



## ADMINISTRATIVE PROCEDURES

Procedure Number: RM-01

Effective Date: 8/17/2010

Revision Date: \_\_\_\_\_

\_\_\_\_\_  
County Manager

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**SUBJECT: ACCIDENT REPORTING**

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**DEPARTMENT RESPONSIBLE: ADMINISTRATION**

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### 1.0 PURPOSE:

It is the policy of Nye County that all accidents or incidents that results in either personal injury and or damage to County property shall be properly reported and investigated. This operating procedure establishes a systematic process to ensure that accidents are properly reported in a timely manner, that all causes (direct and contributory) are thoroughly identified and that the appropriate corrective actions are taken.

### 2.0 SCOPE:

This operating procedure applies to the reporting and investigation of all incidents that result in:

- Personal injury to non-County personnel while on or using County-owned property;
- Damage to County-owned property;
- Damage to non-County owned property.

This policy is in addition to any workers' compensation reporting requirements.

### 3.0 RESPONSIBILITY:

3.1 Elected Officials, Department Heads, Managers and/or Supervisors are responsible for:

- a. ensuring that all accidents are properly reported in accordance with this operating procedure.
- b. ensuring that all corrective actions are promptly and completely carried out.

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- 3.2 Employees are responsible for reporting any accidents to their manager/supervisor as soon as possible. All accidents must be reported by no later than the end of the employee's regular work shift.

### 4.0 PROCEDURES

#### 4.1 Any County employee involved in an accident shall:

- a. Report the occurrence to their manager/supervisor as immediately as possible, but by no later than the end of the regular work shift. Failure to properly report an accident can result in disciplinary action.
- b. The employee's manager/supervisor shall report the event to Nye County Administration by no later than the end of the work shift of the day on which the event occurred. At a minimum, the manager/supervisor must provide the employee's name, date and time of accident, and how the accident occurred.

#### 4.2 The manager/supervisor or employee should cause the following to be completed:

- a. Notice of Loss/Accident Report (attachment 1) and the Employee Incident Report (attachment 2).
- b. If the accident involves a County vehicle, refer to the "What to do in Case of an Accident" kit which can be found in the glove compartment of the vehicle for additional reporting requirements.

If a citizen wishes to know how he or she can file a claim with the County or to know how he or she can be reimbursed for the damages, please provide them with a Citizens Incident Report (attachment 3).

Citizens can also contact Nye County Administration's office and a form will be provided.

All reports and collected information should be promptly forwarded to Nye County Administration via email to [nyeadmin@co.nye.nv.us](mailto:nyeadmin@co.nye.nv.us) or:

Nye County Administration  
101 Radar Road  
P.O. Box 153  
Tonopah, NV 89049  
(775) 482-8191

Nye County Administration  
2100 E. Walt Williams Dr.  
Pahrump, NV 89048  
(775) 751-7075

# NOTICE OF LOSS/ACCIDENT

<b>TYPE OF LOSS</b>		<b>AUTO</b>		<b>LIABILITY</b>		<b>PROPERTY</b>	
<b>INSURED</b>							
		CLAIM NUMBER					
		PERSON TO CONTACT			PHONE		
<b>LOSS</b>							
DATE AND TIME		AM PM	LOCATION				
DESCRIPTION OF LOSS							
<b>MOTOR VEHICLE ACCIDENT</b>							
MEMBER VEHICLE YEAR, MAKE, MODEL		LICENSE NUMBER		VIN (VEHICLE IDENTIFICATION #)			
DRIVER'S NAME AND ADDRESS				DEPARTMENT			
DRIVER'S LICENSE NUMBER		DRIVERS AGE		RESIDENCE PHONE ( )		BUSINESS PHONE ( )	
DESCRIPTION OF DAMAGE		WHERE VEHICLE CAN BE SEEN			UNIT NUMBER		
<b>PROPERTY DAMAGE</b>							
DESCRIBE PROPERTY (IF AUTO - YEAR, MAKE, MODEL, PLATE #)				COMPANY, AGENCY AND POLICY #			
DRIVER'S NAME & ADDRESS - INDICATE "SAME" IF SAME AS OWNER			RESIDENCE PHONE ( )		BUSINESS PHONE ( )		
DESCRIBE DAMAGE		ESTIMATE AMOUNT \$	WHERE PROPERTY CAN BE SEEN			FIRE, HAIL, ETC.	
<b>INJURED</b>							
NAME AND ADDRESS	PHONE	PED	INS VEH	OTHER VEH	AGE	HOSPITAL & DOCTOR	DESCRIBE INJURY
<b>WITNESSES OR PASSENGERS</b>							
NAME AND ADDRESS		PHONE		INS VEH	OTHER VEH	OTHER (SPECIFY)	
<b>POLICE</b>							
POLICE INVESTIGATE YES <input type="checkbox"/> NO <input type="checkbox"/>	POLICE AGENCY	CHARGES?		INVESTIGATING OFFICER		REPORT NUMBER	
<b>LIABILITY</b>							
ALLEGED OFFENSE			OFFICIALS INVOLVED				
CLAIMANT - NAME AND ADDRESS				RESIDENCE PHONE ( )		BUSINESS PHONE ( )	
<b>REMARKS</b>							
DATE	REPORTED BY		REPORTED TO		SIGNATURE		



