REPORTING AND INVESTIGATING CLAIMS, PROPERTY DAMAGE AND MOTOR VEHICLE ACCIDENTS

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1. GENERAL

1.01 This Section is issued to describe the procedures to be followed by management in all departments in investigating, reporting and handling accidents involving:

(a) Claims against the Company

(b) Company claims against others

(c) Motor vehicle accidents

NOTE: Reporting injuries to employees shall be in accordance with the Bell System Safety Results Plan (E5860) and Section 010-100-900SW.

1.02 This section is reissued to incorporate the Claims organization in the standard reporting and investigating process. In addition, procedures for handling damage to Company property has been added.

1.03 It is the responsibility of a department to report accidents that occur in connection with their work as outlined in paragraph 1.01 to their local Claims office. A claims representative is available 24 hours a day. (Damage by employees to Company property is not to be reported to the Claims office.)

1.04 The Claims office is responsible for the investigation of the damage/accident, except in those cases where the department may be requested to assist or as directed in this practice.

NOTE: Any damage/accident involving a Company employee shall be investigated with respect to prescribed work procedures. The employee's immediate supervisor is responsible for this investigation.

1.05 Damage to Company property as a result of an act of God, should not be reported to the Claims office. However, if the amount of repair and replacement exceeds two million dollars, contact the Staff Manager-Insurance located in the GHQ Security Organization.

1.06 The Claims office investigates civil cases only. Criminal cases of damage should be referred to the Security office. Time and material involved in the repair should be documented by the in-charge supervisor for possible billing purposes.

NOTICE
Not for use or disclosure outside the
Bell System except under written agreement.

1.07 The Claims office is responsible for notifying and coordinating with the Legal department.

1.08 If our employees are contacted by insurance investigators or attorneys, such persons shall be referred to the Claims office for answers to their inquiries.

1.09 Inquiries from the public and the press shall be referred to the District Manager-Community Relations.

1.10 The Claims manager in charge of the investigation should furnish the District Manager-Community Relations with the information needed to answer such inquiries. If there is any doubt as to what information should be released, the Legal Department should be consulted.

2. RESPONSIBILITY/INVESTIGATION AT SCENE OF ACCIDENT (INCLUDING MOTOR VEHICLE)

2.01 If an employee is involved in an accident or is present when one occurs, he or she shall:

(a) Care for the injured.

(1) Render first aid.

(2) Obtain the nearest physician when there is serious injury and the injured party cannot give instructions regarding his or her care.

(3) Arrange for ambulance service if necessary.

(4) If ambulance service is not available, use judgement subject to physician's advice, in having an injured person moved to a location where further treatment can be administered.

(b) Notify his or her supervisor.

(c) Make no statements or comments to the other parties or the public as to who is responsible. If questioned by the police, the employee shall restrict his answers to the facts and make no admission of any law violations.

(d) Listen carefully to any statements made by the parties or eye witnesses as to how the accident occurred and who is to blame. Record such statements and get name/s if at all possible.

2.02 It is vitally important to begin the investigation <u>immediately</u>, before evidence is disturbed and witnesses have scattered. To this end, the supervisor receiving the report of an accident or claim <u>must notify the Claims office</u> before leaving for the accident scene.

2.03 The supervisor on arrival at the scene shall find out what action the employee has already taken and begin an immediate investigation. The supervisor should not make comments regarding liability.

2.04 A Claims investigator may or may not be dispatched to the accident location. The supervisor should not wait for the investigator, but rather, begin with the investigation immediately. If and when the investigator arrives, there should be a clear understanding of how the investigative duties are to be shared.

2.05 Photographs should be taken of damaged vehicles, both Company and non-company. They should include views from all angles to display the extent of damage.

2.06 The importance of obtaining the names and addresses of any witnesses present at the scene must be emphasized. Most persons do not want to become involved and will leave without volunteering their identity or what they saw, causing it to be impossible or very difficult to locate them at a later date. Be sure all witnesses making a written statement, or agreeing to a written statement, sign or initial the statement.

2.07 Some of the things that should be done in the basic investigation are:

(a) Obtain names, ages, addresses and written statements from all the participants including Company employees.

(b) Endeavor to find out whether there is any insurance coverage and if so, the company, the type and limits.

(c) Get all possible information on injuries to non-employees, including name of the treating physician (who should be interviewed if possible), hospital taken to, etc.

(d) Obtain names, addresses and written statements from all witnesses. In obtaining statements, the supervisor shall not admit any liability on the part of the Company, but should indicate his or her desire to be of help and do the right thing. Original witness statements written in longhand should be accompanied by a typed copy. Both are to be furnished to the Claims office.

