

Claims and Safety User Guide

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Special Note: Check with NTD for the latest changes or updates. The information contained herein, is subject to change without notice, and may not be reflected in this On-Line Help File.

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Product Description



Fleet-Net's Claims and Safety module is a stand alone module designed to maintain information on accidents and/or incidents reported as well as data pertinent to safe driving. The data can be compiled for standard NTD reporting. The module records claims, settlement history on lawsuits, attorney costs and claimant payments. It also provides the ability to insert objects, pictures or documents related to the specific cases for future reference. Fleet-Net provides standard reporting of accident data, settlement history and complete report history. The ability to run an inquiry on any accident or incident is provided. Finally, a safe driving award list is maintained in the Claims and Safety module.


About This Guide



This guide contains standard cycles and checklists for operation and a description of each feature released with the module. The module description provides the intended application or use of the module and any comments that relate to this specific module.


The standard cycles are to be used when operating the software to ensure that all necessary steps are being taken in the correct order, i.e., Daily Service Cycle and the Monthly Service Cycle.

As with all Fleet-Net® for Windows modules, the module must first be installed as directed in the System Administrator Guide.


To correctly exit a form, or exit out of Fleet-Net® completely click on the  Fleet-Net® Icon  always located in the upper right of every form.

Throughout Fleet-Net® modules, there are Green Checkmarks  that will appear next to specific fields. These Green Checkmarks when selected will open the Misc. List Codes form allowing the user to setup the necessary codes and their value for the associated field.


When the  binoculars search function is not available, nor a drop down list, select 'Ctrl F' as a search tool. When using the  button to search the following sample form will open up. Use any of the search item criteria down to find your item select it and it will populate at the bottom of this form. To populate the previous form with the selected item simply hover over the item # and double click it. Close the search form.

The clock  button allows for changing the time entry.



The calendar  button allows for quick selection of a specific date via a calendar.



The calculator  button allows for quick simple calculations on the fly. It opens up your systems calculator.




Claims and Safety Implementation

It is understood that the Systems Administration Guide had been followed completely and that all other modules are working prior to the Claims and Safety installation.

As with all Fleet-Net[®] for Windows modules, the module must first be installed as directed in the System Administration Guide. Briefly, this includes (1) copying the data files, program files, server database, and the client master database, (2) running the configuration program, (3) copying the client master for individual use.

Claims & Safety

Claims and Safety		
1	Claims and Safety Report Form	?
2	Driving Award Form	?
3	Employee Form	?
4	Misc Reports	?
5	All Claims Report List	?
6	User Defined Data Entry	?
7	Delete Incident Reports By Range	?
8	Delete Agency/Insurance Claims	?
15	Setup Claims & Safety	?
16	Return To Previous Menu	?



Setup Claims & Safety

Upon completion of the Claims and Safety Implementation, Control Records and Miscellaneous Codes applicable to Claims and Safety must be set up.


Setup Claims & Safety		
1	Setup User Defined Fields	?
2	Setup User Defined Security	?
3	Setup Statistics Report Codes	?
4	Setup Control Record	?
5	Edit System Misc Codes	?
16	Return To Previous Menu	?



Control Record Setup

This feature is used to track the *Report Number* that will be automatically generated in the **Claims and Safety Report Form**.

Control Record Setup Form				
Record Type	Value	Maximum Value	Max Digits	Add Leading Zeros
ReportNo	3	99999999		<input checked="" type="checkbox"/>
				<input type="checkbox"/>



Field	Description
Record Type	This field is case sensitive and must be entered as ReportNo
Value	This is the last report number used. In the example above, the next report number that will be generated will be 6 . The report number size limit can be 12 characters either alpha or numeric
Maximum Value	Maximum number of reports.
Add Leading Zeros	Check if you want the system to add leading zeros to the report number. The field will hold 12 characters so in the example above, if <i>Add Leading Zeros</i> is checked the report number that would be assigned would be 00000004. For ease of sorting, Fleet-Net recommends that you add leading zeros.

