EFFECTIVE DATE: January 21, 1981

REVISION DATES: _____ _____ _____

SUBJECT: ACCIDENTS AND INJURIES (REPORTING)

1. Purpose:

- To ensure that all on-the-job accidents and injuries are reported properly, and on a timely basis.

- To maintain accident data for analyzing accidents, for designing accident prevention policies and programs, and for evaluating the accident prevention efforts of departments.

2. Responsibility:

- Employees at all levels shall have the responsibility of reporting all accidents and injuries to their immediate supervisor. If, due to injuries, an employee is unable to report the accident, any employee present shall assume the reporting responsibility.

- Immediate supervisors of employees invloved in accidents shall have the responsibility of reporting the accidents as outlined in this directive.

- Immediate supervisors are responsible for notifying their Division/Department, the Legal Office, and the City Safety Office as soon as possible, of major or unusual accidents, and of injuries of a serious nature. Departmental Safety Coordinators, if designated, will also be notified.

- Other accident reports, such as Swimming Pool and Playground participant accident reports, etc., shall be submitted in accordance with the policies of the Department or Division requiring such reports. A copy of the departmental reports will be forwarded to FINANCE, ATTN: Risk Management Division (Safety Office).

3. Procedures:

Accidents Involving Injuries:

A. A supervisor's first responsibility is to provide First-Aid and/or obtain medical aid for an injured employee. If a supervisor is not immediately available, this responsibility shall be assumed by any employee present.

EFFECTIVE DATE: January 21, 1981

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SUBJECT: ACCIDENTS AND INJURIES (REPORTING) - Page 3.

Accidents Involving Motor Vehicles:

A. Drivers of City-owned motor vehicles, and drivers of privately owned vehicles for which a car allowance is received, shall report all "on-duty" vehicle accidents immediately to the Police Department and to his/her immediate supervisor, or Department. If, due to injuries, the driver is unable to report the accident, any employee present shall assume the reporting responsibility.

B. Department Heads will publish appropriate departmental directives to:

(1) Ensure that all motor vehicle accidents are investigated immediately, and that Form 0602-6 (Jul 70) "City of San Antonio Vehicle Accident Report or Loss Notice" (see attached) is properly completed and submitted (in four (4) copies) to FINANCE, ATTN: Risk Management Division within three (3) working days after the date of the accident. Form 0602-6 may be obtained from the Risk Management Division.

(2) Ensure that detailed instructions for vehicle accidents, such as telephone numbers of persons and/or sections/divisions/centers, or agencies to be called, are available to all drivers.

(3) Ensure that detailed instructions are available to drivers and supervisors, in regards to "when" and "to where" vehicles will be towed. In all cases of alleged claims of mechanical failures, it shall be mandatory to have vehicles towed to the City's designated Automotive Operation Centers for a mechanical check.

C. Other accident reports, such as a Supervisor's Report of Vehicle Accident Investigation, etc., shall be submitted in accordance with the policies of the department or division requiring such reports. A copy of the Departmental reports will be attached to and forwarded with Form 0602-6 to Finance, ATTN: Risk Management Division. The Risk Management Division will forward copies of such reports to the Personnel Training Division along with a copy of Form 0602-6.

D. The Personnel Training Division will:

(1) Review all vehicle accident reports.

EFFECTIVE DATE: January 21, 1981

REVISION DATES: _____ _____ _____

SUBJECT: ACCIDENTS AND INJURIES (REPORTING) - Page 4.

(2) Determine if the accident was "preventable" or "non-preventable on the part of the City driver.

(3) Prepare and maintain a permanent record (card) on all City drivers.

(4) After recording the required information on the driver's record card, forward each Vehicle Accident Report to the Personnel Support Services Division for filing in the driver's personnel records file.

E. Drivers of City-owned vehicles or privately-owned vehicles for which a car allowance is being received, will not discuss, with a claimant, whether or not the City will pay any claim of any nature. City employees will advise all claimants to contact the City Clerk's Office at City Hall for information pertaining to filing claims against the City.

F. City employees involved in a vehicle accident will provide claimants with the information contained on their Drivers License, the vehicle number, the vehicle license number, and the name of the Department for which they work.

Carl L. White
Carl L. White
Director, Finance

Thomas E. Huebner
City Manager

Dated: 21 JAN 1981

CITY OF SAN ANTONIO

VEHICLE ACCIDENT REPORT OR LOSS NOTICE

For Reporting Damage to Vehicles, Other Property Damage, or Bodily Injury

1 DEPARTMENT

DEPARTMENT	DIVISION	FISCAL ACCT. NUMBER	TELEPHONE NUMBER

2 TIME & PLACE OF ACCIDENT

DATE	HOUR	CITY	STATE

LOCATION (STREET, INTERSECTION, ETC.)

3 CITY VEHICLE

MAKE	YEAR MODEL	TYPE	IDENTIFICATION NUMBER	LICENSE NO.

