

Cherokee County



AUTO ACCIDENT INSTRUCTIONS

Please return only the following completed documents to chpierce@cherokeega.com:

- 1. Vehicle Accident Report Form**
- 2. WC Investigation Report Form; (if injury)**
- 3. Witness Statement(s); if needed**
- 4. Photographs, all four sides of vehicle(s)**

**** DO NOT GIVE STATEMENTS TO ANYONE, EXCEPT LAW ENFORCEMENT OFFICERS ****

NOTIFY THE DRIVER OF THE OTHER VEHICLE OF THE FOLLOWING:

Cherokee County is insured by Travelers/Phoenix Insurance Company. A copy of the Fleet Insurance card should be in the vehicle glove box. If not, a copy is attached below for proof of insurance.

AUTO CLAIMS ARE HANDLED BY:

CHEROKEE COUNTY BOC
RISK MANAGEMENT
1130 BLUFFS PKWY.
CANTON, GA. 30114

ATTENTION: CYNTHIA PIERCE, RISK ANALYST

EMAIL: chpierce@cherokeega.com
770.721.7806 (Phone) 678.493.6035 (Fax)

GEORGIA INSURANCE POLICY INFORMATION CARD		
INSURANCE COMPANY NAME Phoenix Insurance Company	<input checked="" type="checkbox"/> COMMERCIAL	<input type="checkbox"/> PERSONAL
POLICY NUMBER H8102S964359PHX22	EFFECTIVE DATE 10/1/2023	EXPIRATION DATE 10/1/2024
NAMED INSURED Cherokee County, acting by and through its Board of Commissioners 1130 Bluffs Parkway Canton, GA 30114-5632		
VEHICLE INSURED YEAR 1	MAKE/MODEL FLEET / .	VEHICLE IDENTIFICATION NUMBER FLEET
SEE IMPORTANT NOTICE ON REVERSE SIDE		

Cherokee County



DRUG SCREEN INSTRUCTIONS

Drug and alcohol testing must be performed when any employee, while in operation of a County vehicle or while in the performance of Cherokee County business, is involved in a vehicle accident.

Alcohol and drug test(s) shall be completed within **8 hours** of the accident. For non-DOT employees a **10 panel drug test is required**.

Employees will notify their immediate supervisor as soon as possible. The supervisor will transport the employee to the nearest collection site.

COLLECTION SITES AND HOURS FOR TESTING

Peachtree Immediate Care 4125 Marietta Hwy. Canton, Ga. 30114 (770)720-7000
Hours: 8:00 am-8:00 pm Monday thru Sunday

Northside Hospital Cherokee 450 Northside Cherokee Blvd., Canton, Ga. 30114 (770)224-1000
Hours: 24 hours Monday thru Sunday

Northside Family Medicine & Urgent Care 684 Sixes Rd. Ste. 125, Holly Springs, Ga. 30115
(678)426-5450 Hours: 8:00 am-8:00 pm Monday thru Sunday

Wellstar Urgent Care 1120 Wellstar Way Ste. 105, Holly Springs, Ga. 30114 (678)494-2500
Hours: 8:00 am-8:00 pm Monday thru Sunday

Check the Risk Management website for the most current testing locations.

All of the above documents are to be sent to:

Derek A. Nelson, Director of Risk Management at danelson@cherokeeega.com
and Cynthia Pierce, Risk Analyst at chpierce@cherokeeega.com

Fire Dept. Personnel will send documents to: Deputy Chief Field Operations
klanier@cherokeeega.com

Cherokee County



AUTO REPAIR PROCESS

Below is the list of requirements from insurance for damaged vehicles:

Photographs taken of:

County Vehicle(s):

- All 4 sides
- VIN Plate
- Tag
- Odometer

Third Party Vehicle(s):

- All 4 sides

Any other damaged property

PROCESS FOR DAMAGED COUNTY VEHICLE(S):