Edit Miscellaneous Codes List

This is the main section for setting up CS codes that will be used throughout the CS application. **Type** defines each code that is utilized in the CS application. The FNW CS database comes with the different Types of miscellaneous codes needed for CS. Codes can be added by first selecting the Type and then completing the first blank line with the applicable data.

The PRINT button will print a listing of all Miscellaneous Codes. The report will display the **TYPE**, **CODE** and **VALUE**.

AccTypeCode: (User Defined) - Types of accidents


Modify / Add Misc List Codes

Module: CS

Type: AccTypeCode

Code	Value
CA	Collision Animal
CBK	Collision Bike
CBS	Collision Bus
CFD	Collision Fixed Object
CM	Collision Motorcycle
CP	Collision Pedestrian
CV	Collision Vehicle

Print



Attachments: (User Defined) - List of the types of attachments


Modify / Add Misc List Codes

Module: CS

Type: Attachments

Code	Value
Book	Book
Letter	Letter
Photo	Photo

Print



BusStop: (User Defined): List Bus Stops


Modify / Add Misc List Codes

Module: CS

Type: BusStop

Code	Value
1	1
10	120 E Clinton Ave
100	115 Pine Tree Ave
101	121 Mary Elizabeth St

Print




CityCode: (User Defined) - If the transit supports one or more cities each city should be entered here

Modify / Add Misc List Codes

Module: CS
 Type: CityCode

Code	Value
LV	Las Vegas

Print




Conditions: (User Defined) - List of the types of road and/or weather conditions at the time of the accident/incident (20)

Modify / Add Misc List Codes

Module: CS
 Type: Conditions

Code	Value
C	Clear
D	Daylight
F	Foggy
FL	Flood condition

Print




Direction: (User Defined) - List of the direction the bus was traveling at the time of the accident/incident

Modify / Add Misc List Codes

Module: CS
 Type: Direction

Code	Value
D	Deadhead
E	East
N	North
S	South
W	West

Print




LocationCode: (User Defined) - List of the location of the accident/incident. **This is not the street address but a general area**

Modify / Add Misc List Codes

Module: CS
 Type: LocationCode

Code	Value
DC	Downtown Center
GA	Garage
HI	Highway
OR	On the Road

Print



ReportType: (User Defined) - Classification of the accident/incident

Modify / Add Misc List Codes

Module: CS
Type: ReportType

Code	Value
A	Agency
M	Major
N	Non-Major

Print

ReserveType: (User Defined) - Code to indicate reserves set for this incident/accident

Modify / Add Misc List Codes

Module: CS
Type: ReserveType

Code	Value
BI	Bodily Injury
PD	Property Damage

Print

Route: (User Defined) - All Route numbers should be listed here

Modify / Add Misc List Codes

Module: CS
Type: Route

Code	Value
120	Fort Apache
121	Buffalo

Print

Run: (User Defined) - List of all Run Numbers.

Modify / Add Misc List Codes

Module: CS
Type: Run

Code	Value
1	1
2	2

Print

SvcMode: (User Defined) - Codes for the modes of service

Modify / Add Misc List Codes

Module: CS
 Type: SvcMode

Code	Value
DR	Demand Response
MB	Motor Bus
Ped	Pedestrian
TB	Trolley Bus

Print

UserDefinedFormName: (User Defined)

Modify / Add Misc List Codes

Module: CS
 Type: UserDefinedFormName

Code	Value
Collision	Collision
Misc	Misc
Moves	Moves
Veh2	Veh2

Print

VehicleNumber: (User Defined) - Vehicle number as defined in Fleet-Net's *Vehicle Maintenance Module*. If user is not using Vehicle Maintenance Module, vehicle numbers can be assigned as desired by user (up to 8 characters)

