



ADMINISTRATIVE DIRECTIVE

RISK MANAGEMENT POLICY	NUMBER 3.06-1	PAGE 1 of 17
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I. PURPOSE

To establish policies and procedures that safeguard human lives, protect City property and specify responsibilities for departments and employees.

II. POLICY

The City of Tucson (City) is subject to risks that affect health, safety and city assets. An effective risk management program reduces and prevents occurrence of accidents that lead to financial liability.

This administrative directive provides the minimum framework of an effective risk management and occupational safety health program and represents the minimum requirements in the areas of risk management and safety. Various departments have safety concerns and requirements unique to their daily job functions; therefore, individual departments may disseminate and enforce their own risk management directives in addition to this policy to ensure compliance with Federal and State laws. Departmental directives may be more stringent, but not less than the measures outlined.

III. DEFINITIONS

Accident – An event or incident involving a city employee, facility, or equipment that results in a loss of or damage to property, person, animal, or fixed object.

Claim – A demand by an individual or entity for monetary compensation related to a loss experienced by said individual or entity.

Deductible – The amount of a loss to be paid from the budget of the specific department.

Employee – Any individual employed and receiving direct payroll compensation from the City whether permanent or non-permanent, or any individual appointed to a City commission or board.

Form 103 – Incident (Event) Reporting Form used to document information on any property damage, loss or injury; shall be completed by the supervisor of involved employee.

IBNR – Acronym for Incurred But Not Reported. An estimate of losses where the claim-generating event has occurred, but the loss has not been reported.

OSHM – Occupational Safety and Health Manual containing City safety directives.

Property – City owned real and personal property or real and personal property owned by others utilized for City business.

Retention Level – The maximum amount of a loss to be paid from the Trust. Where applicable, losses above this amount will be paid from excess insurance coverage.



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Risk Manager – Administrator for the City’s Risk Management Program and Self–Insurance Trust fund, responsible for controlling accidental losses, encouraging safety, obtaining insurance coverage, and overseeing the administration of claims against the City and its employees.

Risk Management – The City’s division, that systematically identifies, evaluates and implements programs and decisions minimizing the adverse effects of accidental losses associated with injury, property damage and other potential legal liability.

Serious Accident – An accident that results in serious injuries, death(s), injuries to three (3) or more persons, hospitalization over 24 hours, property damage greater than \$50,000 or significant City liability exposure.

Trust – Self-insurance fund providing coverage for general public liability claims, property damage, workers’ compensation, attorney fees, and other such costs associated with cases, including training and other programs to reduce potential losses and future liabilities.

Workers’ Compensation Insurance – A form of mandatory insurance that provides medical and wage benefits, and/or disability to employees who experience work related injuries determined to be compensable.

Vehicles – In this context, all rolling stock (over-the-road or on-site) are subject to the controls and restrictions of this AD whether it was purchased through federal, state, City or donated funds.

IV. RESPONSIBILITIES

A. Departmental Responsibility

1. Adopt and enforce departmental polices that prevent loss or damage while conducting daily operations.
2. Provide training to ensure employee awareness of reporting protocols and processes.
3. Ensure appropriate insurance verification certificates are placed in City vehicles.
4. Take appropriate action following an accident to reduce the physical and/or financial impact on individuals and the City.
5. Conduct initial investigation and report to Risk Management within 48 hours of any accident that may give rise to a claim on Form 103 (Refer to Appendix A). This form shall include the names, addresses and phone numbers of all persons involved and as many witnesses as possible.
6. Contact Risk Management immediately in the event of a serious accident.
7. Preserve equipment, property, records and data involved until release has been provided by Risk Management and/or the City Attorney’s office.



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8. Direct all contacts and communication concerning claims against the City, its agencies, officers, agents, or employees by a third party to Risk Management and/or the City Attorney's office.
9. Implement remedial measures to prevent similar injuries or accidents.
10. Obtain prior approval from the Risk Manager or City Attorney's office before discussing or providing electronic (including email), written or verbal reports to anyone other than city-authorized personnel, including city personnel outside your department. The employee may discuss or provide electronic data to investigating Police or Fire personnel, the Department Director and/or their designee.

B. Employee Responsibility

1. Understand and follow policies, exercising due care that will prevent loss or damage to City property and prevent injury to themselves or others while performing daily operations.
2. Report all accidents that may give rise to a claim immediately to their supervisor (refer to OSHM-H004).
3. Take appropriate action following an accident to reduce the physical and/or financial impact on individuals and the City.
4. Preserve all equipment, property and/or vehicles involved, and refrain from repairing, scrapping or tampering with the equipment, property and/or vehicles until Risk Management or the City Attorney's office approves its release.
5. Cooperate fully with law enforcement, their supervisor, Risk Management, the City Attorney's office and their representatives providing all information and materials requested to investigate and resolve a claim as outlined in AD 2.02-5.
6. Do not make any public statements about the accident. Do not discuss the accident with anyone other than City authorized personnel. Do not speculate about what caused the accident or admit liability or fault for the accident (refer to AD 2.02-14, Ethics and Conflicts of Interest).
7. Do not assist a potential claimant in the preparation of any claim.
8. Direct questions concerning a loss to Risk Management.
9. Obtain prior approval from the Risk Manager or City Attorney's office before discussing or providing electronic (including email), written or verbal; reports to anyone other than city-authorized personnel including city personnel outside your department. The employee may discuss or provide electronic data to investigating Police or Fire personnel, the Department Director and/or their designee.



