

SECTION 9

ACCIDENT AND HAZARD REPORTING

A. Reporting accidents involving the public which occurs on City property or City facilities – General Liability

1. If any employee witnesses or become aware of an accident occurring on City property or in a City facility, that employee should report that occurrence to their supervisor who should complete the attached report and forward it to **Risk Management within 24 hours.**
2. If necessary, contact Fire Rescue to provide medical assistance. If serious or an emergency, **call 911.**
3. Obtain the names, addresses and phone numbers of any witnesses to the accident.
4. Examine the alleged accident scene and make note of any hazardous conditions that the injured party indicates was the cause of the accident. If there were no hazards present, make note of that also (**i.e., sidewalk clean and dry**).
5. Take photos of the scene if possible. When Fire Rescue arrives, they will photo the accident scene.
6. Make **no statement admitting responsibility** for the accident or that any medical bills will be paid by the City.
7. **Refer any questions to Risk Management.**
8. If contacted, do not speak with any adjuster, investigator or attorney unless it is confirmed they are employed by the City. If in doubt, contact Risk Management of the City Attorney's Office.
9. If the accident was the result of a possibly hazardous condition please notify the appropriate department immediately to initiate correction of the condition.
10. **Cooperate fully** with the **City's adjusters or attorneys** during the subsequent investigation of the claim or lawsuit from the accident reported.

B. Reporting Motor Vehicle Accidents

Any driver of a City owned or lease vehicle that is involved in a motor vehicle accident should do the following:

1. Move the vehicle out of the roadway if it presents a dangerous condition to other motorist.
2. **Contact the Miami Beach Police Department and your immediate supervisor.**
3. If the accident occurs outside the city limits, also call the police agency servicing that jurisdiction.
4. Obtain information on the other driver such as name, address, vehicle and insurance information.
5. **Obtain the name of any witnesses to the accident.**
6. If injured, proceed to the Occupational Health Center for treatment. If unable to drive, arrange for your department to have you transported and the vehicle picked up.
7. If the vehicle is not drivable contact Mechanical Maintenance to tow the vehicle.
8. If serious injuries occurred or immediate medical attention is necessary, contact Fire Rescue/911.
9. Do not make any statement regarding admission of responsibility for the accident.
10. If you receive a traffic citation, **do not automatically plead guilty** to the charges. **You must contact the office of the City Attorney** who will attend traffic court with you.
11. The **driver** and their **immediate supervisor must complete the City of Miami Beach Vehicle Accident Report** (attached following this section) and forward this report to **Risk Management within 24 hours.**
12. **Cooperate fully with the City's claim adjuster** during their investigation of the accident.

C. **Reporting Accidental Property Damage or Theft**

Employees who discover **accidental damage** to or **theft of City property must report in writing all such incidents to the Risk Management Division within forty-eight (48) hours.** In addition a preliminary phone call to Risk Management for notification is required.

If an employee discovers **damage/theft to City property**, the employee's Department **must** follow the steps outlined below:

- A. Report the damage or theft to the Police Department and/or Fire Department and other appropriate departments (i.e., if damage to a building is discovered, call Property Maintenance, if damage to garbage container, Sanitation, etc.) If there is doubt as to which department should be notified, check with Risk Management.
- B. Report the loss in writing to Risk Management, providing the date, time, place of loss, description of property damaged, and the degree of and cause of the damage (if known).
- C. If the property is going to be repaired or replaced, submit an estimate for the associated cost to Risk Management.
- D. Submit a Purchase Requisition form along with report for the repair work/replacement cost to Risk Management. Leave the budget code space **blank**. The cost may be covered by the City's self-insurance fund.
- E. Denied coverage request will be returned to the originating department.

NOTE

If the damage or loss is covered by any of the City's property insurance policies, Risk Management will process the necessary paperwork and notify the department concerned when the claims procedure is completed.

RISK MANAGEMENT PROPERTY DAMAGE CLAIM FORM

Today's Date: _____ Date of Loss: _____

Department: _____

Person Responsible for Property: _____

Location of Loss: _____

Cause of Loss (Fire, Theft, or Vandalism, Etc.): _____

Description: _____

(continue on a separate sheet if necessary)

Statement of How Loss Occurred: _____

Police/Fire Department Case Number: _____ Serial Number: _____

Replacement Cost: _____ Person Reporting Claim: _____

Supervisor's Signature: _____

TO BE COMPLETED BY RISK MANAGEMENT

Approved

Denied

Explanation: _____

Please attach and send purchase requisition form with budget code blank.

Payment Authorized by: _____

Signature required

CITY OF MIAMI BEACH
VEHICLE ACCIDENT REPORT
TO BE COMPLETED BY SUPERVISOR

Date of Report _____

Length of time driver with the City? Years _____

Experience with this type of vehicle? Years _____

If employee sustained an injury did you complete a Notice of Injury Report Yes _____ No _____

Total # of hours on duty at time of accident? _____

Was Vehicle Condition Form completed? Yes _____ No _____

Did you complete Reasonable Observation Form Yes _____ No _____

If employee has CDL was Drug Test conducted Yes _____ No _____

Contributing factors:

Excessive Hours Yes _____ No _____ Speeding Yes _____ No _____ Sickness Yes _____ No _____

Physical Defect Yes _____ No _____ Alcohol Yes _____ No _____ Drugs Yes _____ No _____

Number of accidents in the past 18 months? _____

Other (explain): _____

Comments: _____

Date: _____ Supervisor: _____

Date: _____ Dept. Head: _____

Distribution:
Dept/Div
Risk Management
Fleet Management
Rev 2/8/00

CITY OF MIAMI BEACH
VEHICLE ACCIDENT REPORT
THIS SIDE TO BE COMPLETED BY DRIVER
IMPORTANT

Both sides of this report must be completed before the driver completes his tour of duty. Two (2) copies must be submitted to Risk Management immediately. Any questions call **305-673-7014**, or fax: 305- 673-7023

Employee's Name: _____
Dept./Div. _____ Job Classification: _____
City Vehicle #: _____ Type of Vehicle: _____
Make & License Tag of Vehicle: _____

Date of Accident: _____ Time: _____
Location of Accident: _____
List of Passengers: _____
Name of other party involved: _____
Address of other party: _____
Name of other Insurance Co./Agent _____
Was anyone injured? Explain: _____

Other Vehicle: Year _____ Make & Tag# _____
Was supervisor notified after accident? Yes _____ No _____
Were Police on the scene? _____ Was FL. Traffic Accident Report Made? _____ Photos Taken? _____
Person charged by Police: _____ Charge: _____
Name of Witness _____ Address _____ Phone: _____
Name of Witness _____ Address _____ Phone: _____
Damage to Other vehicle/property: _____
Driver's description of accident: _____

Date: _____ **Signature of Employee:** _____

Completed by: Ron Caplan
Safety Officer