Modify / Add Misc List Codes

Module: CS
 Type: VehicleNumber

Code	Value
5005	FORD E350
5011	FORD E250
5014	FORD E250
5015	FORD E250

Print

VehType: (User Defined) - These codes are based on vehicle types as defined by the NTD

Modify / Add Misc List Codes


Module: CS
 Type: VehType

Code	Value
AB	Articulated buses
AD	Automobiles
BU	Buses
DB	Double-decker buses
HW	Highway
NR	Non-revenue

Print

Setup Report Statistic Codes

The Report Statistic Codes are used to identify statistical data for NTD (Nation Transit Database) reporting. The user may also add codes that are specific to the transit that are not necessarily reportable to NTD, but allow further defined categories for internal statistical analysis.

Setup Report Statistic Codes						
Code	Description:	Ntd	Safety	Security	User	
A200	Arrest other assaults	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A201	Arrest Vandalism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A203	Arrest Sex Offense	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A204	Arrest drug abuse violations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A205	Arrest DUI	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C100	Collision with other vehicles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Field Name	Description
Code	Used to identify the NTD and User-defined Accident codes identified by up to 6 alphanumeric characters
Description	Description of the statistic code
NTD	This check box identifies if this code is reportable to NTD. If checked it is reportable and will appear on reports used to submit to NTD
Safety	This check box identifies the code as a safety item in accordance with the guidelines outlined by NTD. If the code is not NTD reportable then this can be used for internal purposes
Security	This check box identifies the code as a security item in accordance with the guidelines outlined by NTD. If the code is not NTD reportable then this can be used for internal purposes
User	This check box identifies the code as a user specific code not reportable to NTD but used for internal tracking and recording of issues relevant to the localized transit jurisdiction

Claims & Safety Report Form

New Report

To generate a new report, click on **New Report and Yes**.

The screenshot shows the 'Claims & Safety Report Form' window. At the top left, there is a 'Report #' field with a dropdown menu and a small icon. In the center, a 'Microsoft Access' dialog box is open, asking 'Do you wish to add a new report?' with 'Yes' and 'No' buttons. On the right side, there is a vertical menu with buttons for 'New Report', 'Master', 'Passenger/Witness', 'Agency Claims', 'Insurance Claims', 'Attachments', 'Statistics', and 'Print'. A 'NET' logo is visible in the top right corner of the main window.

The following window will open with an automatically assigned *Report Number*.


The screenshot shows the 'Claims & Safety Report Form' window with the 'Report #' field populated with '000000000004'. The form is divided into several sections: 'Report General Information' (Loc Code, Reference #, Incident Date, Time, Day of Week, Date Closed, NTD Reportable, Accident/Incident), 'Vehicle Information' (Vehicle Number, Vehicle Type, Route, Run, Direction, Damage, Service Mode), 'Employee Information' (Emp #, Dept, Name, Preventable, Drug/Alcohol Test, Injured, Time On Duty Driving, Fatality), and 'Conditions/Location Information' (Location, City, State, Bus Stop, Stop Search, Conditions). At the bottom, there is a 'Comments' field and a 'Repair Cost' field showing '\$0.00'. The right-side menu is the same as in the previous screenshot, but the 'New Report' button is highlighted with a blue border.


