

NUMBER FV - 001

**FLEET MANAGEMENT  
POLICY / PROCEDURE**

**SUBJECT: ACCIDENTS / VANDALISM COUNTY VEHICLES**

APPROVED: Marilyn L. Rawlings  
MARILYN L. RAWLINGS, FLEET MANAGER

APPROVED: Mike Figueroa  
MIKE FIGUEROA, RISK MANAGER

**DISTRIBUTION:**

Fleet Management  
Risk Management  
All County Departments

**PURPOSE:**

To establish guidelines for processing repairs to County owned vehicles involved in accidents, vandalism, etc.

**PROCEDURE:**

All damage done to Lee County vehicles, whether through vandalism, accident, or natural disaster, must be reported immediately to the operator's supervisor and to Lee County Risk Management. A Lee County Loss/Accident Report must be completed and faxed to Lee County Risk Management and to Lee County Fleet Management within 24 hours after the occurrence. Loaner vehicles will be provided as needed, based on availability from Fleet Management.

**REQUISITIONS:**

Requisitions for the repair of damage from all accidents must be entered in the One World System through the OF approval path. Once the requisition is entered, all documentation (i.e. estimates, accident report, etc) must be scanned and attached to the requisition or faxed directly to Purchasing.

**TOTAL DAMAGE – ESTIMATED UNDER \$500**

The vehicle operator will bring the vehicle to the vehicle maintenance facility at 2955 Van Buren Street. Fleet's Shop Superintendent will determine if the vehicle can be repaired in-house or if it needs to be taken to an outside vendor.

If an outside vendor is required, Fleet Management will cut a purchase order to a vendor of choice for the entire amount of the repair. Fleet Management staff will work with the vendor and oversee the repair of the damaged vehicle. Fleet will pay vendor for the invoice amount and then bill the department at the end of the month for the necessary repairs. Funds used to pay these invoices should be separate from the funds set aside for regular vehicle maintenance invoices. Any reimbursement from the other driver's insurance company will be returned to the department by Risk Management.

**TOTAL DAMAGE – LESS THAN BOOK VALUE BUT GREATER THAN \$500**

Departmental staff will obtain a minimum of three written estimates for the repair of the vehicle from vendors approved by Fleet Management. Once a vendor is selected, the Department will cut a purchase order (P.O.) to the awarded vendor for the entire amount of the repair and submit a copy of the purchase order and the original estimate to Risk Management for reimbursement from the Loss Fund and to Fleet Management for review. Any "hidden" damages found by repair shop and not on the original repair estimate must receive verbal authorization from the Fleet Manager, Shop Superintendent or designee prior to repair. Once the repair is completed, the County Department is responsible for picking up the repaired vehicle from the repair shop and bringing it to Fleet Management for final visual inspection. Fleet Management will then provide written approval to the Office of Risk Management and to the Department for the payment of the repair invoices. No payment will be made to the vendor from the original estimate or before repairs are completed and approved by Fleet Management.

**TOTAL DAMAGE > BOOK VALUE - TOTALED VEHICLES**

Determination of whether the vehicle is totaled shall be made by a vendor approved by Fleet Management in conjunction with a Risk Management Insurance appraiser. Once the vehicle is determined totaled, the Department will be reimbursed from the Loss Fund for the actual cash value of the vehicle, less the \$500 deductible, less the higher of two salvage bids. The department shall be responsible for the disposal of the vehicle through Fleet Management. Fleet Management will process the necessary title work for disposal. The Department will prepare all necessary fixed asset forms.

Revised: May 2010

A "vehicle crash" is any occurrence involving a vehicle owned by the County or any non-owned vehicle operated by an employee in the course of their duties; and/or which results in any property damage; and/or personal injury; regardless of who was injured, what property was damaged, to what extent.

