



Accident and Incident Reporting Quick Glance

NRD SharePoint Site Documents > Forms 2020 > LGIT Incidents Accidents Reporting

https://calvertcounty.sharepoint.com/:f:/r/sites/ParksRecreation/natural_resources/Shared%20Documents/Forms%202020/LGIT-Incidents-Accident%20Reporting?csf=1&web=1&e=MRttCv

1. Immediately inform the Coordinator or Facility Manager, your supervisor, and the Division Chief with a phone call and/or email.
2. Complete ***Incident Statement*** form.
3. Take pictures if able.
4. For Injuries:
 - a. For Employees, Volunteers and Interns Follow **Worker's Compensation Procedure**
 - b. For visitors, contractors or other non-employees Follow **General Liability Procedure**
5. For Incidents involving a Vehicle Follow the **Vehicle Damage Procedure**
 - a. A mechanical problem or non-collision incident that involves a county vehicle can be reported as **Property Loss**
 - b. County vehicle accidents or incidents on or off county property must be documented
 - c. For Private vehicles, only accidents that occur on county property should be documented.
6. For Property or Equipment (non-vehicle) Damage Follow the **Property Loss Procedure**.
7. Have all witnesses complete *Witness Accident Questionnaire* form.
8. Have Supervisor complete the *Supervisor Investigation*
9. Forward all pertinent information immediately by email to the Division chief and parksandrecreation@calvertcountymd.gov , subject line: "Accident/Incident Report- Facility Name" and cc: Risk Management Office
Ellen.Simpson@calvertcountymd.gov

Note:

Please ensure that information reported is factual, concise, and relevant as documents may become that of a legal action. Do not offer opinions or conjecture to the documents.

Employee Injury

Workers' Compensation

- **Employee's Report of Injury form** – Provide form to the employee to complete, sign and return for any incident that results in an injury (or potential injury) while working for the County.
- **Accident Witness Statement** – Provide form to any witnesses to the incident to complete.
- **Supervisor notifies the Risk Management Office immediately via telephone** at (410) 535-1600 extension 2421 or 8530 that an incident has occurred. To ensure the timely processing of claims, supervisors are encouraged to fax or email the claim paperwork - Fax # 410-535-0385.
- **Workers' Compensation – Employer's First Report of Injury or Illness form** – Supervisor completes form using information obtained from employee.
- **Supervisor's Accident Investigation form** – Supervisor completes form after meeting with employee and conducting a thorough review of the incident.
- **Report forms are available at** --- <S:\Human Resources\Risk Management and Safety\WORKERS' COMP> or by contacting Risk Management Office at (410) 535-1600 extension 2421 or 8530.
- **Completed forms should be submitted to Risk Management within 24 hours of the incident.**

There are other forms that may be needed depending on the severity of the accident.

NRD SharePoint Site

https://calvertcounty.sharepoint.com/:f:/r/sites/ParksRecreation/natural_resources/Shared%20Documents/Forms%202020/LGIT-Incidents-Accident%20Reporting/Workers%20Comp?csf=1&web=1&e=Y6PoUU

General Liability

https://calvertcounty.sharepoint.com/:f:/r/sites/ParksRecreation/natural_resources/Shared%20Documents/Forms%202020/LGIT-Incidents-Accident%20Reporting/GENERAL%20LIABILITY%20INCIDENTS?csf=1&web=1&e=a94ufK

- * General Liability claims occur when a third party alleges damage to property or bodily injury caused by the negligent act or omission of the County or an employee of the County.
- * Examples of General Liability claims are:
 - Premises liability --- slip trip and fall incidents
 - Defective road maintenance
 - Falling or flying objects
 - Miss Utility incidents
 - Storm water, water or sewer back up
 - Damage to property owned by a third party (fence, landscaping, mailbox, etc.)
- * Complete the following forms
 - LGIT Incident Statement
 - LGIT General Liability Report Form
 - LGIT Accident Scene Report
 - LGIT Witness Accident Questionnaire
 - LGIT Supervisors Investigation Report
 - The LGIT Property and Equipment Loss Report Form and related forms should be used when reporting damage losses to the **County's covered property or equipment that is non-vehicle related.**

Report forms are available at --- <S:\Human Resources\Risk Management and Safety\LGIT\GENERAL LIABILITY INCIDENTS> or the NRD SharePoint Site https://calvertcounty.sharepoint.com/:f:/r/sites/ParksRecreation/natural_resources/Shared%20Documents/Forms%202020/LGIT-Incidents-Accident%20Reporting/GENERAL%20LIABILITY%20INCIDENTS?csf=1&web=1&e=a94ufK or by contacting the Risk Management Office at (410) 535-1600 extension 2421 or 8530.