Field Name	Description
Report #	Automatically generated
Loc. Code	Select from the drop down menu
Reference #	If importing from <i>FN Comet</i> the old report number is imported over for reference in the Reference # field. When new reports are entered this field is not used however, the user may decide to enter a reference designator of their choosing and use this field in that capacity
Incident Date	Enter the date of the incident (MM/DD/YYYY)
Day of Week	Automatically defaults to the actual day of the week of the incident based on incident date
Time	Enter the time of the incident/accident, HH:MM AM/PM
NTD Reportable	Check this box indicates if this is an NTD reportable accident/incident
Accident/Incident	Select A for Agency (for tracking by the transit only and not reporting to NTD), M for Major (as defined by NTD) or N for Non-Major (as defined by NTD)
Emp #	Select the Employee number from the drop down menu
Dept.	Automatically populated based on the employee selected
Name	Automatically populated based on the employee selected
Preventable	Check this box if the accident/incident was preventable
Drug/Alcohol Test	Check this box if the employee was or will be tested due to the accident/incident
Injured/Fatality	Check either of these boxes if applicable for the selected employee
Time on Duty Driving	If this is a driving accident/incident, enter the number of hours the employee had been on duty prior to the accident/incident
Vehicle Number	Select the vehicle involved in the accident/incident from the drop down menu, if applicable
Vehicle Type	Select the type of vehicle involved in the accident/incident from the drop down menu, if applicable
Route	Select the route from the drop down menu, if applicable
Run	Select the run from the drop down menu, if applicable
Direction	Select the direction that the bus was traveling from the drop down menu, if applicable
Damage	Select Yes or No from the drop down menu
Service Mode	Select the service mode from the drop down menu, if applicable
Location	Enter the location where the accident/incident occurred (general location i.e., corner of 1 st & 4 th Streets) (30 character max)
City/State	Select the City and State from the drop down menu where the accident/incident occurred
Conditions	Select the weather and/or road conditions at the time the accident/incident occurred, if applicable
Comments	Enter any comments applicable to this accident/incident

Passenger/Witness

To enter information regarding a passenger and/or witness to the accident/incident, click on *Passenger/Witness* button and the following form will open.

Claims & Safety Report Form

Report #: 



Passenger Witness Form

New Report

Master

Passenger/Witness

Agency Claims

Insurance Claims

Attachments

Statistics

Print

Field Name	Description
Name	Enter the name of the passenger and/or witness for the accident/incident
Address	Enter the address of the passenger and/or witness for the accident/incident
City State Zip	Enter the city, state and zip of the passenger and/or witness for the accident/incident
Phone	Enter the phone number of the passenger and/or witness for the accident/incident
Passenger/Witness	Select from the drop down list ' P ' if this person was a passenger or ' W ' if this person is a witness to the accident/incident witness
Injury/Fatality	Select ' I ' if this person was injured, ' F ' if this person was killed
2nd Phone	If there is a second contact number for the passenger and/or witness for the accident/incident, this field is available for that entry

Agency Claims

To enter information regarding a **claim against the agency** for this accident/incident, click on the *Agency Claims* button and the following form will open.

The screenshot shows the 'Claims & Safety Report Form' interface. At the top left, there is a 'Report #' dropdown menu with the value '3' and a small icon. Below this is an 'Agency Claim #' dropdown menu which is currently empty. On the right side of the form, there is a vertical menu with several buttons: 'New Report', 'Master', 'Passenger/Witness', 'Agency Claims' (which is highlighted with a blue border), 'Insurance Claims', 'Attachments', 'Statistics', and 'Print'. In the top right corner of the form area, there is a small icon labeled 'NET'.


Enter a user defined number in the **Agency Claim #** and press enter and the following prompt will appear:

This screenshot shows the same 'Claims & Safety Report Form' interface as above, but with the 'Agency Claim #' dropdown menu now containing the value '123'. A 'Microsoft Access' dialog box is overlaid on the form. The dialog box has a yellow title bar and contains a question mark icon followed by the text 'Is this a new Claim #?'. At the bottom of the dialog box, there are two buttons: 'Yes' and 'No'. The 'No' button is currently selected, indicated by a blue border around it.

Click on Yes to enter the data regarding the claim against the transit for this accident/incident.

