

Policies & Procedures

ACCIDENT POLICY

Section: Administrative Policies

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Subject: Accident Policy

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POLICY

The following procedures must be followed if an employee is involved in an accident while driving a Davis Behavioral Health vehicle.

PROCEDURE

1. The police must be called, and an accident report obtained.
2. All drivers need to report any motor vehicle violations to DBH immediately after the occurrence.
3. The driver's supervisor should be notified.
4. ALL drivers involved in an accident MUST be drug tested.
 - a. If the accident is between 8:00 AM and 5:00 PM Monday through Friday, the driver can go to Intermountain Health Care by themselves.
 - b. If the accident is after hours (5:00 PM to 8:00 AM) or on the weekends (Friday 5:00 PM to Monday 8:00 AM) the driver needs to call their supervisor and make arrangements to meet with someone (801-387-8378) from Intermountain Health Care.
 - c. The supervisor MUST accompany the driver for the drug test for after hours and on weekends.
5. If using a UTA 5310 vehicle (40,41,92,93) the accident form placed in each vehicle must be filled out and turned in to the transportation coordinator. The transportation coordinator will notify the UTA 5310 administrator within 24 hours of the accident. A log will be made in Ridepilot with the details of the

accident, including completed accident forms and pictures of any damages. Upon completion of repairs, any receipts and new photos must also be uploaded into Ridepilot.

6. Within two working days of the accident, an incident report must be filed with Human Resources regardless of the amount of damages or injury.

7. All vehicle-related incidents must be reported to the Chief Financial Officer by Human Resources.

UTA 5310 Program Accident/Incident Report Form

(Complete ALL fields)

Driver's name:				Home Phone #:	
Driver's home address:				Alternate Phone #:	
City:	State/ Zip:	Vehicle #	Plate #	# of passengers:	
Accident Date:	Time of accident:	Accident location/city/Zip			
	Date reported:				
Any Witnesses? Yes No	Witness statements? Yes No	Witness info:		Witness info:	
Was vehicle towed? Yes No	Describe Damage:				

POLICE INVESTIGATION

Police Investigation: Yes No	Police Dep't:	Case #:	Citation: Yes No
Officer's name:		To whom was citation issued:	

OTHER VEHICLE INFORMATION

Vehicle #2				Vehicle #3			
Driver Information Name:		Work Phone:		Driver Information Name:		Work Phone:	
		Home Phone:				Home Phone:	
Address:				Address:			
City:	State:	Zip:		City:	State:	Zip:	
DL #:		State:		DL #:		State:	
Insurer:		Policy #:		Insurer:		Policy #:	
Vehicle Information		Plate #:	State:	Vehicle Information		Plate #:	State:
Year:	Make:	Model:	Color:	Year:	Make:	Model:	Color:
Owner Information			Phone:	Owner Information			Phone:
Name:				Name:			
Address:				Address:			
City:		State:	Zip:	City:		State:	Zip:
Was vehicle towed: Yes No Describe Damage:				Was vehicle towed: Yes No Describe Damage:			

INJURY INFORMATION

Injured #1				Injured #2			
Name:			Phone:	Name:			Phone:
Address:				Address:			
City:		State:	Zip:	City:		State:	Zip:
CHECK ONE (indicate vehicle #)				CHECK ONE (indicate vehicle #)			
<input type="checkbox"/> Driver (Veh #)	<input type="checkbox"/> Passenger (Veh #)	<input type="checkbox"/> Pedestrian		<input type="checkbox"/> Driver (Veh #)	<input type="checkbox"/> Passenger (Veh #)	<input type="checkbox"/> Pedestrian	
Describe injury:				Describe injury:			
Transported by ambulance: Yes No		Where:		Transported by ambulance: Yes No		Where:	

PROPERTY DAMAGE INFORMATION - (other than vehicles)

Owner's Name:		Phone:	Describe the property and damage:
Address:			
City:	State:	Zip:	