VEH. NUMBER	PURPOSE FOR WHICH CAR WAS BEING USED	OWNER'S NAME IF NOT OWNED BY THE CITY

4 CITY DRIVER

NAME OF DRIVER	AGE	TELEPHONE NUMBER

ADDRESS	DRIVER'S LICENSE NO.

NAME & ADDRESS OF PERSONAL INSURANCE COMPANY	Vehicle on City Business?	AUTHORITY:

WAS ACCIDENT REPORTED TO POLICE?	WHERE?	WHEN? DATE & HOUR

5 OTHER VEHICLE OWNER & DRIVER OR DAMAGE TO PROPERTY OF OTHERS

NATURE AND EXTENT OF DAMAGE	Estimated Cost of Repairs
	$

OTHER DRIVER	ADDRESS

OWNER	ADDRESS

IF VEHICLE, MAKE & YEAR	LICENSE NO.	WAS VEHICLE INSURED?	NAME & ADDRESS OF INSURANCE CO.

6 DAMAGE TO CITY VEHICLE

NATURE AND EXTENT OF DAMAGE	Estimated Cost of Repairs
	$

VEHICLE

WHERE AND WHEN VEHICLE CAN BE INSPECTED	ANTICIPATED DATE & PLACE OF REFERRAL OF VEHICLE FOR REPAIRS:

7 PERSONS INJURED (ALSO SEE SEC. 11, REVERSE SIDE)

NAME	ADDRESS	APPARENT AGE

INJURIES

☐ In City Vehicle	☐ In Other Vehicle	☐ Pedestrian	ATTENDED BY	WHERE TAKEN AFTER ACCIDENT

NAME	ADDRESS	APPARENT AGE

INJURIES

☐ In City Vehicle	☐ In Other Vehicle	☐ Pedestrian	ATTENDED BY	WHERE TAKEN AFTER ACCIDENT

IMPORTANT: BE SURE TO GIVE INFORMATION REQUESTED ON OTHER SIDE

INSTRUCTIONS

(Please Print or Type)

This report is to be completed by the supervisor concerned on all accidents that result in personal injury to any City employee.

The supervisor should make a thorough investigation of the circumstances that led to the accident.

This report should be completed and forwarded to the Safety and Training Division within three (3) working days following the accident. The Employers First Report of Injury or Illness (Workers' Compensation form) will also be completed and forwarded to the Workers' Compensation Office.

The information on this report will be used in preventing similar accidents. Reports with incomplete information will be returned for reaccomplishment.

The Safety and Training Division will, as required, conduct independent investigations of accidents.

BLOCK: 1 through 4 self-explanatory

BLOCK: 5 Do not use activity code, list division by title.

BLOCK: 6 through 10 self-explanatory

BLOCK: 11 Be specific, for example; laceration right hand; sprained left ankle, etc. Do not use medical terms such as tibia.

BLOCK: 12 Indicate if employee will or will not lose time. This can be determined when employee returns from doctor. It may be necessary to contact the doctor's office by phone. Lost time will commence the day following the injury.

BLOCK: 13 Describe just exactly what the employee was doing just prior to the accident happening. List step-by-step procedure employee was using. (It may be necessary for employee to demonstrate just what he/she was doing.)

BLOCK: 14 Complete only if job employee was assigned to do was different than what was described in block 13, for instance, if employee was assigned the specific job of stacking lumber, but was injured doing something else, such as horseplay, or an unauthorized job, so indicate.

BLOCK: 15 through 16 Self-explanatory

BLOCK: 17 List only those witnesses who actually saw the accident happen

BLOCK: 18 List the type of training, that the employee received for doing this particular job, i.e., briefing, formal schooling, etc. If briefing, indicate who gave the briefing.

BLOCK: 19 List all personal protective equipment that the City provided, if none, so state.

BLOCK: 20 List the protective equipment that the employee was using at the time.

BLOCK: 21 List any protective equipment that is not provided, that in your opinion would have prevented the injury.

BLOCK: 22 Answer yes or no. If yes, indicate who gave the authority.

BLOCK: 23 List the number of previous on-the-job injuries. (This employee has had three (3) previous on-the-job injuries.) This information can be obtained from employee's 201 file.

BLOCK: 24 through 27 Self-explanatory.

BLOCK: 28 For the purposes of this report the reviewing authority will be the division or the department head.

BLOCK: 29 Self-explanatory.

FOR SAFETY USE ONLY

Comments of Safety Inspector:

CITY OF SAN ANTONIO

SUPERVISOR'S REPORT OF ACCIDENT INVESTIGATION

TR/TYPE 1 232	5 SSAN	14 TR DT / /	20 INCIDENT NO.	26 ACCIDENT DATE / /	32 ACCD. TYPE	35 ACCD. AGENCY	38 NATURE OF INJ.	41 PART OF BODY	44 DUTY STATUS

DO NOT WRITE IN THE ABOVE BLOCKS

1. Name (last, first, MI)	2. Age	3. Soc. Sec. No.	4. Department	5. Division (Title)

6. Date/Time of Accident	7. Location of Accident	8. Employee's Occupation/How long?

9. Name of Doctor/Phone No.	10. Name of Hospital	11. Nature of Injury.	12. Lost Time Yes/No

13. Brief Description of Accident:

SUPERVISOR'S INVESTIGATION

14. What job was employee doing? (Be specific.)

15. Equipment, tools, material involved.	19. Personal protective equipment provided (goggles, gloves, hardhat, boots, etc.)
16. What equipment, tools, material was defective? (Describe)	20. What personal protective equipment was being used?
17. Names of witnesses (include yourself if you were a witness)	21. What personal protective equipment is needed for the job?
18. Type of training received:	22. Was employee authorized to do this job? Whose authority?

