



CITY OF DUBLIN

**CITY OF DUBLIN  
ADMINISTRATIVE ORDERS  
OF THE CITY MANAGER**

<b>ADMINISTRATIVE ORDER 3.2</b>
<b>TO:</b> All City Employees
<b>FROM:</b> Marsha Grigsby, City Manager 
<b>SUBJECT:</b> Accident/Damage Reports and Committee
<b>DATE:</b> December 5, 2014
<b>Supersedes and Replaces Administrative Order 3.2 dated 2/16/05 Regarding Same Subject.</b>

This Administrative Order sets forth the City's official policy regarding the filing of Employee Accident/Damage Reports, Supervisor's Investigation of Accident/Damage Reports and, subsequent activities of various City staff to properly respond to and record accidents/damage. These reports and procedures are designed to provide an official record of all damages or accidents involving City vehicles and property, as well as, an efficient means of assimilating pertinent information. An Accident and Damage Investigation Committee is also established to protect both the City and City Employees when there are allegations of negligence.

**I. DEFINITIONS**

- A. **Vehicles** City or privately owned automobiles, trucks, or motorcycles.
- B. **Equipment** City or privately owned machinery, tools, or personal equipment; for example:
  - 1. **Machinery** backhoes, mowers (riding, self-propelled, and pushing) leaf-vacs, trailers and trailer tool units, compressors, generators, street cleaner, tractors etc.
  - 2. **Tools** power hand tools to include: jackhammers (pneumatic), concrete saws, weed eaters, etc.
  - 3. **Personal and/or Office Equipment** radios, weapons, issued clothing, computer, mobile phone, protective gear of any kind, etc.
- C. **Operator** One who operates machinery or tools or drives a vehicle.
- D. **Property** Refers to items other than vehicles or equipment, particularly: buildings, structures, fences, turf, posts, signs, trees, etc.
- E. **Accident** An unexpected and undesirable event which results in damage to City or privately owned vehicles, equipment, and/or property.

- F. **Damage** Impairment of the value, worth, usefulness, or appearance of City or privately owned vehicle(s), equipment, or property.

**II.** Procedures in the event a City owned vehicle or equipment, (Machinery only) is involved in an accident, which is in the public right-of-way or involves privately owned vehicles, equipment, and/or property;

1. Make sure all individuals receive prompt medical attention, if necessary.
2. Obtain a police report.
  - a. If the accident occurs within the jurisdiction of the City of Dublin, immediately notify the Dublin Police to obtain a report. **Do not move vehicles or equipment involved, unless it is clearly necessary to avoid further damage or injury.**
  - b. If accident occurs out of the jurisdiction of the City of Dublin, obtain a police report from the police agency having jurisdiction.
3. Contact Fleet and explain damage incurred. Fleet will render a decision as to whether the vehicle/equipment should be transported, whether contact service is appropriate, or if the vehicle/equipment can continue to be operated with no risk to safety.
4. The operator shall report the accident to his/her direct Supervisor by submitting a completed and signed Employee Accident/Damage Report and, if necessary, a signed Employee's Report (attached).
5. The Supervisor, upon receipt of the Employee Report Form will conduct an investigation, complete, sign, and submit his/her Investigation of Accident/Damage Report (attached) to Human Resources along with the Employee Accident/Damage Report and if necessary the Employee's Report of Injury Form.
6. Based upon the collection of previous report(s), Human Resources will:
  - a. File a claim with the appropriate insurance company, if necessary.
  - b. Decide what action is necessary and convene the Accident and Damage Investigation Committee.
  - c. Disseminate information to the appropriate City work units and Officials as deemed necessary.

**III.** Procedure in the event City vehicles, equipment, and/or property is damaged but does not involve privately owned vehicles, equipment, property, or injuries requiring professional emergency medical treatment (i.e. Emergency Medical Squad):

1. Ensure all individuals receive prompt medical attention, if necessary.
2. Stop and assess the damage.
3. Contact Fleet and explain damage incurred. Fleet will render a decision as to whether the

vehicle/equipment should be transported, whether contact service is appropriate, or if the vehicle/equipment can continue to be operated at no risk to safety.

- a. Vehicle/equipment repair will be the responsibility of Fleet, as will the records of such repairs.
  - b. Damage to property will be assessed and repaired by the appropriate work unit.
4. The operator will submit a completed and signed Employee Accident/Damage Report Form to his/her Supervisor. (Employee's Report of Injury if necessary.)
  5. The immediate Supervisor, upon receipt of the Employee Accident/Damage Report will conduct an investigation, complete, sign, and submit the Departmental/Divisional Investigation of Accident/Damage Report along with the Employee's Accident/Damage Report to the Office of Human Resources. (Injury Investigation Report if necessary.)
  6. Based upon the collection of previous reports, the Office of Human Resources will:
    - a. File a claim with the appropriate insurance company, if necessary;
    - b. Decide what action is necessary and convene the Accident and Damage Investigation Committee;
    - c. Disseminate information to the appropriate City work units and Officials as deemed necessary.

