



inroads

July 2017

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Wethersfield Repair Facility
60 State Street (rear)
Wethersfield, CT 06109
860-529-0500

Norwich Repair Facility
171 Salem Turnpike
Norwich, CT 06360
860-885-2153

New Haven Repair Facility
140 Pond Lily Avenue
New Haven, CT 06515
203-397-4590

After Hours Emergencies
Call **1-877-454-4204** (toll-free)
Your call will be answered through
the Department of Energy and
Environmental Protection Dispatch
Office, which will assist you.

Online
Go to:
<http://das.ct.gov> and click on **FLEET
OPERATIONS** for additional infor-
mation on fueling locations, acci-
dent forms and mileage reports.

Insurance

Automobile historians report that the first ever race occurred about ten minutes after the second car was built – and the first accident occurred not long thereafter. The relationship of vehicles and accidents is one that still exists today.

Most all accidents fall into one of four categories. Here is some background on them and how the State's insurance coverage works.

As many of you may know, the State of Connecticut relies on an excess automobile liability policy to protect its interest in case of a catastrophic claim. For all other scenarios we are effectively self-insured. On the automobile side we rely on Constitution State Services to administer claims which include damage to another party. For accidents involving only the DAS vehicle, there is no need for Constitution State. We simply obtain estimates and coordinate repairs. In these situations any costs are billed back to the user agency.

When it has been determined that an accident is the fault of the other party Fleet Operations works with their insurance company to obtain full remuneration for the cost to repair our asset.

A third scenario involves a shared responsibility for an accident. This typically comes down to assigning each party a percentage of the liability. This means that if it is decided that the other party is 70% at fault and our driver is 30%, then their insurance company will only pay us for 70% of the cost of repair. The remaining 30% would be billed to the user agency.

And finally, a situation that sometimes occurs (and is becoming more frequent) is when the other party is at fault but they do not have enough insurance to cover the cost of the damage. Currently, state law only requires drivers to have \$10,000 of coverage for damage to other parties. Considering that vehicles often cost \$25,000 or more, and that multiple cars or damage to things like guardrails and poles may be involved, it is easy to end up with far more damage than coverage. If this were to happen to any us when driving our personal vehicles we are protected because policies have an uninsured motorist clause. In the case of the State, we are self-insured, so there is no uninsured protection. When this situation occurs the user agency is responsible for any shortage in coverage. In an attempt to minimize loss to the State/an agency, Fleet Operations bills the party at fault and involves collections. Any moneys collected are applied back to the user agency.

Fleet Operations has raised this as a concern with our staff who work with legislators. Although the issue has been brought to the table, at this time there is nothing to report pertaining to any imminent revisions in the law (requiring a minimum of \$50,000 -100,000 in coverage would be more appropriate). Rest assured, that we will bring it up again next spring.

Accident Procedures

We wanted to take this opportunity to review what needs to happen anytime there is an accident involving a DAS-owned vehicle. Please share this with drivers, and supervisors of drivers, within your agency.

MOTOR VEHICLE ACCIDENT PROCEDURE

▶ Contact Police
▶ Obtain Police information slip with case #
▶ Contact supervisor/complete on-line accident form within 48 hours

INSURANCE INFORMATION

▶ Per General Statute 14-12F: State-owned vehicles are not required to carry insurance cards

SERVICE BREAKDOWNS	INSURANCE INFORMATION
<ul style="list-style-type: none"> ▶ Wethersfield - 60 State Street (rear) (860) 529-0500 ▶ Norwich - 171 Salem Turnpike (860) 885-2153 ▶ New Haven - 140 Pond Lily Ave. (203) 397-4590 ▶ After hours, call 1-(877) 454-4284 ▶ Contact Fleet Operations at (860) 713-5160 with any questions 	<p align="center">As of March 1, 2012</p> <p>Carrier: Contribution State Services Policy Number: CCSSC 30676100 Claim Reporting: 1-800-832-7839</p>

Driver's Responsibility

On the scene –

- Refer to **Accident Procedures** (yellow envelope) in glove box.
- Please obtain and retain the **Police Department Accident Summary Form** before leaving accident scene.

Once back to your work location –

- If you haven't done so already, report to your supervisor any injuries that you, or any other state employee who was with you, received.

• Complete our writable pdf **DAS Vehicle Accident/Incident Report** with **Police Department Accident Summary Form** and email to fleet.accidents@ct.gov within 48 hours of accident (copy your supervisor).

• Refer to General Letter #115 to make certain that you have complied with all driver responsibilities.

• If DAS vehicle was towed from the scene inform Fleet of its location: (860) 713-5160.

Within three days –

• Bring vehicle to closest Fleet Operations garage for inspection/repair.

