

COLORADO DEPARTMENT OF TRANSPORTATION		<input type="checkbox"/> POLICY DIRECTIVE <input checked="" type="checkbox"/> PROCEDURAL DIRECTIVE	
Subject ACCIDENT REPORTING AND CLAIM HANDLING			Number 89.1
Effective 05/01/2004	Supersedes 82.2 01/01/2000	Originating Office HUMAN RESOURCE MANAGEMENT RISK MANAGEMENT OFFICE	

PURPOSE

To establish guidelines and procedures for reporting damage, injury or loss to private citizens where CDOT may be involved, and damage, injury or loss to CDOT or its employees. The five specific types of losses and insurance coverage involved are:

- ☐ Injury or Damage to Private Citizens or Their Property (Liability Coverage)
- ☐ Damage to Fleet Management or CDOT Vehicles and Equipment (Auto Coverage)
- ☐ Employee Work-Related Injuries or Illnesses (Workers' Compensation Coverage)
- ☐ Damage or Theft of CDOT Facilities or Property (Property Coverage)
- ☐ Breakdown of Boilers, Machinery or Electrical Equipment (Boiler & Machinery Coverage)

AUTHORITY

Policy Directive 89.0
 Executive Director, 24-1-128.7, C.R.S. and 43-1-105, C.R.S.
 Chief Engineer, 43-1-109, C.R.S.

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IMMEDIATE ACTIONS AT VEHICLE ACCIDENT SCENE

1. Call **9-1-1** for local law enforcement, medical and fire. Wait at accident scene.
2. Secure the accident scene for safety and offer assistance injured persons if qualified.
3. Notify Supervisor and Region Safety Officer as soon possible, or at first opportunity.
4. Do not discuss the accident with any involved parties or witnesses.
5. Exchange written insurance information from Proof of Insurance with all involved parties.
6. Document any witness names, addresses, and phone numbers using the CDOT's On-Scene Accident Report (CDOT Form #81).
7. Request that law enforcement officers interview you in private and only respond to their questions with facts. Do not give opinions as to the cause or fault of the accident.
8. If operating a State Fleet Management (SFM) vehicle, refer to the SFM manual kept in the vehicle for additional instructions on reporting accidents.

ACCIDENT REPORTING AND NOTIFICATION PROCESS

1. This Procedural Directive has numerous requirements for reporting to various CDOT and State Offices. The purpose is to document information needed by these offices and agencies to properly serve the interests of CDOT and the State of Colorado. If questions arise, CDOT Risk Management should be contacted immediately to avoid delaying accident reporting or proper claims handling processes. The Region Safety Officer should also be contacted immediately so that the appropriate Region notifications and procedures can be implemented.
2. All contacts and report forms referred to in this Directive are provided in the Appendix.

GUIDELINES FOR REPORTING SPECIFIC TYPES OF LOSSES

A. Injury or Damage to Private Citizens or Their Property (Liability Coverage)

1. If an individual or organization requests information about filing a claim for injuries or damages against CDOT, advise the potential claimant to contact the State Office of Risk Management (SORM).
2. A supply of SORM business cards (available from CDOT Risk Management Office) should be carried in all CDOT vehicles and equipment. These cards give the address and telephone number for filing a claim against the State of Colorado and can be given to motorists and citizens requesting information from CDOT employees.

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3. If an employee receives a written notice of claim against him/herself or CDOT, immediately call CDOT Legal Services and handle the notice according to their instructions. Legal Services will notify CDOT Risk Management of all claim notices and coordinate it work with the Attorney General's Office, the State Office of Risk Management and the CDOT Risk Management Office.
4. If the injury or damage occurred on a non-CDOT project, or was caused by another entity or organization (such as a city, county or private contractor), direct the citizen or individual to that organization. The CDOT Public Information Office may be able to assist with identification of the appropriate contact if the incident occurred on a non-CDOT project.
5. Written inquires or telephone questions about any accident or claim should be directed to the State Office of Risk Management (SORM) or the CDOT Risk Management Office. Employees should discuss accidents or incidents **only** with the Attorney General's Office, the Claims Adjuster working on behalf of the SORM, or a representative of one of the above State or CDOT offices.
6. Complete and submit the Report of Accident, Incident or Condition (DRM-02) to the CDOT Risk Management Office and Region Safety Officer **within five days** of the accident or incident. The DRM-02 should be used to report any non-auto related liability accidents or incidents. Dangerous conditions that may lead to accidents or incidents can also be reported using the DRM-02.