Claims & Safety Report Form

Report #: 3



Agency Claim #: 123

Claimant <input type="text"/>	Attorney # <input type="text"/> <input checked="" type="checkbox"/>	Date Claim Opened <input type="text"/>	Date Claim Settled <input type="text"/>
Address <input type="text"/>		Settlement Amt <input type="text"/>	Total Paid: <input type="text" value="\$0.00"/>
City <input type="text"/>	State <input type="text"/> Zip <input type="text"/>	Suit <input type="checkbox"/>	Recurring <input type="checkbox"/>

Reserves Distribution	Check Distribution
Reserve Type	Check #
Reserve Amount	Amount
	Type
	Check Date
<input type="text"/> <input checked="" type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Field Name	Description
Claimant	Enter name of the claimant. The claimant is the person filing a claim against the transit agency
Address	Enter claimant's address
City, State Zip	Enter claimant's City, State and Zip
Attorney #	Select from the drop down list or use the green check box to enter a new Attorney # and Attorney Name
Date Claim Opened	Enter the date the claim was opened (MM/DD/YYYY)
Date Claim Settle	When the claim is settled, enter the date (MM/DD/YYYY) here
Settlement Amt	Enter settlement amount. Leave blank if it's undetermined at this time.
Total Paid	Tracks total amount paid out for selected claim, automatically calculates and updated when payment is added
Suit	Check if there is a lawsuit against the agency for this accident/incident
Recurring	A check in this box indicates this is a recurring claimant who has filed claims against the transit agency in the past
Reserves Distribution	
Reserve Type	Select the reserve type or use the green check box to enter a new reserve type for this accident/incident.
Reserve Amount	Enter the dollar amount for the applicable type of reserve
Check Distribution	Enter check #, dollar amount, type and date. This tracks all checks the transit agency paid to this claimant on this claim #. Note: Claims and Safety is a stand alone module as such, accounts payable does not report check information here.

Insurance Claims

To enter information regarding an insurance claim for this accident/incident, click on the *Insurance Claims* button and the following form will open.

The screenshot shows the 'Claims & Safety Report Form' interface. At the top left, there is a 'Report #' dropdown menu with the value '3' and a small icon. Below this is an 'Insurance Claim #' dropdown menu. On the right side, there is a vertical menu with several buttons: 'New Report', 'Master', 'Passenger/Witness', 'Agency Claims', 'Insurance Claims' (highlighted in blue), 'Attachments', 'Statistics', and 'Print'. In the top right corner, there is a logo with the text 'NET' and some graphical elements.

Enter a user defined number in the *Insurance Claim #* or enter the claim number assigned by the insurance company, if available. Press enter and the following prompt will appear:

This screenshot shows the same 'Claims & Safety Report Form' interface as above, but with the 'Insurance Claim #' dropdown menu now containing the value '12345'. A 'Microsoft Access' dialog box is overlaid in the center of the form. The dialog box has a yellow border and a question mark icon. The text inside the dialog box reads 'Is this a new Claim #?'. There are two buttons at the bottom of the dialog box: 'Yes' and 'No'.

Click on Yes to enter the data regarding the claim for this accident/incident. The following form will open:

Field Name	Description
Company Name	Enter the name of the insurance for this claim
Contact	Enter the name of the insurance company contact person for this claim
E-Mail	Enter the email address of the insurance company contact person for this claim. (Maximum number of characters for this field is 19)
Phone	Enter the phone number for the insurance contact person for this claim
Ext	Enter the extension for the insurance contact person for this claim
Fax	Enter the fax number for the insurance contact person for this claim
Police Report #	Enter the police report number for this accident/incident
Acc Type	Select the accident/incident type from drop down list 'BI' (bodily injury) or 'PD' (property damage)
Hit and Run	Check if this accident/incident was a hit and run
Vehicle Repair Cost	Enter the vehicle repair cost
Property Repair Cost	Enter the cost to repair property, other than vehicles
Expenses	This is a user defined dollar amount for any other expenses incurred as a result of this accident/incident
Reserves	This field will automatically populate based on entry in the <i>reserves Distribution</i> section
Losses	Enter actual losses incurred in the claim. Can be user defined as to how the Transit wants to track any losses attributed to the Accident/Incident. Define the losses in the Loss description field.