**EMPLOYEE'S RESPONSIBILITY**

- 1) **Stop immediately.** All motor vehicle crashes must be reported to the local law enforcement agency. Call 9-1-1, provide first aid if necessary, **DO NOT** leave the scene of the accident and **DO NOT** move any patients unless they are at **immediate risk**.
- 2) Immediately, call your supervisor.
- 3) **DO NOT ADMIT LIABILITY AND DO NOT ATTEMPT TO SETTLE YOUR OWN CLAIM.** Do not make any statements regarding, who was at fault in the crash. Cooperate with investigating law enforcement by just providing the facts leading up to the crash. Cooperate with the County's Claims Adjuster, and/or County Risk Management during the investigation.
- 4) Crashes involving injury or death **MUST BE REPORTED IMMEDIATELY** to Risk Management's Office at (239) 533-2309 or (239) 533-2310. The report(s) must be faxed to (239) 485-2154.
- 5) Complete the **Vehicle Crash Report**. Obtain the crash report number, names of all parties involved, their addresses, phone numbers and any witnesses. This same information is usually available in a Drivers Exchange Information provided by the responding law enforcement agency.
- 6) If the County unit is inoperable, or unsafe to drive, notify the **Fleet Management's Service Desk** at (239) 533-5338 for instructions on designated wrecker service for towing.

**SUPERVISOR RESPONSIBILITY**

- 1) **DO NOT** attempt to move any injured party unless they are at **immediate risk**.
- 2) Assure that proper law enforcement agency has been notified and call Risk Management to assist if necessary.
- 3) Review and complete the information on the **Vehicle Crash Report**. Try to maintain all evidence (if at all possible, take photographs of the accident scene).
- 4) Assist Risk Management as necessary to prepare reports and/or investigation.

- 5) If required, arrange a drug test for the County employee.
- 6) Submit a copy of the **Vehicle Crash Report** along with the "Driver's Exchange Information" to Risk Management within twenty-four (24) hours.

*Risk Management's Accident/Incident Investigation Reports in the Risk Management department are considered **CONFIDENTIAL** and are exempt from public disclosure until termination of all lawsuits and settlement of all claims pursuant to F.S. Section 768.28.*



## Vehicle Crash Report

Please complete the form below and return to above address.

TIME AND LOCATION OF ACCIDENT					
Accident Date (Mo/Day/Yr)			Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		Number of Vehicles
County	State	Accident Location			
NO. 1 (COUNTY VEHICLE)					
Driver Name (Last, First, MI)			Date of Birth:	Sex	Driver License No./State
Driver Home Address			Driver City/State/Zip		Driver Work Phone No.
Driver Cell Phone No.	Driver Department		Driver Job Title		Vehicle Type
Vehicle Make	Vehicle Year	Vehicle Model		Property/Asset Control #	
No. Of Occupants	Commercial Leased Vehicle <input type="checkbox"/> YES <input type="checkbox"/> NO			If so, indicate Agency' name:	
Describe Vehicle Damage					
NO. 2 (OTHER VEHICLE)					
Driver Name (Last, First, MI)			Date of Birth:	Sex	Driver License No./State
Driver Street Address			City/State/Zip		Driver Home Phone No.
Driver Work /Cell Phone No	Type of Vehicle	Vehicle Make	Model	Year	No. of Occupants
Vehicle Owner's Name		Vehicle Owner Street Address		City/State/Zip	
Owners Insurance Company Name/Agent's Name				Owners Phone Number	
Describe Vehicle Damage					
PROPERTY DAMAGED OTHER THAN VEHICLE (fence, utility pole, etc.)					
Owner Name	Street Address		City/State/Zip		Phone No.
Describe Property Damaged					
INJURED PERSONS (Attach additional sheets if necessary)					
Name and Address		Describe Injuries		Date of Birth	Sex

**WITNESS (Attach additional sheets if necessary)**

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

**ACCIDENT DIAGRAM**

Description of accident:

	<b>INSTRUCTIONS</b> DRAW PICTURE OF ROADWAY AT PLACE OF ACCIDENT. NUMBER EACH VEHICLE AND SHOW DIRECTION OF TRAVEL BY ARROW. EXAMPLE →  ←
	<b>SYMBOLS</b> 1. VEHICLE  4. RAILROAD 2. MOTORCYCLE  5. UTILITY POLE 3. PEDESTRIAN

**INVESTIGATING OFFICER**

Name	Badge No.	Department/Agency/Address
Were charges filed: <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes – against whom?	

Describe Violation (Attach copy if you were charged)

**SIGNATURES**

Driver Signature:	Driver's Supervisor/Department Head Signature:
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