• Review with supervisor if a loaner vehicle will be needed. If so, contact the garage that is coordinating the repair process.

Agency Supervisor's Responsibility

• Instruct employee to complete and email Accident Report to fleet.accidents@ct.gov within 48 hours.

• Review your copy of the Accident Report that was submitted. Follow-up with the employee to make certain that any missing information is forwarded.

• Ensure that any claims of injury to a state employee have been documented and reviewed by a medical doctor as necessary. Also, complete an initial report of injury WC Form 207 (go to DAS/WorkersCompensation/Forms/Claim Packet).

• Instruct employee to bring the vehicle to a Fleet Operations garage for bodywork estimates.

• If the vehicle is out of service and a replacement vehicle is needed, contact Fleet Operations at (860) 713-5160.

DESCRIBE DAMAGE Vehicle 1 Check boxes representing vehicle damage area.

DESCRIBE DAMAGE Vehicle 2 Check boxes representing vehicle damage area.

WAS MEDICAL ASSISTANCE CALLED TO THE SCENE Y N

IDENTIFY PERSONS REQUIRING MEDICAL ASSISTANCE Y N

WERE THERE ANY WITNESSES TO THE INCIDENT Y N

PLEASE LIST WITNESSES NAME AND CONTACT INFORMATION

TYPE OF ACCIDENT/INCIDENT

COLLISION WITH:

- OTHER MOTOR VEHICLE
- MOTOR VEHICLE OPERATED REVERSE
- OBJECT
- PROGRAM
- PERSON OR PLACING OBJECT
- PERSON OR PLACED OBJECT
- OTHER

IF ACCIDENT INVOLVES FIXED OBJECT (SUV) CHECK THE MOST APPLICABLE:

- TRAFFIC SIGNAL
- SIGN POST
- GUARD RAIL
- DRIVE PILE
- TELEPHONE POLE
- TREE
- STRUCTURE
- OTHER

ACCIDENT LOCATION

INTERSECTION

SIDE STREET

ALONG THE SIDE OF ROAD

ALONG ROAD IN DIVIDEWAY OF ROAD/SHOULDER

OFF ROAD BEYOND SHOULDER

ANTI-SHOULDER

IN PARKING LOT

ON HIGHWAY

OTHER

TRAFFIC CONTROLS

STOP

STOP SIGNALS

STOP SIGN

LIGHT CONTROL

OTHER

USABLE ROAD MARKINGS

OFFICER ASSIGNMENT

YELLOW/RED LIGHTS

OTHER

ROAD SURFACE

DRY

WET

OIL

ICE

SAND

OTHER

WEATHER CONDITION

CLEAR

PARTLY CLOUDY

CLOUDY

RAIN

DRIZZLE

FOG

HAZE

MIST

NIGHT - ROAD NOT LIT

LIGHT CONDITION

DAYLIGHT

NIGHT

NIGHT - ROAD NOT LIT

DESCRIBE INCIDENT

DAS Vehicle Accident Report

DEPARTMENT OF ADMINISTRATIVE SERVICES
OFFICE OF FLEET OPERATIONS
SEE CAUTIONARY LABELS
HARTFORD, CT 06106

AGENCY NAME (FLEET REGION, DIVISION, BUREAU, UNIT) _____

NAME OF THE DRIVER'S SUPERVISOR _____

VEHICLE LICENSE PLATE # _____

DATE OF ACCIDENT _____

DRIVER INFORMATION

VEHICLE #1 - DRIVER OF THE VEHICLE

DRIVER'S NAME _____

DATE OF BIRTH _____

HOME ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

DRIVER'S HOME PHONE # _____

VEHICLE #2 - OTHER VEHICLE/PROPERTY (PASSENGER/DRIVER)

DRIVER'S NAME _____

DATE OF BIRTH _____

HOME ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP _____

DRIVER'S HOME PHONE # _____

VEHICLE INFORMATION

VEHICLE MAKE _____ MODEL _____ YEAR _____

VEHICLE MAKE _____ MODEL _____ YEAR _____

VEHICLE CATEGORY _____

ASSIGNED TO YOU? YES NO

INSURANCE COMPANY NAME & POLICY # _____

INSURANCE COMPANY PHONE # _____

INCIDENT INFORMATION

DATE _____ TIME _____

CITY/TOWN _____

LOCATION: Occurred on _____

NEAREST INTERSECTION _____

ROAD & EXIT FOR THE SCENE _____

WAS YOUR VEHICLE TOWED? YES NO

WAS ANY DAMAGE REPORT RELEASED? YES NO

NAME OF POLICE DEPT. ON SCENE _____

MARKED BY # OF POLICE OFFICER _____

CASE # _____