




<b>SECTION: HUMAN RESOURCES</b>	<b>REFERENCE NUMBER: B7</b>
<b>SUBJECT: REPORTING ACCIDENTS AND PROPERTY LOSS</b>	<b>EFFECTIVE DATE: 10/28/2019</b>
<b>FROM: KELLY KUENSTLER, CITY MANAGER</b> 	<b>LAST REVISION DATE: 09/09/2010</b>

**A. PURPOSE**

1. To establish general procedures necessary to ensure the prompt and effective reporting of all incidents involving City vehicles or equipment; and
2. To establish policies/procedures which are designed to ensure the reduction of the City's exposure to liability.

**B. RESPONSIBILITIES**

1. The City Manager is responsible for designating a person to monitor the administration of this policy.
2. Each Department Head shall be responsible for ensuring compliance with this directive.
3. All employees and other persons operating City vehicles or equipment or privately-owned vehicles in the course of conducting official City business will be responsible for knowing and complying with this and other appropriate directives and policies.

**C. PROCEDURES**

1. Procedures for reporting vehicle and equipment accidents:
  - a. All operators of City-owned vehicles and equipment or operators of a privately-owned vehicle while on City business, who become involved in any type of accident causing damage (other than routine dings and scratches), will:
    - i. If the accident occurs within the City limits, contact the Leon Valley Police Department and their supervisor.
    - ii. If the accident occurs outside the limits of the City of Leon Valley, call the local law enforcement agency and promptly notify their immediate supervisor. The supervisor will notify the department

head. The department head will contact the City of Leon Valley Police Department; so, the City can conduct its own independent investigation.

- iii. The supervisor on duty will send the employee involved in the accident to complete a drug and alcohol test at the approved vendor. Refusal to comply will be an automatic positive.
  - b. The Department Head will submit the Incident Investigation and Analysis Report (Attachment A) to the Human Resources Director and a cost estimate for repair of City-owned property within five (5) working days after the occurrence.
  - c. The Risk Manager will determine if the accident should be forwarded to the Accident Review Committee.
2. Drug and Alcohol Test for employees involved in a vehicle and/or equipment accident:
  - a. All employees operating a vehicle or a piece of equipment while conducting city business that are involved in an accident must submit to a drug and alcohol screening as soon as reasonably possible, but no later than the end of that employee's work shift. This is required whether or not the employee was at fault or how severe the accident was.
  - b. It is the immediate supervisor's responsibility to have someone drive the employee to the nearest Texas MedClinic to receive the Drug and Alcohol test. There are 24 hour Texas MedClinics available if an incident happens outside of the regular business hours.
  - c. If the employee seems to be impaired, or there is reasonable suspicion in any form, the supervisor will locate someone to drive the employee home.
3. Procedures for reporting property losses or other third-party losses (other than vehicle accidents). As defined as all losses involving damage to city property (where the estimated cost to fix the property damage is \$1000 or greater); or any incidents not involving vehicles resulting in bodily injury to persons other than employees. In the event of a loss:
  - a. The employee will notify the local law enforcement agency to make a report;
  - b. The employee will notify their immediate supervisor about the incident, who will then inform their department head;
  - c. The department head will notify the Human Resources Director as soon as possible after an incident;

- d. The department head will submit the Incident Investigation and Analysis Report (Attachment A) to the Human Resources Director with a cost estimate for repair of damage within five (5) working days after the occurrence. Also, included will be any police reports, photos, or other information, but do not hold the report for these additional items. These items can be forwarded, at a later date, as they are received.
4. All damage to City property must be reported to the department head. The department head is charged with maintaining an accurate accounting of all reported accidents or incidents. Only those incidents described above are required to be forwarded to the Human Resources Office for processing. However, multiple forms of neglect by the same individual for property less than a \$1000 could be forward to the Accident Review Committee for review.
5. It is the department heads responsibility to ensure that their departments have appropriate policies to maintain, and secure city equipment.

ATTACHMENT A

Incident Investigation and Analysis Report

\*\*To be completed and filed within 5 days of Incident \*\*

Date of Report: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Name of Employee Involved: \_\_\_\_\_

Department: \_\_\_\_\_

Employee's Supervisor: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Type of Incident:

- Striking Against
- Exposure to Heat or Cold
- Vehicle Struck by Other
- Vehicle Struck Other
- Caught In-Between
- Lifting or Overexertion
- Exposure to Toxic Material
- Fall
- Contact with Sharp Object
- Fire or Explosion
- Other

Photos: YES  NO

Type of Injury or Illness:

- Abrasion (Scrape)
- Contusion (Bruise)
- Laceration (Cut)
- Puncture Wound
- Strain / Sprain
- Fracture or Break
- Burn
- Head Injury
- Respiratory Distress
- Skin Disease
- Poisoning
- Eye Injury
- Amputation
- Fatality
- Other

Person Received Medical Attention: YES  NO

Body Part Affected: \_\_\_\_\_ Date of Return to Duty: \_\_\_\_\_

Texas Workers' Compensation Claim – 1<sup>st</sup> Report of Injury form must be attached for any injury!

EMPLOYEE'S REPORT OF INCIDENT: Description of Incident: (as revealed by investigation) was a Police Report Filed? YES  NO

Location of incident occurrence: \_\_\_\_\_

Names of witnesses and phone numbers: \_\_\_\_\_

Give detailed account of incident:

Was personal protective equipment required for performing this? YES  NO

If yes, was it used? YES  NO

Was it used correctly? YES  NO

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR'S ACCOUNT OF INCIDENT:** Description of Incident: (as revealed by investigation)

Location of incident occurrence: \_\_\_\_\_

Names of witnesses and phone numbers: \_\_\_\_\_

Give a detailed account of incident:

---

---

Do you feel this incident could have been prevented and how?

Were these conditions correctable? \_\_\_\_\_

Did UNSAFE ACTS by the employee or others contribute to the incident? YES  NO

If yes, list and describe what UNSAFE ACTS:

---

---

Was personal protective equipment required for performing this? YES  NO

If yes, was it used? YES  NO  Was it used correctly? YES  NO

If not, why? \_\_\_\_\_

**Cause(s) of Incident: Basic Causes:**

- |   |  |
|---|--|
| <input type="checkbox"/> Faulty Design / Layout                     | <input type="checkbox"/> Equipment Construction    |
| <input type="checkbox"/> Faulty Equipment or Maintenance of such    | <input type="checkbox"/> Insufficient Job Training |
| <input type="checkbox"/> Personal Limitation                        | <input type="checkbox"/> Supervision               |
| <input type="checkbox"/> Failure to Follow Established Safety Rules | <input type="checkbox"/> Unknown                   |
| <input type="checkbox"/> Lack of Experience                         | <input type="checkbox"/> Other                     |

**Prevention of Future Incidents:**

What immediate action was taken?

---

---

Corrective Action: (Identify persons with assigned responsibility for actions and completion date of action(s):

---

---

Cost of repair or estimates for repair for property damage are:

---

---

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments/Recommendations of Department Head:**

---

---

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachments:** Police Report  Cost Estimate/Repair  Photos of Damage  Return-to-Work Medical Release  TWCC-1 Report