

Policies & Procedures

ACCIDENT POLICY

Section: Administrative Policies Pages: 2 Subject: Accident Policy Effective Date: 06/08/2021 Revision Date: 08/01/2023

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.

	U	TA 53	310 Pi	rogr	ram Accid	lent/Incide	ent Re	port F	Form						
Driver's name:					Complete	Home Phone #:									
Driver's home address:					Alter										
City:	State/ Zip:				Vehicle #		Plate	#			# of passengers:				
Accident Date:	Time of accident:				Accident loc				I.						
Date reported:	Time repo	orted:													
Any Witnesses? Yes No	Witness Yes	stater No		'	Witness info):			Witness info:						
Was vehicle towed?	Describ														
Yes No															
					POLICE INV	ESTIGATIO									
Police Investigation: Ye	es No	Po	olice De	-			Case	: #:			Citation: Yes No				
Officer's name: To whom was citation issued:															
OTHER VEHICLE INFORMATION Vehicle #2 Vehicle #3															
Driver Information		Driver Info		n		Work Phone:									
Name:			Phone:			Name:	matio								
		Home	Iome Phone:						Home			e Phone:			
Address:		Address:													
City: State:						City: State				: Zip:					
DL #: Sta						DL #:				State:					
Insurer:	Insurer:				Policy #:										
Vehicle InformationPlate #:				S	State:	Vehicle Information			Plate #:			State:			
Year: Make: Model:				Color:		Year: Make:			Model:			Color:			
Owner Information Ph				e:		Owner Info	n		Phone:						
Address:	Address:														
City: State:				Zip:		City:			St	ate:		Zip:			
Was vehicle towed: Yes	Was vehicle towed: Yes No Describe Damage:														
Injured #1						Injured #2									
Name:					e:	Name:						Phone:			
Address:	Address:														
City: State: Zip:						,					ate: Zip:				
	Pedestrian	CHECK ONE (indicate vehicle #) Driver (Veh #) Passenger (Veh #) Pedestrian													
Driver (Veh #) Describe injury:	Describe in		F	asseng	er (Veh	#)	Pedestrian								
Describe injury.						Describe in	ijuly.								
Transported by ambulance: Where: Yes No						Transported by ambulance: Where: Yes No									
	RMATION -		an vehicl	es)											
Owner's Name:	Describe th	ne prope	erty and	d dama	age:										
Address:]														
City: State:):										

DESCRIPTION OF ACCIDENT/INCIDENT															
Weather Conditions:		clear	cloud			light heavy)		snov	ving (light	heavy)			fog (light heavy		ivy)
Road Surface Conditions:		dry	wet		muddy			icy	oily		other:				
Light Conditions:		daylight	dawn or dusk			darkness (sti					darkness)	
UTA vehicle was straight		stopping	starting	-	ng lanes		to curb	-	from curb		ning left	turning	0	going	
Vehicle #2 was: straight		stopping	starting	changing lanes		moving to curb		moving from curb			turning left turning ri		-	ht going	
Vehicle #3 was: straight		stopping	starting	changing lanes		moving to curb		moving from curb		tur	turning left turning right		right	going	I
Traffic Controls:	traffic	signal	stop	stop sign yie		l sign police o		officer none			other:				
What happened:															
															,
				(Attach	a separat	e sheet if	more roo	m is need	ed)						
ACCIDENT	DIAGRA	Μ													
Vehicle			2 #	3							Indicat	e North		_	
Travel Speed		icle										narrow			\backslash
Posted Speed											in the o	circle.	(
Fosied Speed	a														
				•											
														-	

Upon comp															
Coordinated			dministr	ator 80	1-237-1	994 an	d email	а сору	to						
hmahoney@	erideuta.	com													
Driver Signature:										Date:					
Reported to UTA 5310 Program Administrator:									Time:			Date:			