**IV. PROCEDURES IN THE EVENT OF PERSONAL PROPERTY DAMAGE TO EMPLOYEE'S PROPERTY SUBJECT TO THE LIMITATIONS OUTLINED IN ADMINISTRATIVE ORDER 3.9.**

1. Make sure all individuals receive prompt medical attention, if necessary.
2. Immediately notify supervisor
3. Employee will submit a completed and signed Employee Accident/Damage Report Form to his/her Division Head within three (3) days of damage occurring. Employee must include circumstances under which the property damage occurred, the type, brand name, model, value, and condition of the property prior to damage occurring together with the damaged property.
4. The immediate Supervisor, upon receipt of the Employee Accident/Damage Report will conduct an investigation, complete, sign and submit the Departmental/Divisional investigation of Accident/Damage Report along with the Employee's Accident/Damage Report to the Office of the Human Resources, Risk Manager.
5. Based upon the collection of previous reports, the Office of Human Resources will:
  - a. File a claim with the appropriate insurance company, if necessary;
  - b. Decide what action is necessary and convene the Accident and Damage Investigation

Committee;

- c. Disseminate information to the appropriate City Departments/Divisions and Officials as deemed necessary.

**V. THE ACCIDENT AND DAMAGE INVESTIGATION COMMITTEE**

- A. The purpose of this Committee is to review and assess allegations of operator negligence in order to protect both City employees and the City.
- B. This Committee may be convened when allegations are made that the accident/damage was the result of operator negligence. The Committee will be convened at the request of the City operator or at the request of the Risk Manager/Safety Administrator, who shall serve as Chairman.
- C. The Committee will consist of four (4) members:
  1. 1<sup>st</sup> line Supervisor
  2. Supervisor 2<sup>nd</sup> line
  3. Risk Manager/Safety Administrator
  4. City employee (appointed by Director)
- D. The Committee will have the authority to call witnesses, interview the operator and review Police Reports, Employee Accident/Damage Reports, and Supervisors' Investigation of Accident/Damage Reports. The Committee shall use attached form titled, "Accident Review Team Summary" to record findings and recommendations as to the prevention of similar incidents. Based on the evaluation of all relevant data, the Committee will make recommendations as to the prevention of similar incidents.

Attachment

**Employee Non-Injury Incident/Damage Report**

Employee Name (last, first, middle): \_\_\_\_\_ SS#: \_\_\_\_\_

Employee Address (city, state, zip): \_\_\_\_\_ Phone #: \_\_\_\_\_

Employee Information: Male  Female  Birth Date: \_\_\_\_\_

Employee Department: \_\_\_\_\_ Job Title: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Shift:  1  2  3  Other

Date of Accident/Injury: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm Day occurred: S M T W TH F S

Location of Accident/Injury: \_\_\_\_\_ Who was notified? \_\_\_\_\_

Describe Accident: (*describe what happened, how the accident occurred. Include details pertaining to equipment, environment, tasks, etc.*):

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**\*\*Use reverse side for additional information if needed\*\***

Tasks being performed when incident happened: \_\_\_\_\_

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What was the cause of this accident/injury? \_\_\_\_\_

Weather conditions: \_\_\_\_\_ Traffic conditions: \_\_\_\_\_

How could this accident/injury have been prevented? \_\_\_\_\_

Did anyone witness the accident/injury?  No  Yes Name(s): \_\_\_\_\_

List resulting damage(s) to City Vehicle(s)/Equipment or Property:

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Was there a problem with tools, material or equipment? Describe: \_\_\_\_\_

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Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SUPERVISOR'S INVESTIGATION OF  
EMPLOYEE NON-INJURY/DAMAGE INCIDENT**

City Driver/Operator: \_\_\_\_\_

Was machinery, equipment, etc. in good working order? \_\_\_\_\_

Was there a defect in the job layout, procedure, or work environment? Describe: \_\_\_\_\_

\_\_\_\_\_

Was any human error involved? Describe: \_\_\_\_\_

\_\_\_\_\_

Reasonable suspicion of drug/alcohol use? (Circle) Yes No Recommended drug/alcohol testing? (Circle) Yes No

Was operator adequately trained for job? \_\_\_\_\_

List corrective action and by whom: \_\_\_\_\_

\_\_\_\_\_

What is your recommendation for disposition of this matter concerning the City Driver/Operator? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Risk Manager Date

\_\_\_\_\_  
Director Date

\_\_\_\_\_  
Crew Leader (if applicable) Date

**Division of Human Resources Use Only**

Claim number: \_\_\_\_\_

Date reported: \_\_\_\_\_

Deductible: \$ \_\_\_\_\_

Total Cost: \$ \_\_\_\_\_

**Accident Review Team Summary**

Employee Name: \_\_\_\_\_ Accident Date: \_\_\_\_\_ Date Reported: \_\_\_\_\_

**ACCIDENT SUMMARY:**

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**CONTAINMENT ACTION:** *What immediate preventative action was taken after the accident?*

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Person Responsible: \_\_\_\_\_ Date Implemented: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IDENTIFY ACCIDENT CAUSES:** *What factors contributed to the accident?*

**Contributing Causes:**

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**Root Causes:**

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**PREVENTATIVE ACTION:** *What can be done to prevent a recurrence of this type of accident?*

Action: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Date Implemented: \_\_\_\_/\_\_\_\_/\_\_\_\_

Action: \_\_\_\_\_

Person Responsible: \_\_\_\_\_ Date Implemented: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Risk Manager Signature

\_\_\_\_\_  
Date Completed