

## **CONTACTS:**

*Northern Region Safety Officer:*

*(907) 451-2280 Office*

*(907) 322-0603 Cell*

*Southeast Region Safety Officer:*

*(907) 465-1770 Office*

*(907) 321-0698 Cell*

*Statewide Safety Office:*

*(907) 269-6323 Office*

*(907) 317-9883 Cell*

*Division of Risk Management*

*(907) 465-2180*

**OSHA  
24 HOUR HOTLINE  
800-321-6742**

# **ACCIDENT PROCEDURES**



Our mission is to  
"Keep Alaska Moving through service and  
infrastructure."

## Vehicle Accident/Incident

In the event of an **accident or incident involving a motor vehicle that is state-owned, privately owned or rented resulting in bodily injury or death of a person, or where property damage is more than \$2,000**, the driver (employee) shall immediately notify, **by the quickest means, the Alaska State Troopers or local law enforcement.** (AS 28.35.080). **Form 12-209** MUST be completed if not investigated by a law enforcement agency and sent to the address on the form.

Afterwards and as soon as possible, the driver (employee) shall notify his Supervisor, State Equipment Fleet and the Regional Safety Officer.

*\*N.R. Safety Officer to complete. Employee Accident Mishap form used in N.R. Only*

All other accidents shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

1. Supervisors Accident Investigation Report, **Form # 02-932**
2. Liability Accident Notice, **Form # 02-919**
3. Certificate of Insurance (all accidents over \$501), **Form # 466**
4. Employee Accident/Mishap Incident/Accident Review Investigation Folder (If there is damage over \$5,000.00 or a repeat incident within (1) years' time of first incident)
5. Employer Report of Injury or Illness (IF the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Injury (If the employee was injured) **Form # 07-6100 Due (30) days**

## Employee Accident/Injury

In the event of an employee accident that is **fatal** to one or more employees, **or requires in-patient hospitalization** of one or more employees, the supervisor shall immediately notify the Regional Safety Officer.\* If the Regional Safety Officer cannot be reached call the Alaska Department of Labor (OSHA). **The report must be made immediately but no later than 8 hours.** (AS 18.60.058)

All other employee accidents, with or without injury shall be immediately reported to their supervisor.

The following forms must be completed and forwarded as soon as possible:

1. Employer Report of Occupational Injury or Illness, **Form #07-6101 Due (10) days**
2. Employee Report of Occupational Injury or Illness, **Form #07-6100 Due (30) days**
3. Supervisors Accident Investigation Report, **Form #02-932**
4. Employee Accident/Mishap
5. \* Incident/Accident Investigation Folder (When an individual or employee is hospitalized for an injury or there is lost time)

## Damage to Property

In the event of an accident or incident that results in **damage to property**, the supervisor shall, upon discovery, notify the Regional Safety Officer. If the Regional Safety Officer cannot be reached call the State of Alaska's Risk Management Division.

**When the estimated damage exceeds \$15,000.00. Risk Management shall be immediately notified, by telephone or the quickest means.**

The following forms must be completed and forwarded as soon as possible:

1. Liability Accident Notice, **Form # 02-919**
2. Supervisors Accident Investigation Report **Form # 02-932**
3. Employee Accident/Mishap
4. \* Incident/Accident Investigation Folder (IF there is damage over \$2,500.00 or a repeat incident within (1) years time of the first incident)
5. Employer Report of Occupational Injury or Illness (IF the employee was injured), **Form # 07-6101 Due (10) days**
6. Employee Report of Occupational Injury or Illness (IF the employee was injured), **Form # 07-6100 Due (30) days**