B. Damage to State Fleet or CDOT Vehicles or Equipment (Auto Coverage)

1. All auto, fleet or equipment accidents, incidents or damage must be reported during shift it occurred. The vehicle or equipment operator is responsible for reporting the accident or incident to their immediate supervisor, regardless of severity of damage or location of occurrence (i.e. Public highway, private land or CDOT property).
2. Call the local law enforcement agency if appropriate. Follow all items outlined above in *Immediate Actions at Vehicle Accident Scene*.
3. If the local law enforcement agency cannot respond to the scene, the driver must file a Counter Report at the local police station or State Patrol office as soon as practical after the accident. This does not apply to accidents in CDOT yards, or parking lots.
4. Notify CDOT Risk Management and the Region Safety Officer **immediately** if the accident involves serious injury, death or severe damage to any vehicle or property.
5. Complete a Vehicle Accident Report (DRM-01) and submit to the CDOT Risk Management Office and Region Safety Officer **within five days** of the accident or incident. If available, attach the State Patrol or local police report to the DRM-01.

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6. If the vehicle is leased from State Fleet Management (SFM), follow the accident reporting steps outlined in the SFM manual kept in the vehicle. In addition, the Vehicle Accident Report (DRM-01), and the State Patrol or local police report must be submitted the CDOT Risk Management Office and Region Safety Officer **within five days** of the accident or incident. *Note: SFM will reimburse CDOT for cost of State Patrol or police reports for all accidents or incidents involving a vehicle leased from SFM.*
7. If an accident involving a CDOT vehicle results in injury, death, or property damage above the limits set by 42-7-202 C.R.S. (currently \$1,000), report the accident to the Motor Vehicle Division, Department of Revenue, within 10 days using a Report of Motor Vehicle Accident (DR 2301). If in doubt regarding the total value of the damage, complete and submit the DR 2301. Failure to report may cause suspension of the CDOT employee's driver license privileges. Copies of this report should be sent to both the CDOT Risk Management Office and the Region Safety Officer within the same 10-day time frame.
8. A supply of State Office of Risk Management business cards (available from the CDOT Risk Management Office) should be carried in all CDOT vehicles and equipment. These cards give the address and telephone number for filing a claim against the State of Colorado and can be given to motorists and citizens requesting information from CDOT employees.
9. Proof of insurance must be provided at any motor vehicle accident scene. The State's Proof of Insurance Card (available from the CDOT Risk Management Office) should also be carried in all vehicles and equipment.
10. The State of Colorado does not provide insurance for employee's personal vehicles used on CDOT business. The mileage reimbursement for use of personal vehicles is intended to cover fuel, normal maintenance and insurance cost. Employees are encouraged to notify their auto insurance agent of potential business use of their personal auto to assure proper coverage and limits.

C. Employee Work-Related Injuries or Illnesses (Workers' Compensation Coverage)

1. For detailed instructions regarding work-related injuries and illnesses, refer to Procedural Directives 89.2, Workers' Compensation and 89.3, Modified Duty.
2. If an employee is injured on the job, he or she must seek medical treatment from a CDOT designated medical provider, if appropriate, but should notify the supervisor as soon as possible in any case. If the employee is unable to report the injury, any employee having knowledge of the injury should immediately notify a supervisor.

3. The injured employee must submit an Employee Injury Statement (CDOT Form 777) within four workdays of the injury if physically able. State statutes allow reduction of an employee's Workers' Compensation benefits for failure to report a work-related injury in a timely manner.
4. Supervisors must prepare an Employer's First Report of Injury, Form WC1 (See Appendix) and mail or fax the form as soon as possible to the Risk Management Office, but in no case later than five working days from the day you receive notice of an employee injury. A copy of the report should also be sent to the Region Safety Officer to comply with appropriate Region notification and reporting procedures. State statute allows monetary fines against employers for failure to properly report a work-related injury. If CDOT is fined for late reporting, the expense will be charged to the work unit responsible.
5. Because of the numerous steps and extremely tight schedule for reporting work-related injuries, it is strongly recommended that all employee injury reports be faxed, rather than mailed to the CDOT Risk Management Office at 303.757.9409.