1. Completed Crash Report is to be submitted by Supervisor
2. Supervisor/Employee will notify Fleet Services and send report with pictures, police report to Cynthia Pierce chpierce@cherokeega.com and/or Derek A. Nelson danelson@cherokeega.com as soon as possible.
3. Driver takes the vehicle to Auto Doctor for estimate; if vehicle must be towed, it should always be towed to Fleet Management. For minor damage, department can coordinate with Fleet Management to determine if the vehicle can be repaired in-house.
4. Fleet will receive estimate from Auto Doctor and notify Cynthia Pierce, Risk Analyst.
5. Cynthia Pierce will work with the insurance carrier and adjuster on the claim to ensure payment for damages is received; before accepting settlement offers. Cynthia will advise the department and Fleet of outcome.

6. Cynthia Pierce needs copies of:

- ***ALL REPORTS (ACCIDENT, INTERNAL INCIDENT REPORTS AND WITNESS STATEMENT(S))**
- ***ALL PHOTOGRAPHS**

Repair invoices will be forwarded to Cynthia Pierce in Risk Management and Fleet Management to process for payment.

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VEHICLE ACCIDENT REPORT

This report is to be used by all departments to make an immediate report of all motor vehicle accidents involving county employees, vehicles or equipment. This report is NOT a substitute for the Georgia Uniform Motor Vehicle Report completed by law enforcement. This report is NOT a substitute for reporting any injury sustained in the accident.

Location of Accident: _____

Date of Accident: _____ Time of Accident: _____

<p>County Vehicle Info:</p> <p>Driver Name: _____</p> <p>Fleet Unit#: _____</p> <p>VIN#: _____</p> <p>Year: _____ Make/Model: _____</p> <p>Driver's Department: _____</p> <p>Driver Contact Number: _____</p> <p>Driver's License Number: _____</p>	<p>Other Vehicle Info (use as many sheets as necessary):</p> <p>Driver: _____</p> <p>Insurance Co.: _____</p> <p>Policy#: _____</p> <p>VIN#: _____</p> <p>Year: _____ Make/Model: _____</p> <p>Driver Address: _____</p> <p>Driver Contact Number: _____</p>
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EMPLOYEE STATEMENT OF ACCIDENT: Be as specific as possible; take photos of all damage including non-County vehicle(s)

Did Police investigate? Yes No Reporting Officer: _____

Reporting Agency: _____ Report Number: _____

Injuries (if yes, complete County Accident Injury Report)? Yes No

Witness(es): _____



ACCIDENT WITNESS STATEMENT

Location of Accident: _____

Name of Employee in Accident: _____

Date of Accident: _____

Time of Accident: _____ AM/PM

Witness Name: _____

Witness Dept.: _____

Witness Statement *(describe fully how accident occurred)*:

Describe any injury sustained by the employee: *(be specific)*:

The above is factual to the best of my knowledge.

Witness Name *(Print)*

Signature

Date



Cherokee County Injury Investigation Report

Employee Name:	Employee's Department:	Date and Time of Injury/Illness:
Job Title:	Location of Accident:	
Date of First Report:	Job Being Performed:	Has Employee Performed this Job Before? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe in detail how the injury occurred (use additional paper if necessary).

Nature of Injury/Illness:

Part of Body Affected/Injured:

INDICATE ALL OF THE FOLLOWING CONTRIBUTING FACTORS TO THE ACCIDENT:

<input type="checkbox"/> Unsafe Act	<input type="checkbox"/> Lack of Experience	<input type="checkbox"/> Defective Equipment
<input type="checkbox"/> Employee Training	<input type="checkbox"/> Improper Lifting	<input type="checkbox"/> Improper Procedure(s)
<input type="checkbox"/> Unsafe Conditions	<input type="checkbox"/> Poor Housekeeping	<input type="checkbox"/> Improper PPE or PPE Not Used
<input type="checkbox"/> Violation of Safety Rules	Other	

Recommended Corrective Action(s):

Was Post-Accident Drug Test Administered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If Yes, Hospital/Location of Testing Facility	If No, Why Not?
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Signatures:	
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Employee	Date	Supervisor	Date
Printed Name of Person Filling Out Report		Date	