, conversing on the phone takes attention away from driving; making it less likely the driver will notice hazardous situations. Employees are neither required nor expected to use electronic devices for work-related reasons while driving.
- ✓ **Backing** – Whenever possible, park the vehicle where backing is not required. Know what is beside and behind the vehicle before beginning to back. Back slowly and check both sides as well as the rear while backing. Continue to look to the rear until the vehicle has come to a complete stop.
- ✓ **Intersections** – When approaching and entering intersections be prepared to avoid crashes that other drivers may cause. Take precautions to allow for the lack of skill or improper driving habits of other drivers. Potentially dangerous acts include speeding, improper turn movements, and failure to yield the right of way.
- ✓ **Weather Related Hazards** – Rain, snow, fog, sleet or icy pavement increase the hazards of driving. Slow down and be especially alert when driving in adverse conditions.
- ✓ **Passing** – When you pass another vehicle, look in all directions, check your blind spots, and use your signal. As a general rule, only pass one vehicle at a time.
- ✓ **Front End Crashes** – By maintaining a safe following distance at all times, the driver can prevent front-end collisions in spite of abrupt or unexpected stops of the vehicle ahead. Observe the “two second rule” by following the vehicle ahead at a distance that spans at least two seconds. The following distance should be increased when driving in adverse conditions.
- ✓ **Security** – State vehicles should be locked whenever they are unoccupied.
- ✓ **Engines** – The engine of a State vehicle should always be turned off before the driver exits the vehicle.