Field Name	Description
Recovery	Enter amounts recovered by the agency
Total Paid	This field is automatically calculated and updated when payments are added
Loss Description	Enter any additional information, as desired, pertinent to this claim
Reserves Distribution	Enter the dollar amount for the applicable type of reserve
Check Distribution	Enter check #, payment amount, type and date of any checks paid on this claim.

Attachments

To enter notes and/or attach documents for this accident/incident, click on the *Attachments* button and the following form will open:

Field	Description
Code	Select from the drop down list the code that best defines the document being attached. Note: CODES must be first defined in the Claims and Safety Miscellaneous Codes Form
Reference	Enter a user defined reference associated with this attachment record, if desired
Record Date	This field will automatically populate with current date and time
Hyperlink	A hyperlink is a link that allows you to jump to another location. The location can include another file on your hard disk or company's network (such as a Microsoft Word document or a Microsoft Excel) or out to the World Wide Web. Whenever this record is viewed this link will be available for linking to another location.
Comments	Enter any comments associated with this attachment
Attachment	Text or picture files can be copied in to this area

Statistics

To enter statistics for NTD reporting, click on the **Statistics** button and the following form will open:

Field Name	Description
Code	Select the code applicable to this accident/incident from the drop down menu
Description	The description will automatically populate based on the code selected
Count	List the number of people involved, including all offenders, witnesses, and victims.

Print


To print the accident/incident report, click on the *Print* button.

Accident/Incident Report												
FOR REPORT NUMBER 3												
Report #	3		Date	2/1/2018		Time	6:00 am		Incident			
Division	OR	Emp#	0100	Name	Larry Hook	Dept	DP	Drug/Alcohol Test	Yes	NTD Reportable	Yes	
Location	Flamingo RD			Route	120	Direction	North	Chargeable	Yes	Driver Injury	Yes	
City	Las Vegas		State	NV	Run	1	Damage	Y	Mode	MB	Veh Type	BU
Weather	Rain condition		Veh #:	5005		VIN #:	FORDE350		Closed:			
Bus Stop: 10												
Accident Description:												
INSURANCE CLAIMS												
Claim #	12345		Police Report #			Hit & Run	No	Insurance Contact	John			
Vehicle Repair Cost			Property Repair Cost			Contact Phone			Ext			
Expenses		Losses		Total Paid		\$0.00		Recovery				
Loss Description												
Insurance ReserveType ReserveAmt												
Bodily Injury												
AGENCY CLAIMS												
Claim #	123		Date Claim Opened			Date Settled			Recurring	No		
Claimant			Address			Settlement Amt			Attorney #			
Claim #	1234		Date Claim Opened	2/2/2018		Date Settled			Recurring	No		
Claimant John Smith			Address 1111 Flamingo Rd			Las Vegas			NV 89117		Suit No	
Check Date	Check#	Amount	Type	Settlement Amt		\$500,000.00		Attorney #		5555		
2/2/2018	1234	\$500,000.00	BI									
Agency ReserveType ReserveAmt												
Bodily Injury \$500,000.00												
Passengers and Witnesses												
Name: Bob Miller			Address: 123 abc lane									
Passenger/Witness: P		Injury/Fatality: I		City: Las Vegas			State: NV		Zip: 89117-			
Phone: (702) 123-4567			2nd Phone:									

Driving Award Form

To enter information regarding driving awards, click on **Driving Award Form** and the following form opens:

Driver Awards



Search Order: ▼

Select Employee: ▼

Emp #

Seniority Date	Last Chargeable	Last Awarded	Years Awarded	Dept
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>