D. Damage or Theft of CDOT Facilities or Property (Property Coverage)

1. Report all vandalism or theft immediately to the local law enforcement agency. Request a copy of the resulting police report for the Risk Management Office.
2. If CDOT property (excluding motor vehicles normally licensed for operation on a highway) is lost or damaged by any means, report the incident immediately to the CDOT Risk Management Office. This includes mechanical or electrical equipment that may be attached to a CDOT motor vehicle.
3. Use the Property Loss Report form in the Appendix or include the following information in a written report of the incident:
 - ☐ Loss date and time
 - ☐ Estimated value of loss
 - ☐ Region, Office or Area
 - ☐ CDOT contact person
 - ☐ Describe what happened
 - ☐ Itemized list of damages
 - ☐ Itemized list of equipment, materials and labor used to minimize or prevent further damage.
 - ☐ Specific loss location
 - ☐ Police and/or Fire report
 - ☐ Photographs of damage
 - ☐ Original P.O. or Invoice
 - ☐ Written estimates of repairs
 - ☐ Final vouchers

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4. Coverage may not be available for all losses, and yet coverage might exist for losses that we would never imagine. The State's insurance carriers must address each loss individually on its own merits. The CDOT Risk Management Office will submit all reported losses and assist the operating unit if there is any chance of recovery through the State's insurance or a responsible party's insurance.
5. If repair or replacement must be started before an insurance company representative can view the damages, call the CDOT Risk Management Office. Photographs and written documentation of all related damage and any action taken as part of recovery efforts will be required to preserve coverage.

**E. Breakdown of Boilers, Machinery or Electrical Equipment
(Boiler & Machinery Coverage)**

1. Report any sudden or accidental breakdown of Boilers, Machinery or Electrical Equipment immediately to the CDOT Risk Management Office and the Region Safety Officer.
2. Use the Property Loss Report form in the Appendix or included the following information in a written report of the incident:

<input type="checkbox"/> Loss date and time	<input type="checkbox"/> Specific loss
<input type="checkbox"/> Estimated value of loss	<input type="checkbox"/> Police and/or Fire report
<input type="checkbox"/> Region, Office or area	<input type="checkbox"/> Photographs of damage
<input type="checkbox"/> CDOT contact person	<input type="checkbox"/> Original P.O. or Invoice
<input type="checkbox"/> Describe what happened	<input type="checkbox"/> Written estimates of repairs
<input type="checkbox"/> Itemized list of damages	<input type="checkbox"/> Final vouchers
<input type="checkbox"/> Itemized list of equipment, materials and labor used to minimize or prevent further damage.	
3. Items covered by this insurance include most mechanical equipment; heating, ventilation, air conditioning (HVAC), and electrically operated fans or air handlers.
4. If repair or replacement must be initiated before an insurance company representative can view the damages, call the CDOT Risk Management Office. Photographs and written documentation of all related damage and any action taken as part of recovery efforts will be required to preserve coverage.

RECOVERING DAMAGE COSTS FROM OTHERS

Policy and procedures for recovery of damage costs to CDOT equipment, property, facilities and infrastructure caused by others are outlined in Policy Directive 203, Procedural Directive 203.1 and the Accounting Users Manual.

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5. If repair or replacement must be started before an insurance company representative can view the damages, call the CDOT Risk Management Office. Photographs and written documentation of all related damage and any action taken as part of recovery efforts will be required to preserve coverage.

E. Breakdown of Boilers, Machinery or Electrical Equipment
(Boiler & Machinery Coverage)

1. Report any sudden or accidental breakdown of Boilers, Machinery or Electrical Equipment immediately to the CDOT Risk Management Office and the Region Safety Officer.
2. Use the Property Loss Report form in the Appendix or included the following information in a written report of the incident:

<input type="checkbox"/> Loss date and time	<input type="checkbox"/> Specific loss
<input type="checkbox"/> Estimated value of loss	<input type="checkbox"/> Police and/or Fire report
<input type="checkbox"/> Region, Office or area	<input type="checkbox"/> Photographs of damage
<input type="checkbox"/> CDOT contact person	<input type="checkbox"/> Original P.O. or Invoice
<input type="checkbox"/> Describe what happened	<input type="checkbox"/> Written estimates of repairs
<input type="checkbox"/> Itemized list of damages	<input type="checkbox"/> Final vouchers
<input type="checkbox"/> Itemized list of equipment, materials and labor used to minimize or prevent further damage.	
3. Items covered by this insurance include most mechanical equipment; heating, ventilation, air conditioning (HVAC), and electrically operated fans or air handlers.
4. If repair or replacement must be initiated before an insurance company representative can view the damages, call the CDOT Risk Management Office. Photographs and written documentation of all related damage and any action taken as part of recovery efforts will be required to preserve coverage.