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V. INSURANCE

A. The Risk Manager is to procure insurance from any authorized insurer doing business in the State by the Department of Insurance and to establish a self-insured retention program. Insurance coverage shall be in accordance with Title 20 of the Arizona Revised Statutes and shall cover liabilities incurred by the following:

1. Ownership of real property by the City.
2. Ownership of personal business equipment by the City including computers, furniture and fixtures.
3. Ownership and operation of motor vehicles, street cars, heavy equipment, and aircraft by the City and its employees.
4. Operation of employees' personally owned vehicle if used in the course of employment with the City and if such use is approved by the Department Director.
5. Employees authorized to operate a personally owned vehicle on city business and is deemed not-at-fault, the limitations of City responsibility is up to \$1,000 of the employee's deductible.
6. Actions or inactions of employees, volunteers, elected or appointed officials of the City as well as commissions, boards, and authorities which operate under the direct supervision and control of the City, when acting in their capacity as agents of the City.

B. There shall be a minimum of two categories of casualty loss utilized by the Risk Manager to track claims: Auto and General.

1. Auto - Losses caused to third parties when a City employee is involved in an accident while driving City-owned automobiles, heavy equipment, or the employee's personal vehicle if being used for City business.
2. General – Losses caused to third parties other than Auto.

VI. SELF-INSURANCE FUND

The Risk Manager, under direction of the Finance Director, shall be responsible for the management of the City's self-insurance fund. Such management responsibilities shall include, but not be limited to, preparing an annual budget, creating requisitions to pay for the charges made against the fund, obtaining actuarial reports, allocating premium costs, and securing excess insurance to protect against insolvency of the fund.

A. Funding - Determination of the appropriate amount of funding for the Trust shall be made annually and shall be solely within the discretion of the Mayor and Council. The



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trust shall be funded by allocation of monies from the general fund and non-general fund departments. Trust funds shall be based upon the trust administrator's analysis of claims history and pending claims.

- B.** Expenditure of Funds - Self-insurance funds shall be expensed solely for payment of claims, administration of the Trust, employee training and development to reduce future liabilities and other purposes as set forth in ARS §11-981, Title 20, and Tucson City Code, Chapter 18.

VII. FUND RESERVES

An accurate reserve is a compilation of a sound comprehensive evaluation of all factors affecting the ultimate value of any claim to include but not limited to, liability, nature and extent of injury, damage related issues, medical treatment and cost, lost earnings, anticipated length of disability, permanency and anticipated defense cost. Fund reserves shall cover the following types of reserves:

- A.** IBNR - On any given day, the fund has a liability to pay claims that have already been incurred but not reported (IBNR) as of that day. A valuation of the IBNR shall be performed annually by a qualified actuary. The actuary will use methods that conform to the relevant standards of practice as promulgated by the Actuarial Standards Board. The IBNR amount shall be funded 100% at all times.
- B.** Contingency Reserve - This reserve represents dollar estimate for an event that may occur. Even if the City continues to fund at the expected claim level (based on standard actuarial practices), there is a risk that claims can be higher. The Contingency Reserve covers costs associated with these unexpected claims. The amount of the Contingency Reserve shall be 20% of the current discounted expected confidence reserve estimate provided by the actuary or not less than a minimum targeted amount of \$7 Million.

Maintaining the fund's ability to respond proactively and confidently in its function rather than being a reactionary, passive entity controlled by economic and insurance market fluctuation will ensure its stability. Should a deficit occur in the fund, the City shall consider deficit reduction measures to include but not limited to additional allocation of funds from general fund and non-general fund departments.

- C.** Any reserves in the Contingency Fund shall not be transferred out of the fund without affirmative recommendation from the Self-Insurance Trust Board and any transfer shall be in accordance with Tucson City Code, Chapter 18 and Title 20 of the Arizona Revised Statutes.

VIII. CLAIMS ADMINISTRATION

Risk Management shall investigate all reported liability claims to determine coverage, notify the appropriate insurance carrier, if applicable, evaluate the merits of self-insured claims and coordinate defense and settlements with the City Attorney's office. Any claim that can be



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settled or denied within the authority granted to the Risk Manager shall be handled as outlined in Tucson City Code, Chapter 18.

- A.** Payment - All claims approved for payment shall be paid by the City at the established retention levels. Amounts exceeding established retention levels shall be paid through an excess insurance policy provided by an insurance company retained by the City. All claims shall be administered by the Risk Manager according to ARS §12-821, Title 20, and Tucson City Code, Chapter 18.
- B.** Settlement Authority - The Risk Manager or City Attorney shall have the authority to settle all claims against the City covered by the Declaration of Trust as follows:
 - 1. Up to \$20,000 for bodily injury or property damage.
 - 2. Up to \$40,000 combined bodily injury and property damage.
 - 3. Up to the amount of the deductible of any city purchased property insurance policy in effect when the loss occurs.

Any claims \$20,000 and over for Bodily injury, or for combined Bodily injury and property Damage exceeding \$40,000 must have Mayor and Council approval as outlined in Tucson City Code, Chapter 18.

Settlement of any claim is conditioned upon a properly executed release by the claimant in favor of the City, its officers, appointees and employees.

Any claim requiring a legal analysis or response, or is beyond the settlement authority of the Risk Manager, shall be forwarded to the City Attorney's office for administration.

Prior to formulation of its formal response, the City Attorney shall consult with the Risk Manager to discuss the City Attorney's plan of action and to receive input from the Risk Manager.

- C.** Notice of Claim - Risk Management shall, upon request, make available to potential claimants a Notice of Claim form (Refer to Appendix B) permitting the claimant to provide facts supporting the claim and a specific amount for which the claim can be settled as per ARS § 12-821.01.
- D.** Records Management - The Risk Manager shall maintain the integrity and confidentiality of any and all claim records provided that are protected by federal or state law or City ordinance, and shall not disclose the nature of said documents to any unauthorized parties, unless required to do so.

IX. CLAIMS PROCESSING

- A.** Notice of Claims - The City Clerk receives notification of all claims against the City, its agents and employees. Upon receipt of a claim, the Clerk shall date stamp the claim



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with the time and date and assign it a record number. The claim shall then be forwarded to the Risk Manager and/or the City Attorney for processing.

- B.** Lawsuits - The City Clerk receives all lawsuits against the City, its agents and employees. The Clerk shall date stamp the lawsuit with the time and date and assign it a record number. The lawsuit shall then be forwarded to the City Attorney and the Risk Manager. The City Attorney shall apprise the Risk Manager of any and all significant developments in the lawsuit and shall forward all settlement and expense invoices in connection with the case to the Risk Manager for processing and tracking.

Upon receipt of a complaint and summons, the City Attorney shall provide a litigation management plan to the Risk Manager and shall advise if changes to the plan become necessary.

- C.** Collection from Liable Third Parties - The Risk Manager shall be responsible for pursuing collection activities against third parties responsible for damage to City property. A determination as to whether collection activity is warranted shall be made by the Risk Manager. Any unsuccessful collection attempts shall be referred to City Collections.

X. SERIOUS ACCIDENT CLAIMS

In the event of a serious accident, it is essential that evidence not be compromised. The scene of an accident shall be coordinated with the Police officer or Fire officer in charge. Risk Management investigation activities both at the scene and subsequently shall not interfere with Police or Fire criminal investigation.

- A.** In the event of a serious accident, the Supervisor and or Department Director shall notify Risk Management within one (1) hour at 791-4728 of an accident and forward Form 103 within 48 hours. If the event occurs after work hours, contact 911 to obtain appropriate Risk Management contact information. The Risk Manager will work with the City Attorney's office to ensure documents; materials and equipment are preserved relative to the accident.
- B.** Departments shall report all occupational fatalities and serious injuries/illnesses requiring emergency transport within one (1) hour to Central Safety Services at 837-4312 or 850-6008.
- C.** In the event of a fatality, the Risk Manager shall notify the excess carrier within the required time frame and shall consult with the City Attorney's office prior to serious injury notification.
- D.** Serious Accident Investigation and Prevention:
 - 1.** Risk Management in collaboration with the City Attorney's office will:
 - a.** Review ALL Level 3 accidents (equivalent to Level 3 violation in AD 2.03-4, Section V) to ensure that any departmental investigations of the



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accident and follow-up activities are conducted in a coordinated manner.

- b. Provide an unbiased review of the circumstance surrounding the event.
 - c. Review the initial investigation, make findings and recommendations as defined in AD 2.03-4 Departmental Safety Programs and Disciplinary Guidelines for Infractions of Safety Violations, Section V).
2. Review at any time individual department accident control and investigation procedures, including any other relevant departmental rules, regulations and policies and the actual enforcement of the same, in order to make general recommendations to the department Director and/or the City Manager.

E. Control of Material Evidence

1. It is essential that accident evidence not be compromised by being repaired, scrapped, lost or otherwise tampered with. Therefore, the City Attorney's office and/or Risk Manager may determine that specific city materials, equipment or vehicles that have been involved in an accident must be secured immediately after release from the Police and/or Fire investigation. Upon request departments shall immediately surrender any evidence pertinent to the accident (including vehicles, keys, files, records etc.) for safekeeping. City Attorney's office and/or Risk Manager will advise release of evidence as soon as its use in any claim is completed. Because impounded City equipment or vehicles may be important to a department's operations – for example, fire apparatus – the City Attorney's Office and/or Risk Management will coordinate with the claimant's legal representative to ensure that the City evidence is released as soon as possible.
2. To ensure the control of material evidence, the City Attorney's office and/or the Risk Manager, will notify the appropriate department when materials, equipment or vehicles are impounded and released from impoundment.

F. Release of Information - The Police and Fire Departments, upon request may release only information that they are legally obligated to release concerning an accident which the City may have substantial liability exposure. All requests for additional information about a Serious Accident shall be referred to the City Attorney's office for a response.

1. City Departments, offices or staff shall not release any information about serious accidents to the public or the media, but shall refer all questions to the City Attorney's office and/or the Risk Manager.
2. Unless specifically authorized by the City Attorney's office and/or the Risk Manager, all city employees while on duty are prohibited from any public speculation about the cause of accident or public discussion of City responsibility for the accident.



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Any employee found responsible for the non-authorized release of information relating to a serious accident shall be subject to disciplinary action.

XI. CITY PROPERTY CLAIMS

In the event of loss or damage to City property, employees shall notify their supervisor immediately or as soon as practically possible and take appropriate steps to protect the property against further loss.

Any department experiencing a loss to City property shall report the loss on Form 103 providing a detailed description of the events to the Risk Manager within 48 hours of the accident.

The department experiencing the loss shall provide the Risk Manager all invoices, receipts, repair estimates and any other documents in connection with the repair or replacement of the damaged property within a reasonable amount of time. All approved loss payments are subject to a \$10,000 deductible and shall be processed by the Risk Manager.

The Risk Manager will determine if the loss will be in excess of retention levels and, if so, report the claim to the appropriate property insurance carrier within 48 hours of the accident.

XII. RESERVATION OF RIGHTS

The Risk Manager, acting in concert with the Finance Director and/or City Attorney, may issue a reservation of rights whenever a claim is presented by a department, for which the City appears to be, but may or may not be liable, depending upon the determination of the factual basis for the claim.

XIII. LOSS PREVENTION

Loss prevention procedures such as employee training, use of safety devices and programs, regular inspections, risk assessments, and maintenance programs, shall be implemented to reduce the frequency or likelihood of losses. Central Safety Services, under the direction of the Risk Manager, shall administer such program services and inspections in accordance with the City of Tucson Safety policy and OSHM directives found at <https://intranet.tucsonaz.gov/central-safety-services>.

XIV. MAINTENANCE

All City property shall be maintained in safe working order. Care shall be exercised by all employees to protect said property from any and all perils. Logs outlining maintenance work shall be kept up-to-date.



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XV. INSPECTIONS

All City facilities are subject to inspections at any time by Central Safety Services Multi-Agency Inspection Team, working under the direct supervision of the Risk Manager. Any violation of the standards set forth in OSHM or the standards promulgated by OSHA will be brought to the attention of the Department Director by Central Safety Services. A reasonable amount of time will then be given to correct the violation and the Department Director will provide written verification to Central Safety Services when said violation is corrected.

XVI. HAZARDOUS CONDITIONS

Any employee who notices a hazardous, or potentially hazardous, condition in City buildings or on any property owned and maintained by the City, and which has the potential to cause injury to persons or damage to property, shall take appropriate action using the following guidelines:

- A. Immediately report all hazards and conditions that are imminently dangerous to life and health to their supervisor in accordance with AD 8.01-1 and OSHM S-002.
- B. Departments shall investigate each Report within thirty (30) days. Corrective action, if warranted, shall be detailed and dated, with concurrence from a Department Administrator and Safety Officer or Safety Representative. If employee information is provided, the Department shall communicate the corrective action to their employee. For an anonymous report, the Department shall communicate corrective action to all affected employees.
- C. Central Safety Services, in cooperation with all affected departments/divisions shall review each documented report and shall ensure that each report is addressed and corrected when warranted.

XVII. WORKERS' COMPENSATION

Workers' compensation insurance is a statutory, no-fault insurance that pays for medical treatment and, in some cases, wage compensation for employees injured on the job and determined to be compensable. City employees are covered under workers' compensation insurance provided by the City for industrial injuries.

The Risk Manager shall be responsible for financial oversight, obtaining actuarial reports, allocating premium cost, and securing excess insurance to protect the integrity of the fund.

Employees injured during the course of employment shall notify his/her immediate supervisor of his/her injury immediately, following processes outlined in OSHM H-004.

Volunteers approved to perform work for the City on a volunteer basis, shall not receive workers' compensation coverage under the City's self-insured workers' compensation program.



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XVIII. TRAINING

The Risk Manager shall consult with various departments and provide necessary training to ensure employees tasked with conducting investigations receive training that covers, at minimum, the following:

1. Securing the scene
2. Rendering assistance
3. Collecting data
4. Analyzing the data
5. Completing the Incident (Event) Reporting Form 103 (including remedial measures)
6. Follow-up activities

Appendices

- A. Incident (Event) Reporting Form 103
- B. Notice of Claim Form
- C. Safety and Discipline Guidelines Quick Reference

References

- AD 2.02-5, Rules of Conduct
- AD 2.02-14, Ethics and Conflicts of Interest
- AD 2.02-15, City Employee Conduct as Civil or Criminal Defendants
- AD 2.03-4, Departmental Safety Programs and Disciplinary Guidelines for Infractions of Safety Violations
- AD 8.01-1 Environmental Management Program Policy and Incident Notification Procedure
- OSHM S-002, Report of Hazard or Unsafe Condition
- OSHM H-004, Accident Reporting Procedures
- ARS § 11-981, ARS § 12-821 and 20
- Tucson City Code, Chapter 18

Review Responsibility and Frequency The Director of Finance and Risk Manager will review this directive annually, based on date of publication.

Authorized



 City Manager

6/10/16

 Date



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APPENDIX A

INCIDENT (EVENT) REPORTING FORM



Risk Management
 255 West Alameda, 5th Floor
 Tucson AZ 85726

Phone: (520) 791-4728 / Fax: (520) 624-2061

Email: RiskManagement.CHPO2.CHDOM2@tucsonaz.gov

Report To Be Completed By Immediate Supervisor In Its Entirety Within Two (2) Work Days Of Incident

EMPLOYEE INFORMATION	1. Employee Name		2. Employee ID#		3. Job Title	
	4. Department		5. Division		6. Supervisor Name	
ACCIDENT INFORMATION	8. Date of Loss		9. Time of Loss		10. Incident Location (street address/ intersection)	
	11. Accident/Incident Type (mark all that apply)			Motor Vehicle Accident	MVA Loss Type:	N/A
				Bodily Injury	MVA Description Type:	Sideswiped
				Property Damage	Any Vehicle Towed?	Y
	12. Responding Police Agency		13. Case Number		14. Officer Name & ID#	
					15. Employee Cited? Y	
					16. Citation#	
17. Describe what happened, how it happened and include factors leading to the event. Be specific and give as many details as possible. Vehicle Collisions Require Completion of Accident Diagram (on the Reverse Side)						
NON-EMPLOYEE INJURY INFORMATION	18. If Person(s) injured, list the following information					
	Name	Street Address / Zip Code		Injury Description	Medical Transport	Date of Birth / Daytime Phone
					Yes	
					Yes	
PROPERTY DAMAGE	19. Type of Property Damage (mark all that apply)			City Property	Describe:	
				City Vehicle	Fleet #:	Plate #
				Private Property	Describe:	
	20. Property Owner Name (A)		Street Address / Zip Code		Daytime Phone	
	Insurance Company Name:		Telephone #:		Policy #:	
Property Owner Name (B)		Street Address / Zip Code		Daytime Phone		
Insurance Company Name:		Telephone #:		Policy #:		
WITNESS INFORMATION	21. Name		Street Address / Zip Code		Daytime Phone	
EMPLOYEE INJURY INFORMATION	22. Was medical treatment provided?		Y		Employee injury must be reported on Form 100A	
	23. Type of Treatment		At the Scene - First Aid Only			
SUPERVISOR REVIEW	Remedial Measures Required?	Y	Photos Attached?	N	Photos Taken By:	
	Report Prepared By:			Employee #	Date:	

Do Not Repair /Discard City Equipment Involved in an Accident until it is Released by Risk Management or the City Attorney's Office

NOTE: IF ADDITIONAL SPACE IS REQUIRED TO COMPLETE THIS REPORT, USE SEPARATE SHEET OF PAPER AND ATTACH

DISTRIBUTION: 1. Email to Risk Management 2. Department Records 3. Forward to Fleet if repair is needed



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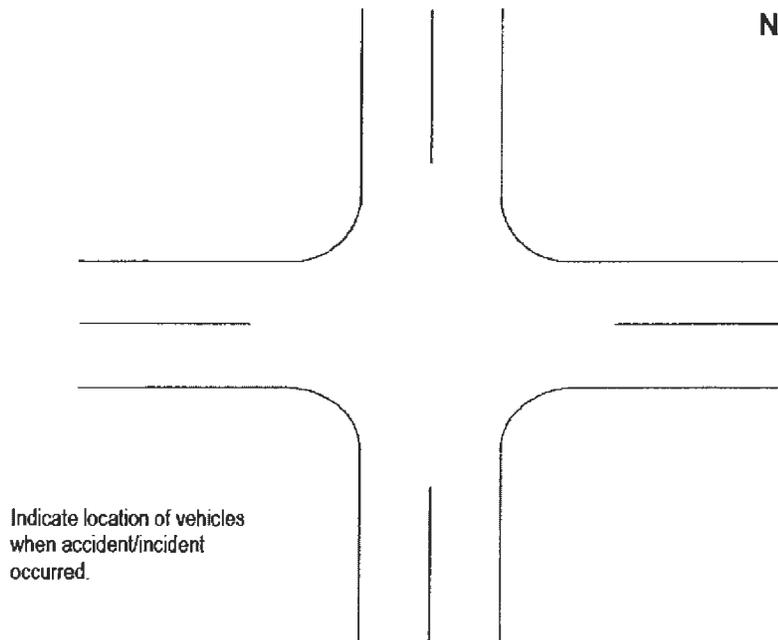
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APPENDIX A – (Cont'd)

Please Complete Scene Diagram

ACCIDENT SCENE

North



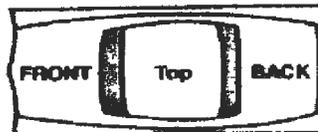
Please Complete Vehicle Damages Diagrams

Mark the area of damage with an "X"

Mark the area of damage with an "X"



COT vehicle



Other Vehicle

Reporting Guidelines

- 1) Completed form to be submitted to Risk Management within two (2) work days after collision, incident, or vandalism.
- 2) This form must still be filled out even if there are no damages to an employee's vehicle (city-owned, rented or personal) when there are damages to a citizen's property.
- 3) Do not repair or discard city equipment involved in an accident until it is released by Risk Management or the City Attorney's office .
- 4) Photos are required for all accidents/incidents.



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APPENDIX B



CITY OF
TUCSON

INSTRUCTIONS FOR FILING YOUR CLAIM

In order to file a Notice of Claim against a public entity or employee, please refer to Arizona Revised Statutes §12-821 and § 821.01, which provides certain requirements with regard to presenting claims against public entities and public employees.

This claim form is provided to assist in presenting a claim against the City of Tucson that complies with these statutes as follows:

ARS §12-821: All actions against any public entity or employee shall be brought within one year after the cause of action accrues and not afterward.

ARS §12-821.01: Persons who have claims against a public entity or a public employee shall file claims with the person or persons authorized to accept service for the public entity or public employee as set forth in the Arizona rules of civil procedure within one hundred eighty days after the cause of action accrues. The claim shall contain facts sufficient to permit the public entity or public employee to understand the basis on which liability is claimed. The claim shall also contain a specific amount for which the claim can be settled and the facts supporting that amount. Any claim that is not filed within one hundred eighty days after the cause of action accrues is barred and no action may be maintained thereon.

A proper notice of claim must be filed and denied before suit may be filed against a public entity or public employee. A claim will be barred by the statute of limitations if a lawsuit is not filed within one year after the cause of action accrues.

Please complete the Notice of Claim form and provide all information requested on the form so that a prompt and fair evaluation can be made of your claim.

In addition to filling out the Notice of Claim, you can facilitate processing of your claim by including copies of any available supporting documents (medical bills, repair estimates, photographs, etc.) and information (exact loss location, direction of travel, description of personal property, etc.). For property damage losses over \$1,000 please provide 2 estimates.

Please be aware that you are legally responsible to minimize any loss, to protect property from further damage and to preserve potentially relevant evidence.

Please note that each person making a claim against the City must fill out a separate claim form.

Once you have completed your Notice of Claim, it must be filed with the City Clerk's Office. The City Clerk will accept your form if it's mailed or hand-delivered as stated below. It is your sole responsibility to confirm that the Clerk's office has actually received your form.

Return by mail to:	or	Hand Deliver to:
City of Tucson City Clerk's Office P.O. Box 27210 Tucson, AZ 85726-7210		City of Tucson City Clerk's Office 255 West Alameda 9 th Floor

Once we receive your claim, your claim will be investigated to determine whether and to what extent, if any, the City may be liable. The City can only pay for claims for which the City is legally liable. If you do not receive a response for your claim within 60 days, you may consider your claim denied.

PLEASE KEEP A COPY OF THE COMPLETED FORM AND ORIGINAL DOCUMENTS FOR YOUR RECORDS



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APPENDIX B (Cont'd)

NOTICE OF CLAIMS AGAINST THE CITY OF TUCSON

The claim form must be filled out completely and:

MAILED TO:
City of Tucson City Clerk's Office P.O. Box 27210 Tucson, AZ 85726-7210

OR

HAND CARRIED TO:
City of Tucson City Clerk's Office 255 West Alameda 9th Floor

If you have questions regarding this form or the claims process, please call the City of Tucson's Risk Management Office at (520) 791-4728. The City Clerk may not accept service of claims or lawsuits filed against individual employees or their spouses.

Claimant may wish to review applicable laws, such as the following:

1. Arizona Revised Statutes § 12-821 (excerpt listed at bottom of the Notice of Claim form)
2. Arizona Rules of Civil Procedure [Volume 16, Rule 4.1 (b)]
3. Tucson City Charter [Chapter XXV, Section 12 (with the exception of the 60-day claim filing period which has been superseded by the period specified in Section 12-821.01, Arizona Revised Statutes)].

FOR CITY CLERK USE ONLY													
<p>1. <input type="checkbox"/> Notice of Claim <input type="checkbox"/> Lawsuit <input type="checkbox"/> Subpoena Log # _____</p> <p style="padding-left: 100px;"><input type="checkbox"/> Claim/Lawsuit Involves a Juvenile Date of Birth: _____</p> <p>2. Received By – Deputy City Clerk: _____</p> <p>3. Describe: _____</p> <p>Received on Behalf of: _____</p> <p style="text-align: right;">Authorization on File? _____</p> <p style="text-align: center;">(Department Director or Code Official): <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does this claim involve a Minor? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Attachments Included: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number of Pages: _____ (Include Notice of Claim Form and Information Sheet)</p> <p>Number of Photos: _____ BW <input type="checkbox"/> Color <input type="checkbox"/></p> <p>Photos Received In Risk Management By: _____ Date: _____</p> <p>4. Method of Receiving Notice of Claim/Lawsuit:</p> <p><input type="checkbox"/> Process Server Name: _____</p> <p style="text-align: center;">or</p> <p><input type="checkbox"/> Messenger Server Signature: _____</p> <p><input type="checkbox"/> Personal Delivery Name: _____</p> <p style="padding-left: 100px;">Signature: _____</p> <p><input type="checkbox"/> Regular Mail</p> <p><input type="checkbox"/> Certified Mail - Receipt # _____</p> <p><input type="checkbox"/> Other (Specify): _____</p> <p>5. Email Distribution of Notice Claim (Courtesy Copies)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><input type="checkbox"/> Risk Manager</td> <td style="width: 30%;">Date: _____</td> <td style="width: 40%;">Received By: _____</td> </tr> <tr> <td><input type="checkbox"/> City Attorney</td> <td>Date: _____</td> <td>Received By: _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>Date: _____</td> <td>Received By: _____</td> </tr> <tr> <td><input type="checkbox"/> _____</td> <td>Date: _____</td> <td>Received By: _____</td> </tr> </table>	<input type="checkbox"/> Risk Manager	Date: _____	Received By: _____	<input type="checkbox"/> City Attorney	Date: _____	Received By: _____	<input type="checkbox"/> _____	Date: _____	Received By: _____	<input type="checkbox"/> _____	Date: _____	Received By: _____	<p>Date/ Time Received</p>
<input type="checkbox"/> Risk Manager	Date: _____	Received By: _____											
<input type="checkbox"/> City Attorney	Date: _____	Received By: _____											
<input type="checkbox"/> _____	Date: _____	Received By: _____											
<input type="checkbox"/> _____	Date: _____	Received By: _____											
<p>Subpoenas Only:</p> <p>Check # _____ <input type="checkbox"/> Cash Amount \$ _____ Payee: _____</p>													



ADMINISTRATIVE DIRECTIVE

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	EFFECTIVE DATE May 2, 2016	

APPENDIX B (Cont'd)

NOTICE OF CLAIM AGAINST THE CITY OF TUCSON <small>Pursuant to A.R.S. Sections 12-821 & 12-821.01 (and other applicable laws listed in the Instructions for Filing Your Claim)</small>				
Risk Management Use only- CLAIM #			RECEIVED IN CITY CLERK'S OFFICE	
Name		Date of Birth		
Address				Apt#
City	State	Zip Code	Home Phone	Cell Phone
CLAIM FACTS				
Occurrence Date		Time of Day	Location (Street Address/Intersection)	
		AM <input type="checkbox"/> PM <input type="checkbox"/>		
Description of What Happened (specify the event, act, or omission causing damage or injury) Attach additional pages, if necessary.				
Property Damage? Describe the property and extent of damage(s) sustained. Attach estimates, appraisals, and repair bills, if available.				
Bodily Injury? Describe the nature of the injury and when you first became aware of the injury. Attach copies of bills/receipts, if available.				
Cause of damages and/or injuries:				
Reasons why the City is responsible for your damages and/or injuries:				
List names and addresses of witnesses, involved parties, and treating physician(s):				
Name		Address		Daytime Phone
Photographs Attached?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Bills, Records, Receipts, Estimates and/or Invoices Attached?	
Damages Claimed				
Property Damage:				\$
Bodily Injury:				\$
Other - Please specify:				\$
State the amount you would settle this claim should liability be found against the City \$				
I, the undersigned, do solemnly swear (or affirm) that all of the above statements are true to the best of my knowledge and belief.				
Date			Signature	
This form is provided to assist in filing a claim with the City of Tucson that complies with the requirements of A.R.S. § 12-821 and 12-821.01, which defines the requirements of filing a claim against a public entity in the State of Arizona. Failure to file a proper claim prior to the expiration of the statute of limitations may result in your claim being denied. Filing a valid, timely claim retains the claimant's sole responsibility. A.R.S. § 12-821: All actions against any public entity or employee shall be brought within one year after the cause of action accrues and not afterward. A.R.S. § 12-821.01: Persons who have claims against a public entity or a public employee shall file claims with the person or persons authorized to accept service for the public entity or public employee as set forth in the Arizona rules of civil procedure within one hundred eighty days after the cause of action accrues. The claim shall contain facts sufficient to permit the public entity or public employee to understand the basis on which liability is claimed. The claim shall also contain a specific amount for which the claim can be settled and the facts supporting that amount. Any claim that is not filed within one hundred eighty days after the cause of action accrues is barred and no action may be maintained thereon. A proper notice of claim must be filed and denied before suit may be filed against a public entity or public employee. A claim will be barred by the statute of limitations if a lawsuit is not filed within one year after the cause of action accrues.				
IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM. (Penal Code A.R.S. § 13-2311 - Insurance Code 44-1220)				

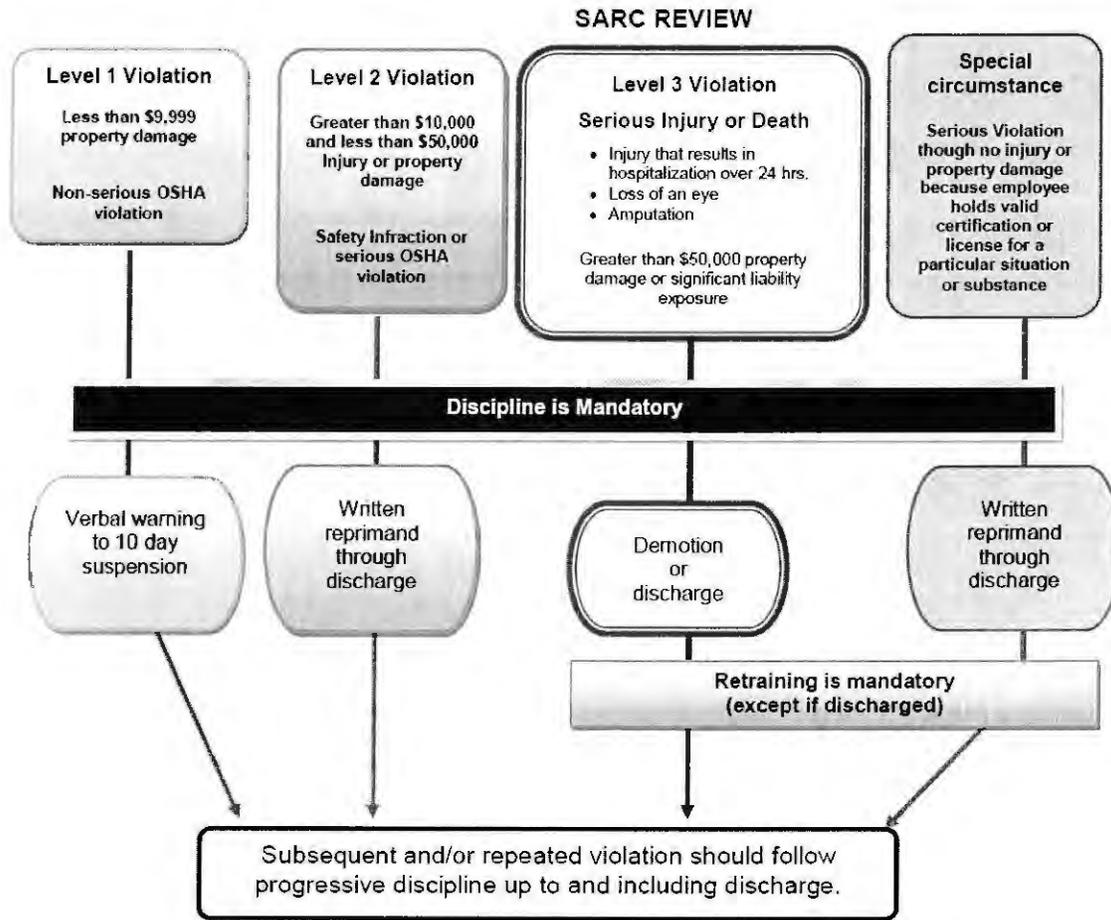


ADMINISTRATIVE DIRECTIVE

RISK MANAGEMENT POLICY	NUMBER 3.06-1	PAGE 17 of 17
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APPENDIX C

Safety and Discipline Guidelines
Quick Reference



If more than one violation occurs within a 90-Day period and the employee has not been terminated, re-training will be initiated. This does not preclude immediate re-training for first level violations based on Central Safety Services, safety representatives or safety coordinator's recommendation.