

AMENDING AN ADMINISTRATIVE REGULATION INITIATING AND  
REGULATING THE REPORTING OF ACCIDENTS  
INVOLVING CITY EMPLOYEES AND/OR PROPERTY DAMAGE

Section 1. Purpose

The attached forms have been updated and are designed to facilitate accurate and timely communication between the City department staff, the City Manager's office, Risk Management and the Human Resources Department relating to worker's comp and liability insurance requirements.

Section 2. Submitter Requirements

Any City employee involved in a property damage incident or accident, whether injuries are involved or not, shall be required to submit a completed Notice of Accident form, Incident/Accident Report. All written documentation shall be submitted to the employee's supervisor in a timely fashion in order for the supervisor to submit the employee's documentation as well as the Supervisor's Incident/Accident Report **within 24 hours** of the accident to Human Resources and the Risk Manager's Office. The supervisor is also responsible for obtaining a copy of any law enforcement report of the accident/incident and submit to Human Resources and Risk Manager's Office as soon as the report is available.

Injuries requiring medical attention are to be reported to the Human Resources Office immediately. If the injury is of a severe nature requiring immediate medical attention, the Human Resources Office must be notified as soon as possible thereafter.

In addition, **all incidents** involving a City vehicle and/or equipment are to be reported to the Human Resources representative or Human Resources Director **immediately**. Authorization for drug and/or alcohol screening can only be given by the Human Resources Director, Risk Manager, City Manager, or his designee.

Section 3: Discipline

Failure to abide by this Administrative Regulation may subject the employee and/or the supervisor to the following discipline:

- 1<sup>st</sup> incident - written reprimand
- 2<sup>nd</sup> incident - 2 days without pay
- 3<sup>rd</sup> incident - 5 days without pay
- 4<sup>th</sup> incident- termination

This Administrative Regulation and all attached forms supercedes AR 03-02.

  
Eric Honeyfield, City Manager

8-11-11  
Date

I acknowledge that I was provided a copy of and read this policy:

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date