

**MULTNOMAH COUNTY, OREGON
ADMINISTRATIVE PROCEDURE RSK-4**

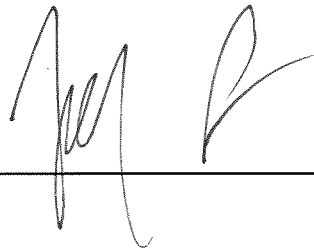
SUBJECT: Vehicle Collision Reporting

PURPOSE: To describe the procedure for reporting collisions involving vehicles used for County business.

ORGANIZATION RESPONSIBLE: Department of County Management – Risk Management Section

CHAIR JEFF COGEN

DATE: July 2012



ORGANIZATIONS AFFECTED: All Departments/Offices

LEGAL CITATION/ REFERENCE: ORS 811.720

I. PROCEDURE DESCRIPTION

A. General

This procedure is applicable to all Departments/Offices. This procedure is to be used by anyone using a vehicle that is involved in a collision while being used for County business.

B. Procedure

1. Collisions involving any vehicle being used for County business; including County-owned, personally-owned, rented, or leased vehicles are to be promptly reported by the driver (or the employee responsible for the vehicle in the case of a parked vehicle, hereinafter called “the

driver"). All incidents, including single vehicle collisions, damage of unknown origin, and vandalism, regardless of the extent of damage, shall be reported.

2. The driver shall complete and file a Multnomah County Vehicle Collision Report Form within 24 hours after a collision, or as soon as discovered in the case of a parked vehicle.
3. The person completing the form is to send the original to Fleet and retain a copy for Department/Office records. When necessary, Fleet is to send a copy to Risk Management, Property & Liability Program.
4. If any employee involved in the collision was injured and received medical services beyond first aid, follow County Administrative Procedure #RSK-1. If any employee involved in the collision was injured but did not receive medical services beyond first aid, follow County Administrative Procedure #RSK-2.
5. The Department of Motor Vehicles (DMV) form is available from any DMV office, most police stations, the County Motor Pool, and County Fleet Services. **It is the driver's responsibility to file this form in a timely manner in compliance with state law.** Fleet Services can help employees determine whether this form needs filed based on the vehicle accident you have.

C. Drivers Safety Training/ Drivers Licenses

1. Departments are responsible for verifying that all employees driving on County business have current, valid licenses of the appropriate class.
2. Departments are responsible for making sure that employees drive safely at all times while on County business. Departments should provide for periodic driver's safety training appropriate for the type of business driving.
3. Refer to County Administrative Procedure RSK-14 "Employee Vehicle Use on County Business" for additional information on driver's safety training and driver's licenses.

II. DRIVER RESPONSIBILITIES

- A. Seek medical attention for anyone injured in a collision and render first aid

consistent with your training.

- B. Obtain the other party's name, address, phone number, driver's license number, date of birth, insurance carrier, policy number and insurance agent information. Record the names, addresses, and phone numbers of witnesses.
- C. When talking with others involved in the collision, be courteous, be concerned, be sympathetic, but do not make commitments or admit fault.
- D. Do not discuss details of the collision with anyone except the investigating officer or others authorized by Risk Management, Property & Liability Program.
- E. Do not enter into any settlement with any other party's insurance carrier without the approval of Risk Management, Property & Liability Program.

III. IMPLEMENTATION AND INTERPRETATION

Any questions on the implementation or interpretation of this procedure should be directed to the Risk Management Section which is responsible for interpreting and implementing this procedure.

DO NOT GIVE ANY STATEMENT OR ADMISSION TO THE OTHER DRIVER



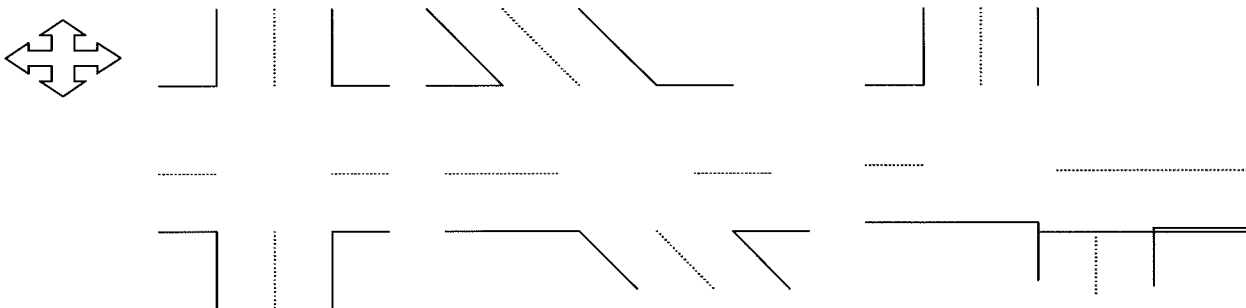
**Multnomah County
Vehicle Collision Report Form RSK-4**

Send this original form to Fleet (425/Fleet).

Complete this form immediately following all collisions involving a vehicle being used for County business. Refer to County Administrative Procedure RSK-4 for further information. Copies of RSK-4 may be accessed on the Multco Commons site or by calling Risk Management/Property & Liability Program. (Reviewed 7/18/12)

County Driver's Name: _____		Dept.: _____	
Work Phone No.: _____	Supervisor's Name: _____	Date of Birth: _____	
Driver's License No: _____	State Issued: _____	License Exp. Date: _____	
Accident Date: _____	Vehicle Make & Model: _____	Yr.: _____	License No.: _____
Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Location of Accident: _____		
Weather Conditions: _____		Road Conditions: _____	
Rate of Speed (mph)-- Your Car: _____	Other Car: _____	Police Investigation: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> State <input type="checkbox"/> City	
Other Driver's Name: _____		Home Address: _____	
Home Phone: _____	Date of Birth: _____	Driver's License No.: _____	State Issued: _____
Vehicle Make & Model: _____	Year: _____	Vehicle License No.: _____	
Insurance Company: _____	Policy No.: _____		
Damage to County car (Vehicle #1): _____			
Damage to other car (Vehicle #2): _____			
Name, address and age of witnesses (other than occupants of car). _____			
Name, address and age of occupants in vehicle being used for County business (indicate if injured and extent). _____			
Name, address and age of occupants in other car (indicate if injured and extent). _____			

Indicate North Below. Show how collision occurred by using one of these diagrams.



Driver's Statement of How Collision Occurred (use reverse side of form, if necessary) (This question MUST be answered): Were you using any communication device (e.g. cell phone, two-way radio) when the collision occurred? _____ _____ _____
Any Statement or Admission by Other Driver (use reverse side of form, if necessary): _____ _____ _____

Signature of County Driver/Date

Signature of Supervisor/Work Phone Number