23. Brief history of employees previous on-the-job accidents.

SUPERVISOR'S CORRECTIVE ACTION

24. In your opinion, what was the direct cause of this accident?	25. What other factors contributed to the accident?
26. What action will you take or recommend to prevent similar accidents?	27. (Signature) (Date) (Type or print name of supervisor)

REVIEWING AUTHORITY

28. Do you concur with supervisor's recommendations? If not, indicate why?	29. (Signature) (Date) (Type or print name of supervisor)

CITY OF SAN ANTONIO

MEDICAL

REFERRAL SLIP

Date: _____

To: Dr. _____

Ref City employee _____ of the City's

_____ Department. Employee's job title is

_____.

Please furnish the necessary medical attention for the above named employee, reportedly injured on duty on _____, 19___. This authorization for treatment is subject to confirmation that the injury was sustained in the course and scope of employment. If the condition requiring medical attention is (now, or later) determined to be "NOT JOB RELATED", the patient or the City's Group Insurance carrier will be responsible for all medical expenses incurred.

If possible, please provide the information requested under Doctor's Disposition at the bottom of this form.

_____
Supervisor, or Other Authorized Person

Doctor's Disposition:

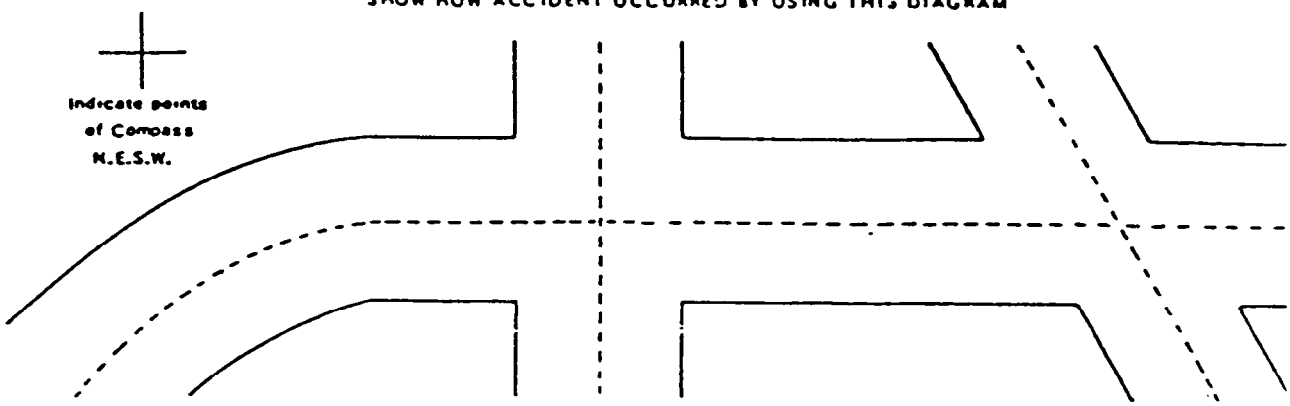
Extent of injury _____
Date expected to return to work: _____
Light duty date: _____
Regular duty date: _____
Follow-up Doctor or treatment appointment date: _____

Form A-4a (Revised Jan 81)

8 NAMES AND ADDRESSES OF OCCUPANTS AND WITNESSES	OCCUPANTS OF CITY VEHICLE	ADDRESS	TELEPHONE NUMBER
	OCCUPANTS OF OTHER VEHICLE	ADDRESS	TELEPHONE NUMBER
	OTHER WITNESSES (IMPORTANT)	ADDRESS	TELEPHONE NUMBER

9 DIAGRAM

SHOW HOW ACCIDENT OCCURRED BY USING THIS DIAGRAM



GIVE STREET NAMES, DIRECTIONS AND LOCATIONS OF OBJECTS INVOLVED

10 THE ACCIDENT

STATEMENT OF DRIVER

DESCRIBE BELOW HOW THE ACCIDENT OCCURRED, GIVING DIRECTION AND SPEED OF VEHICLE OR VEHICLES, WIDTH OF STREET OR HIGHWAY, CONDITION OF ROAD SURFACE, WEATHER, ETC.

11 ADDITIONAL PERSONS INJURED

NAME	ADDRESS	APPARENT AGE
INJURIES		
☐ In City Vehicle ☐ In Other Vehicle ☐ Pedestrian	ATTENDED BY	WHERE TAKEN AFTER ACCIDENT?

Date of This Report _____ 19 _____ Signature of Driver _____