Field Name	Description
Search Order	Select how you want to conduct the search for the employee: employee number, employee first/middle/last name or employee last/middle/first name
Select Employee	Select employee by the search chosen
Employee #	This field automatically populates based on the employee chosen
Employee Name	This field automatically populates based on the employee chosen
Seniority Date	Enter the seniority date for the selected employee (mm/dd/yyyy)
Last Chargeable	Enter the date for the last chargeable accident for the selected employee (mm/dd/yyyy)
Last Award	Enter the date that the last safety award was earned by the selected employee (mm/dd/yyyy)
Years Awarded	Enter number of years the award has been earned for the selected employee
Department	This field automatically populates based on the employee chosen


Miscellaneous Reports


To run reports, click on *Misc Reports* and the following form opens:


Report Selections




Incidents With Date Selection


Incidents By City


Incidents By Employee Number


Incidents By Route

Following are samples of the report results by each of the five options shown above:

Incidents with Date Selection

Incident Report

BETWEEN DATES

02/01/2018 AND 02/06/2018

Report #	3	Date	2/1/2018	Time	6:00 am	Incident	Agency Claims	Yes	Ins Claims	Yes	
Division	OR	Emp #	0100	Name	Larry Hook	Dept	DP	Drug/Alcohol Test	Yes	NTD Reportable	Yes
Location	Fleming RD			Route	120	Direction	North	Chargeable	Yes	Driver Injury	Yes
City	Las Vegas	State	NV	Run	1	Veh #	5005	Mode	MB	Veh Type	BU
Weather	Rain condition		AccDesc								
Bus Stop	10	Damage	Y								
TOTAL RECORDS				1							

Incidents by City

Incident Report

FOR CITIES LIKE Las Vegas

Report #	3	Date	2/1/2018	Time	6:00 am	Incident	Agency Claims	Yes	Ins Claims	Yes	
Division	OR	Emp #	0100	Name	Larry Hook	Dept	DP	Drug/Alcohol Test	Yes	NTD Reportable	Yes
Location	Flamingo RD		Route	120	Direction	North	Chargeable	Yes	Driver Injury	Yes	
City	Las Vegas	State	NV	Run	1	Veh #	5005	Mode	MB	Veh Type	BU
Weather	Rain condition		AccDesc								
Bus Stop	10	Damage	Y								

TOTAL RECORDS 1

Incidents by Employee Number

Incident Report

EMPLOYEE NUMBER = 0100

Report #	3	Date	2/1/2018	Time	6:00 am	Incident	Agency Claims	Yes	Ins Claims	Yes	
Division	OR	Emp #	0100	Name	Larry Hook	Dept	DP	Drug/Alcohol Test	Yes	NTD Reportable	Yes
Location	Flamingo RD		Route	120	Direction	North	Chargeable	Yes	Driver Injury	Yes	
City	Las Vegas	State	NV	Run	1	Veh #	5005	Mode	MB	Veh Type	BU
Weather	Rain condition		AccDesc								
Bus Stop	10	Damage	Y								

TOTAL RECORDS 1

Incidents by Route

Incident Report

ROUTE = 120

Report #	3	Date	2/1/2018	Time	6:00 am	Incident	Agency Claims	Yes	Ins Claims	Yes	
Division	OR	Emp #	0100	Name	Larry Hook	Dept	DP	Drug/Alcohol Test	Yes	NTD Reportable	Yes
Location	Flamingo RD		Route	120	Direction	North	Chargeable	Yes	Driver Injury	Yes	
City	Las Vegas	State	NV	Run	1	Veh #	5005	Mode	MB	Veh Type	BU
Weather	Rain condition		AccDesc								
Bus Stop	10	Damage	Y								

TOTAL RECORDS 1

All Claims Report List

To run a listing of all claims, click on **All Claims Report List** and the following report opens:

AGENCY AND INSURANCE CLAIMS		
REPORT NUMBER	INSURANCE CLAIM	AGENCY CLAIM
00000002	100	100
00000004	SB 0709	
00000022	SB 0718	
00000025	SB0713-TS	
00000036	SB0719 TS	
00000037	SB0717-TS	
00000038	SB0715-TS	
00000039	SB0712-TS	
00000045	SB0722-TS	
00000073	SB0801-TS	
00000117	SB0808-TS	
00000118	SB0809-TS	
00000145	SB0811-TS	
00000160	SB0814	
00000189	100	100
00000190	C100	A100
1	100	100

Delete Incident Reports by Range

To delete reports by date range or report number range, click on **Delete Incident Reports by Range**. The following form will open:

DELETE REPORTS

BY CLOSED DATE

From Date:

To Date:

BY REPORT NUMBER

From Report #:

To Report #:

PREVIEW SELECTIONS

PURGE

When you click Preview Selections, a list of records to delete will be shown in a report. If this list contains any records that you do not wish to be purged, then close the report and change your selection criteria. If you click the Fleet-Net ICON to close and not the Purge button, no records will be deleted.

Once you've entered the desired date range, using the report closed date, click on the **Preview Selections** button and the following report will display.

Records Selected for Delete				
<u>AccReportNum</u>	<u>EmpNum</u>	<u>EmpName</u>	<u>ReportClosed</u>	<u>AccDate</u>
000000000004	199	LuAnn Day	2/6/2018	1/1/2018

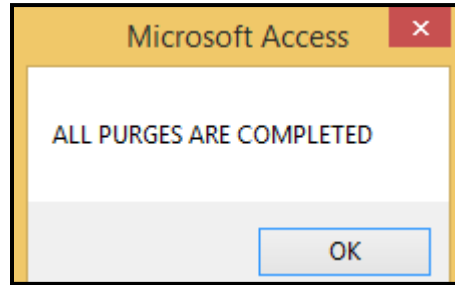
When you close the report after reviewing, both the **Preview Selections** and **Purge** buttons are now available. If you want to continue with the deletion of all items on the report, click on **Purge**. The following prompt will appear:

PURGE RECORDS

Are you sure you want to delete 1 Records?

Click **yes** to continue with the purge, **No** to stop the purge.

If **Yes** is selected, the following message appears:



Delete Agency/Insurance Claims

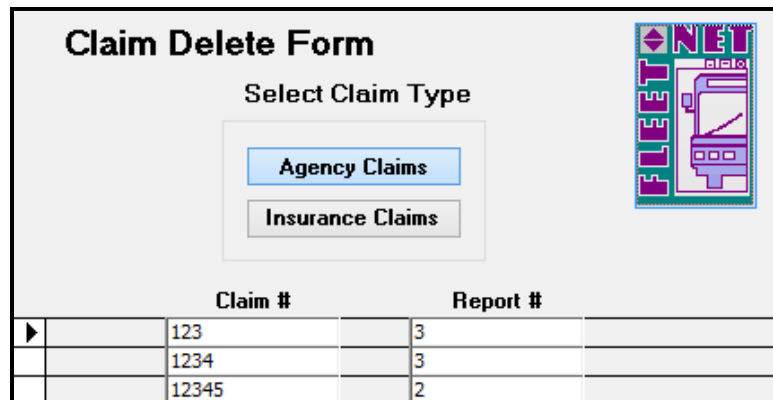
To delete Agency/Insurance claims, click on **Delete Agency/Insurance Claims**. The following form will open:



Select Claim Type:

Agency Claims - Select this button to display a list of agency claims available for deletion.

Insurance Claims - Select this button to display a list of insurance claims available for deletion.



Note: Claims are deleted one at a time. Any claim selected that has checks written against it will disable the delete option because claims with check information cannot be deleted.

To delete the claim, **right click** on the black arrow in the far right column. Select *Cut* from the menu. You will be prompted to verify the deletion. If you want to continue with the deletion, select *yes*, if you want to cancel the deletion, select *No*. If you select *yes*, you will receive a message confirming that the claim has been deleted, click on *OK*. If you select *No*, you will be returned to the claim selection screen.