RECOVERING DAMAGE COSTS FROM OTHERS

Policy and procedures for recovery of damage costs to CDOT equipment, property, facilities and infrastructure caused by others are outlined in Policy Directive 203, Procedural Directive 203.1 and the Accounting Users Manual.

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1. All materials gathered for documentation of damage claims by Maintenance Sections or Projects should be sent to the Center for Accounting as outlined in the Directives and Manual referenced above.
2. The CDOT Risk Management Office will assist in official recovery efforts as requested by Accounting or the affected Region, and whenever an insurance company or agent representing the citizen or commercial entity is involved.
4. When CDOT equipment, property or facilities are damaged by others, conflicts can occur between the State's coverage and outside insurance. CDOT Risk Management is responsible for assuring coordination of these coverage issues. Regions or Projects should contact CDOT Risk Management whenever insurance coverage issues arise. CDOT Risk Management will work with the Region or Project and the third party's insurance carrier to arrange for repair or replacement of damaged equipment, property, facilities and/or infrastructure and negotiate settlements to recover costs and expense owed to CDOT.

IMPLEMENTATION

This procedural directive is effective immediately and will be implemented by all divisions and offices of the Department.

FISCAL IMPACT

There is no additional fiscal impact for implementing these revised procedures. Implementing these procedures will help reduce the cost of accidents to CDOT.

REVIEW DATE

This procedure will be reviewed in December 2006.

Tom Norton
Executive Director

Date

Celina Benavidez, Director
Division of Human Resources and Administration

Date

Appendix

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* All forms are available for downloading in PDF format from the Risk Management Website or from the CDOT Forms Management Website, Forms Catalog.

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Contacts List

Colorado Department of Transportation:

Risk Management Office and Headquarters Safety & Health Officer
 4201 E. Arkansas Ave., Rm 274, Denver, CO 80222
 Office – 303.757.9340 Fax – 303.757.9409

Legal Services
 4201 E. Arkansas Ave., Rm 290, Denver, CO 80222
 Office – 303.757.9539 Fax – 303.757.9719

Public Information Office
 4201 E. Arkansas Ave., Rm 277, Denver, CO 80222
 Office – 303.757.9228 Fax – 303.757.9153

Accounting
 4201 E. Arkansas Ave., Rm 212, Denver, CO 80222
 Office – 303.757.9657 Fax – 303.757.9573

Occupational Safety & Health Office
 15055 S. Golden Road, Bld 45, Golden, CO 80401
 Office – 303.273.1841 Fax – 303.273.1872

Region Safety & Health Officers.....For complete list see next page.

Other State of Colorado Offices:

State Office of Risk Management
 1313 Sherman Street, Rm 114, Denver, CO 80203
 Office – 303.866.3848 Fax – 303.894.2409

State Fleet Management
 1001 E. 62nd Avenue, Denver, CO 80216-1140
 Office – 303.866.5556 Fax – 303.866.5511 or 303.866.5580

Motor Vehicle Division
 1881 Pierce Street, Lakewood, CO 80228
 Office – 303.205.5613 Fax – 303.205.5990

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Contacts List (Continued)

CDOT Region Safety & Health Officers

Region 1 Safety Officer
Address
Office Phone and Fax

Region 2 Safety Officer
Address
Office Phone and Fax

Region 3 Safety Officer
Address
Office Phone and Fax

Region 4 Safety Officer
Address
Office Phone and Fax

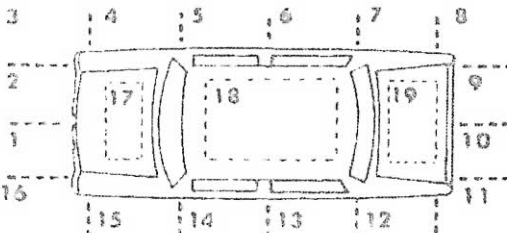
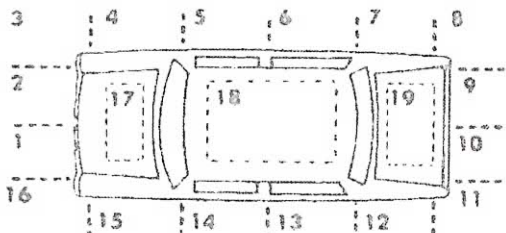
Region 5 Safety Officer
Address
Office Phone and Fax