Vehicle Damage

Please make certain that all County vehicles have a complete Vehicle Accident Reporting Kit in the glove compartment at all times.

https://calvertcounty.sharepoint.com/:f:/r/sites/ParksRecreation/natural_resources/Shared%20Documents/Forms%202020/LGIT-Incidents-Accident%20Reporting/VEHICLE%20ACCIDENTS?csf=1&web=1&e=ChzqAj

Driver Responsibilities

- Stop at once.
- Take steps to prevent further accidents. (Park vehicle safely and set warning devices.)
- Notify police and if needed fire department/ambulance. (Do not move injured persons.)
- Notify supervisor.
- *Avoid saying "I'm sorry" or "It was my fault"*
- *Discuss accidents **only** with police or local government representative.*
- Provide license information and local government address/contact if requested by other driver.
- Do not sign anything except a traffic citation issued by a law enforcement officer.
- Have all witnesses complete the **Witness Accident Questionnaires**.
- Complete **Accident Scene Report** form. Be sure to include the name, address, phone number and insurance information for the other driver.
- Submit all forms to supervisor immediately following accident.

Supervisor Responsibilities

- Respond to scene of accident involving County driver and vehicle.
- Assess situation and begin County accident investigation process.
- Determine if Drug and Alcohol Testing is required. If so, contact Lisa Viverette in Human Resources at 410-535-1600, ext. 2740 and transport the employee to the testing facility.
- Notify the Risk Management Office immediately via telephone at (410) 535-1600 extension 2421 or 8530 that an incident has occurred.
- **LGIT Vehicle Accident Report form** -- Supervisor completes using information from Accident Scene Report form and police report, if available.
- **LGIT Supervisor's Accident Investigation Report form** -- Supervisor completes after meeting with employee and conducting review of accident.
- Completed forms and estimates for vehicle accidents should be forwarded to Fleet Maintenance for submission to the County's insurance. To ensure the timely processing of claims, supervisors are encouraged to fax or email the forms and estimates to Fleet Maintenance FAX# 410-535-4679.
- Report forms are available at --- <S:\Human Resources\Risk Management and Safety\LGIT\VEHICLE ACCIDENTS> or NRD SharePoint Site https://calvertcounty.sharepoint.com/:f:/r/sites/ParksRecreation/natural_resources/Shared

[%20Documents/Forms%202020/LGIT-Incidents-Accident%20Reporting/VEHICLE%20ACCIDENTS?csf=1&web=1&e=ChzqAj](#) or by contacting the Risk Management Office at (410) 535-1600 extension 2421 or 8530.

Property Loss

Property Loss Checklist

S:\Human Resources\Risk Management and Safety\LGIT\PROPERTY LOSSES

https://calvertcounty.sharepoint.com/:f:/r/sites/ParksRecreation/natural_resources/Shared%20Documents/Forms%202020/LGIT-Incidents-Accident%20Reporting/PROPERTY%20LOSSES?csf=1&web=1&e=rzxz7V

- * Examples of Property Loss claims are:
 - Building Damage
 - Non-vehicle equipment damage
 - Machinery damage or breakdown
 - Furniture and fixtures
- * The Property/Equipment Breakdown report and related forms should be used when reporting damage losses to **the County's covered property or equipment that is non-vehicle related.**
 - LGIT Incident Statement
 - LGIT Property and Equipment Loss Report Form
 - LGIT Witness Accident Questionnaire
 - LGIT Supervisors Investigation Report
- * Take photographs of any damaged property.
- * Do not dispose of any damaged property until after Risk Management has completed their investigation.
- * Purchase Orders for repairs, replacement, contractors, supplies, etc. should reference the Incident.
- * Report forms are available at --- <S:\Human Resources\Risk Management and Safety\LGIT\PROPERTY LOSSES> or on the NRD SharePoint site: https://calvertcounty.sharepoint.com/:f:/r/sites/ParksRecreation/natural_resources/Shared%20Documents/Forms%202020/LGIT-Incidents-Accident%20Reporting/PROPERTY%20LOSSES?csf=1&web=1&e=rzxz7V or by contacting the Risk Management Office at (410) 535-1600 extension 2421 or 8530.

Incident Statement

Calvert County Government requires that all incidents involving County owned property or equipment be reported accurately and promptly. Your assistance in the performance of this duty is appreciated.

Name _____

Address _____

City/State/Zip Code _____

Telephone Number _____

Date and Time of incident _____

Location of incident _____

Did you see what happened? Yes _____ No _____

Were you involved in the incident? Yes _____ No _____

Were you injured? [Workers Comp](#) Yes _____ No _____

Was anyone injured? [General Liability](#) Yes _____ No _____

Was there damage to County property
or equipment? [Property Loss](#) Yes _____ No _____

Please describe what happened:

Witness Accident Questionnaire

The Local Government Insurance Trust requires that all accidents be reported accurately and promptly. Your aid to our employee in the performance of this duty is appreciated.

Name _____

Address _____

City/State/Zip Code _____

Telephone Number _____

Date and Time of accident _____

Location of accident _____

Did you see the accident? Yes _____ No _____

Were you involved in the accident? Yes _____ No _____

Were you injured? Yes _____ No _____

Was anyone injured? Yes _____ No _____

Please describe what happened:

Accident Scene Report

SIGNATURES

Employee _____

Supervisor _____

Date _____

OPERATOR

Name _____

Dept. _____

Age _____

DESCRIPTION OF MEMBER VEHICLE

Year, Make & Model _____

License Tag No. _____

Serial No. _____

Nature of Damage _____

ACCIDENT INFORMATION

Date _____ Time _____ a.m./p.m.

Where did it occur? _____

Weather at time of accident _____

Condition of Road _____

Rate of Speed _____ / _____
(Member Veh) (Other Veh)

What warning was given? _____

Was this accident reported to police? _____

Police Officer _____

Police Report No. _____

Duties at time of accident _____

DESCRIPTION OF ACCIDENT

Name of Registered Owner _____

Address _____

Name of Driver _____

Address _____

Home Phone _____

Cell Phone _____

FAX _____

Driver's License No. _____

Vehicle License Tag _____

Name of Insurance Co. _____

Agent's Name and No. _____

Nature of Damage _____

INJURED PERSONS

1. Name _____ Age _____

Address _____

2. Name _____ Age _____

Address _____

3. Name _____ Age _____

Address _____

NAMES OF PASSENGERS

1. Name _____

Address _____

Phone _____

2. Name _____

Address _____

Phone _____

3. Name _____

Address _____

Phone _____

IMPORTANT WITNESSES

1. Name _____

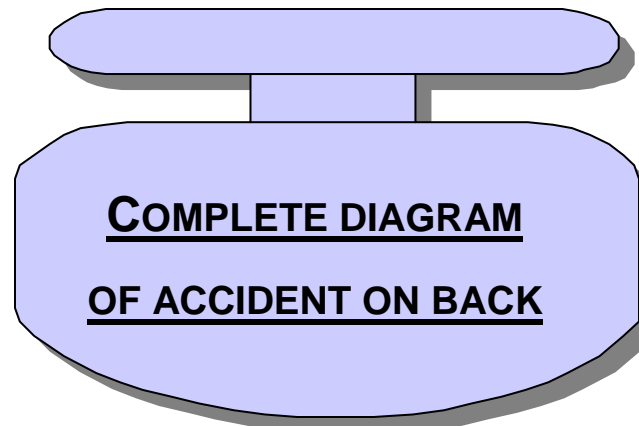
Address _____

Phone _____

2. Name _____

Address _____

Phone _____



Accident Scene Report

DIAGRAM OF ACCIDENT

Complete the following diagram showing directions and positions of the vehicles involved, designating clearly the points of contact. Show the name of the streets.

