

# Banner Health<sup>®</sup>

## AUTO ACCIDENT FORM

Risk Finance provides this reference document for all owned or leased vehicles. It may be accessed by scanning the QR code in your vehicle. Please reference this material in the event of an accident. The driver is responsible for reporting the accident to Risk Finance and any injuries to the Workers' Compensation Department.

### WHAT SHOULD YOU DO?



- Contact the Police Department or Banner Health Security if the accident occurred on Banner Health property.
- Exchange insurance and driver's license information with the other driver.
- Contact your Leader.
- Complete the Driver's Report and Accident Description as soon as possible. Report the accident to Risk Finance within 24 hours via the following link - [Auto Claim Portal](#) (You must be on the Banner network to access this link)

DO NOT ADMIT FAULT OR DISCUSS THE ACCIDENT DETAILS WITH ANYONE OTHER THAN A BANNER HEALTH REPRESENTATIVE OR THE POLICE DEPARTMENT.

### WERE YOU INJURED?



- If medical care is necessary, go to a Banner Occupational Health Clinic or Employee Health (BOHC/EH). If the injury is life threatening, go directly to the hospital Emergency Department.
- Immediately notify your supervisor and complete an Industrial Incident Report Form.
- Continue follow-up care with BOHC/EH. They will refer your care to a specialist if and when necessary.
- Keep your supervisor advised of your work status.
- Call the Workers' Compensation office or Employee Health if the doctor advises you to be off work, or if you have any questions regarding your coverage.
- When you return to work you must be cleared for duty through BOHC/EH. They will provide you with a return to work slip to take to your supervisor.

## DRIVER'S REPORT

*\*Save this form to your device first, then complete electronically\**



Date & Time:

Any witnesses?: Yes or No

Location (address or description):

If yes, provide full name and phone no.:

#### Banner Health Vehicle

Year/Make/Model:

VIN:

License Plate No.:

#### Other Vehicle

Year/Make/Model:

VIN:

License Plate No.:

#### Banner Health Driver

Name:

Employee ID:

Work Phone:

Home Phone:

Drivers License No.:

Facility/Dept.:

#### Other Driver

Name:

Address:

Work Phone:

Home Phone:

Drivers License No.:

Was anyone injured? Yes or No

If yes, please describe:

## ACCIDENT DESCRIPTION