Region 6 Safety Officer
Address
Office Phone and Fax

Headquarters Safety & Health Officer
Address
Office Phone and Fax

COLORADO DEPARTMENT OF TRANSPORTATION ON-SCENE ACCIDENT REPORT

Accident date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	City	Mile post	MMS Function
# of vehicles involved	Accident location			Cost Center

CDOT/State vehicle #1				Vehicle #			
Driver's name (last, first, middle initial)				Driver's name (last, first, middle initial)			
Drivers license #	State	Sex	Date of birth	Street address			
Supervisors Name				City	State	Zip	
Supervisors phone #				Drivers license #	State	Sex	Date of birth
 <p>1 - Slight 2 - Moderate 3 - Extreme</p> <p>20 Undercarriage</p>				 <p>1 - Slight 2 - Moderate 3 - Extreme</p> <p>20 Undercarriage</p>			

Year	Make	Model	Year	Make	Model
License plate		Color	License plate		State Color
Region contact name (last, first, middle initial)			Owner's name (last, first, middle initial)		
Region office address			Street address		
Region #	Unit (eg. Mtce., Engineering etc.)	Mtce. Section #	City	State	Zip
Insurance co. State of Colorado		Exp. date No expiration date	Insurance co.		Exp. date
Policy # DRM-24301510			Policy #		
Witness name		Phone #	Witness name		Phone #
Address (street, city, state, zip)			Address (street, city, state, zip)		
Witness name		Phone #	Witness name		Phone #
Address (street, city, state, zip)			Address (street, city, state, zip)		
Citation issued to <input type="checkbox"/> State employee <input type="checkbox"/> Private citizen			Nature of citation		
Photos taken by			Name of investigating law enforcement agency		

**COLORADO DEPARTMENT OF TRANSPORTATION
ON-SCENE ACCIDENT REPORT**

Draw a rough diagram showing the position of vehicles in relationship to each other and to the highway.
Identify vehicles with numbers, CDOT/State vehicle is always #1.



Accident description

STATE OF COLORADO
VEHICLE ACCIDENT REPORT

To be completed and signed by state driver
(TYPE or print with a BLACK ball point pen, press firmly)

Accident type ☐ Fatality ☐ Private party injury or property damaged ☐ Other

Accident location

Mile post

Accident date

Time

☐ AM
☐ PM

MMS function number CDOT use only

Employee name

SSN#

State vehicle number, make & year

Title

☐ Temporary
☐ Permanent

Work phone
()

Home Phone
()

Department

Agency

COFRS Org code

Employee injured

☐ Yes
☐ No

Doctor's name and address

Where vehicle can be seen

Doctor's phone

Date reported to supervisor

Describe state damage/injuries-repair estimate

Name of other party

Birth date

Employer

☐ Private citizen ☐ Witness ☐ Driver

Address

Work phone
()

Home phone
()

Drivers license no.

Vehicle/property owner

Vehicle owner's address

License plate no./state

Vehicle type & year

Company insuring vehicle, address & phone

Describe damage/injury-repair estimate to other vehicle/property

Where can vehicle be seen

List all injured parties

Witness

Draw rough diagram showing position of vehicles in relationship to each other and to the highway or other property. Identify vehicles with numbers, state vehicle is **always** #1

Employee statement of accident

☐ Photos taken by:

Citation(s) issued to ☐ State employee
☐ Private citizen

By:

Nature of citation

For More Information Attach Additional Sheets

State driver

Phone #
()

COFRS Org code

Date

Supervisor's signature

Phone #
()

COFRS Org code

Date

COLORADO DEPARTMENT OF TRANSPORTATION

PROPERTY LOSS

Property/Boiler & Machinery/Electrical Equipment

This report can be used by any CDOT Employee to report loss to CDOT Risk Management. FAX (303) 757-9409

Type of loss:

☐ Property

☐ Boiler

☐ Machinery

☐ Electrical equipment

Date of loss:

Time of loss:

Location of loss:

Estimated dollar amount of loss:

Region, Maintenance Section, Area or Office:

Primary contact:

Phone:

()

Secondary contact:

Phone:

()

Police or Fire Agency:

☐ Not contacted

☐ Report attached

☐ Will submit report later

Describe what happened:

Items that need to be submitted now or when available are:

☐ Itemized listing of damages

☐ Photographs of damages

☐ Original P.O. or invoices

☐ Written estimates of repairs

☐ Final vouchers

☐ Any other pertinent information

☐ Itemized list of equipment, materials and labor used to minimize or prevent further damage.

Signature:

Date: