



Administrative Manual of Operating Procedures

Procedure #: 05.04	Procedure Title: Accident and Claims Reporting		Revision #: 2.1
Original Issue Date: 12/01/2016	Revised Issue Date: 01/14/2022	Next Review Date: 08/12/2023	Responsible Department: DAS-Risk Management
Statutory References: Wis. Stat. 893.90, Chapter 102			Ordinance References: None
Appendices: Appendix B – 05.04 LMS Training PowerPoint Appendix C – 05.04 Flowchart Appendix 1: Milwaukee County Care Line Appendix 2: Employee Quick Guidelines - Workers' Compensation Appendix 3: Supervisor Quick Guidelines - Workers' Compensation			Forms: 5.04 (a) Physician's Return to Work Form 5.04 (b) Weekly Lost Time Form 5.04 (d) Property Loss Reporting Form 5.04 (e) Driver's Accident Report 5.04 (f) Notice of Claim Form

1. OBJECTIVE

To establish County procedures regarding accident and claims reporting for Milwaukee County Employees.

2. DEFINITIONS

- A. Airport Liability Claim. General liability claims that occur specific to operations at Mitchell International or Timmerman Field.
- B. General Liability Claim. A request for compensation for damages that result from an organization's operations. These are commonly for bodily injury, personal injury, or property damage allegations involving third parties arising from acts or omissions in County operations. Examples of general liability claims include a slip and fall from a member of the public in a County building, damages resulting from a vehicle accident involving a County fleet vehicle, pothole claims, etc.
- C. Motor Vehicle. Any mechanically or electrically powered device, not operated on rails, upon which or by which any person or property may be transported or drawn. Motor vehicles include but are not limited to, the following devices:
 - i. Automobiles (any type), bus, motorcycle, motorized bicycle or scooter, fire engine, truck, or van.
 - ii. Construction machinery, farm and industrial machines, tractor, highway grader, or similar devices equipped with wheels or treads, while in transport under own power.
 - iii. Special motorized vehicles such as golf carts, utility carts, snow throwing machines, snowmobiles, boats or similar devices, while in transport under own power.
- D. Motor Vehicle Accident. The act of a motor vehicle colliding with another vehicle, pedestrian, animal, road debris, or other stationary obstruction, such as a tree or utility pole. A motor vehicle accident may result in injury, death, and property damage.
- E. Property Damage. Injury or destruction to a building, structure, contents, fine art, collectible, or scheduled equipment caused by negligence, willful acts, or nature.
- F. Property Claim. A request for financial reimbursement made to the County's property insurer for damages that result from sudden, accidental damages to a building, structure, contents, fine

art, collectible, or scheduled equipment caused by a covered peril. Examples of covered perils include fire, smoke, lightning, windstorms, hail, blunt force, vandalism, etc.

- G. Workers' Compensation Claim. A request for statutory wage and medical benefits provided to Milwaukee County employees injured during the course and scope of their employment.
- H. Workplace Injury. Any injury to an employee that arises out of the course and scope of their employment.

3. PROCEDURE

- A. **Workplace Injuries / Workers' Compensation Claims**: Employees are expected to report all workplace injuries to their supervisor immediately. The following response is required:
 - i. If the injury is a medical emergency, call 9-1-1.
 - ii. For all other injuries, the supervisor, along with the employee, will report the claim. There are **two options** to report the claim; by phone or online form.
 - a. Call the Milwaukee County Claims Line (1-844-611-6109) to report the injury to the Sedgwick call center and for immediate medical triage,
OR
 - b. [Click here](#) to report the claim online using online **Access Code "milclaim"**.
 - c. [See Appendix 1](#). If a supervisor is unavailable, the employee may call the Claims Line or use the online form to report the injury but is still required to notify their supervisor immediately.
 - d. NOTE: If the supervisor believes there is a reasonable possibility that drug or alcohol use was a contributing factor to the workplace injury, the supervisor must consult [AMOP 02.04.02 Milwaukee County Substance Abuse Procedure](#) for direction on post-accident testing.
 - iii. If the injury requires medical treatment from a health care provider, the employee will have the treating physician complete the [5.04 \(a\) Physician's Return to Work Form](#). The employee is required to provide the completed form to their supervisor within 24 hours of their appointment. Supervisors must scan and forward all Physician's Return to Work Forms to the Workers' Compensation claims inbox at claims@milwaukeecountywi.gov, upon receipt.
 - iv. All County Departments should accommodate restrictions as outlined on the [5.04 \(a\) Physician's Return to Work Form](#) per transitional duty requirements as outlined in [AMOP 5.05 Transitional Duty Procedure](#).
 - a. Employees who are released to work are expected to return to work and will not be compensated for unexcused time.
 - v. When an employee seeks treatment, a Sedgwick claims examiner will be assigned to the claim and will send the employee a claim acknowledgement packet with a claim number and contact information. All claim related questions should be directed to the claim's examiner assigned to the case.
 - vi. The injured employee's supervisor, or supervisor on duty, will be contacted by the claims examiner to verify the facts of the work-related injury before any claim will be processed.
 - vii. Employees are expected to make any follow-up medical appointments before or after their scheduled working hours when possible.
 - viii. Supervisors will code the injured employee's timecard as regular hours for the date of injury.

- ix. Any time lost from work associated with the claim after the date of injury should be coded to AWOP with “work comp pending” written in the comment section of the timecard. Central Payroll will complete the timecard with the appropriate WCPD (“Work Comp Pending”) code.
 - x. Time lost for follow-up medical appointment should be coded to Sick with “md appt.” written in the comments section. This follows the same procedure for normal Medical Appointment code.
 - xi. Employees should complete the [5.04 \(b\) Weekly Lost Time Form](#) according to the directions on the form, and submit the form to the claims inbox, claims@milwaukeecountywi.gov, along with the doctor’s excuse or proof of appointment, to request reimbursement for lost wages associated with viii and ix above.
 - xii. All requests for wage reimbursement are subject to approval by the claim’s examiner. Once the examiner approves the request, the information will be communicated to Central Payroll. Central Payroll will update the employee’s timecard as follows:
 - a. WCPD: Workers’ Comp Pending will be used until approved by claims examiner.
 - b. FWCP: FML Workers’ Comp once claims examiner has approved time and also qualifies for FML.
 - c. WCMP: Workers’ Comp if FML time is exhausted and claims examiner has approved time.
 - xiii. Employees and supervisors are required to remain in contact throughout the claim process. Employees are to communicate any change of working status to their supervisor within 24 hours of receipt, and supervisors are expected to follow-up with their employees so there are no questions about their current status.
 - xiv. Quick reference guidelines on this process for employees and managers, including timecard coding, are found in Appendices 2 & 3.
- B. Property Accident:** Employees who discover or cause damage to facilities or equipment excluding motor vehicle accidents are expected to report this damage to their supervisor immediately. Motor vehicle accidents have a separate reporting procedure outlined in Section 3C. The following response for property accidents is required:
- i. If the situation is an emergency, such as a fire, hazardous chemical spill, or downed electrical wires, call 9-1-1.
 - ii. Department immediately contacts Facilities Management and completes/submits the [Property Loss Reporting Form, 5.04 \(d\)](#). Facilities Management will contact Risk Management and assess any urgent property condition requiring third party emergency mitigation.
 - iii. Risk Management tracks the loss and determines if the loss is potentially a covered peril. If so, Risk Management evaluates the loss in conjunction with Facilities Management and/or the emergency mitigation contractor if the damage estimate meets the financial threshold for reporting to the insurer.
 - iv. If a claim can be submitted, Risk Management files the claim with the insurer.
 - v. Department determines if a general contractor (GC) is needed to complete the mitigation/renovation work. If the department determines a GC is necessary, it should immediately contact the Architecture, Engineering, and Environmental Services (AE&ES) Division of Facilities Management for a list of firms to provide mitigation and repair services.

- vi. If the loss is not determined to be a covered peril, the department is responsible for the claim expenses. Upon full review of associated costs, if required, the department may work through their assigned Budget Analyst to discuss funding options.
 - vii. It is the department's responsibility to decide on the proper scope of work with the GC, sign the certificate of authorization (COA), and manage the project. The AE&ES Section will be available for contractual or technical support, but the central point of contact and workflow will remain the department utilizing the AE&ES contract.
 - viii. For covered claims, Risk Management monitors the claim process and claim information with the department, GC, and insurance carrier as needed.
 - ix. When the project is completed, the department is responsible for signing the certificate of completion (COC). All COAs, scopes, invoices, and COCs must be submitted to Risk Management.
 - x. Any insurance proceeds will be received by Risk Management. Funds will be deposited and credited to the account of the department/division responsible for the location that was damaged, and the claim will be closed.
- C. **Motor Vehicle Accident:** Employees are expected to report all vehicle accidents immediately. The following response is required:
- i. Summon medical care for any injured parties by calling 9-1-1.
 - ii. Notify appropriate law enforcement authorities.
 - iii. Notify immediate supervisor.
 - iv. Supervisor is responsible for initiating all mandatory post-accident drug and alcohol testing as outlined in [AMOP 02.04.02 Milwaukee County's Substance Abuse Procedures](#)
 - v. Supervisor notifies Fleet Management service office via email or phone.
 - vi. Employee and Supervisor complete the [Form 5.04\(e\) - Milwaukee County Drivers Accident Report](#). Supervisor is responsible for ensuring this form is sent to Fleet Management within 48 hours of the accident.
 - vii. If the accident involves employee injuries, supervisor and employee must follow the work injury reporting guidelines outlined in Section 3A.
 - viii. Vehicles sustaining damage that render operation unsafe shall be towed from the scene and repaired before operated.
- D. **General Liability / Airport Liability Claims:** Any member of the public wishing to report damages or file a claim should be directed as follows:
- i. State of Wisconsin laws require that any claim for money against Milwaukee County be made in writing and be filed with the County Clerk's office in Room 105 at the Milwaukee County Courthouse, 901 N. Ninth St., Milwaukee, WI 53233.
 - ii. The County Clerk has a Notice of Claim form located on their external website: <http://county.milwaukee.gov/ImageLibrary/Groups/cntyClerk/ClaimForm1.pdf>
This form is also included with this procedure as form 5.04 (f).
 - iii. Completed forms along with all supporting documentation, such as police reports or damage estimates, can be hand-delivered or mailed to the Clerk's address above.
 - iv. Once filed, all claims will be referred to the County's claims adjuster at County Mutual (c/o Aegis Corporation). The adjuster will follow-up with the claimant within three business days

upon receipt of the form. Any claim status questions after the three-business day period should be directed to County Mutual (c/o Aegis Corporation) at 866-819-9318.

- v. For reports of damage or accidents occurring at the General Mitchell International Airport or Timmerman Airport, the same process in steps i – iii should be followed. However, a separate dedicated claims adjuster for all airport related claims handles these files and will respond accordingly. All questions on airport related claims shall be referred to Risk Management.

4. REVISION HISTORY:

Rev. #	Summary of Changes	Date of Change	Author
2.1	Added online form link for reporting Work claims.	1/14/2022	LaKesha Pettigrew
2	Minor updates: <ul style="list-style-type: none"> • Created training PowerPoint and flowchart • Updated all Appendices 	7/14/2021	LaKesha Pettigrew Una Stojavljevic
1.1	Minor edits: <ul style="list-style-type: none"> • Removed First Report of Injury Form • Updated Physician’s Return to Work Form • Updated Weekly Lost Time Form • Updated all Appendices 	10/30/2019	Megan Rogers