(e) If there is a serious personal injury or major property damage, take or arrange for photographs that fully record the overall view as well as close ups of any possible related details. (If anyone else is taking photographs, find out his or her name, address, where he or she works.)

(f) Analyze the situation from all angles, then write up a description of the accident and what has been discovered in the investigation. State all the facts whether favorable or not.

2.08 When a Company vehicle is damaged, two written estimates for the cost of repairs should be obtained before having the vehicle repaired. If cars are operational, estimates are not required.

2.09 Both the pictures and the estimates should be forwarded to the Claims office as soon as possible.

2.10 FORM SW-6441, MOTOR VEHICLE ACCIDENT CHECK LIST (EXHIBIT 1) shall be carried in the glove compartment of all motor vehicles used on Company business. This form gives detailed instructions on what to do in case of a motor vehicle accident. It should be completed at the scene of the accident as quickly

as possible. Information recorded may be used later in preparing Form SW-6033, (Southwestern Bell's Revision of Form E10253), in accordance with the Bell System Safety Results Plan (BSSRP). The completed SW-6441 should be sent to the Claims office with the claim number recorded on the face sheet. (See Exhibit 1A for routing.)

2.11 FORM SW-6033 (EXHIBIT 2) CONFIDENTIAL REPORT OF MOTOR VEHICLE ACCIDENT shall be used to report all Company motor vehicle accidents. Form SW-6033 shall be prepared in accordance with the BSSRP (E5860) and forwarded to the State Safety Organization for computer input. The Claim number should be included in the "Description of the Accident," line 25. See flow chart - (Exhibit 1A) for routing.

2.12 Beginning with the investigation at the scene, and until an accident case is closed, it is the responsibility of the Claims office to maintain proper contact with any party or parties claiming injury or property damage, or with their representatives so as to expedite a reasonable settlement. The Claims office telephone number and claim number should be made available to the claimant in order to assure prompt handling of all inquiries.

NOTE: In cases where an employee of the Company has been injured, the employee's supervisor shall gather information necessary to complete the reports called for in the Bell System Safety Results Plan (E-5860) and Section 010-100-900SW.

NOTE: Claims office is responsible for notifying the Legal Department, as appropriate, and for obtaining releases.

3. INVESTIGATION OF ACCIDENTS NOT WITNESSED BY AN EMPLOYEE

3.01 Non-employee accidents involving the Company's property may occur and the injured person may be removed from the accident scene without the knowledge of any employee. When notice of such action is received, prompt action should be taken.

3.02 When the notice is oral: Complete the appropriate form for your records: SW-1309 (Exhibit 4) or SW-1316a (Exhibit 3). Make no commitments regarding liability and follow the procedures as outlined in Part 4 or Part 5 as appropriate.

3.03 When the notice is written: Complete the appropriate form (SW-1309 or SW-1316a) and follow procedures as outlined in Part 4 or Part 5 as practicable. The written notice, legal papers and letters from attorneys should be forwarded immediately to the Claims office.

4. CLAIMS AGAINST THE COMPANY

4.01 This practice does not cover service related claims, but instead claims as a result of property damage or bodily injury.

4.02 Procedures for handling claims against the company involving Company owned equipment are contained in paragraph 4.08.

4.03 The department causing the damage or being alleged to have caused the damage is responsible for inspecting the damage and meeting with the public. This will normally be the supervisor of the employee that caused or allegedly caused the damage. (Therefore, a report received in the Business Office should be referred as stated above and not directly to the Claims office.)

4.04 Damage that is "anticipated" in connection with construction activity should be handled and a settlement negotiated by the right of way agent or engineer. Damage that later occurs as a result of daily installation, repair/ maintenance of our facilities should be referred to the Claims office.

4.05 If there is disagreement regarding liability or if we are liable, the Claim office must be notified.

4.06 If the supervisor and the claimant agree upon a settlement of <u>less than $100</u>:

(a) The supervisor will complete Form SW-1316a (Exhibit 3), call the Claims Office and provide them with the information on Form SW-1316a. The Claims office will then assign a claim number which the supervisor should enter in the appropriate space on the SW-1316a.

(b) One copy of the SW-1316a is given to the claimant with instructions to call the Claims office direct if there are further questions. Calls may be collect when appropriate. It is important that the claimant refer to the claim number when calling.

(c) The Claims office will forward a check within 48 hours, for the agreed upon amount directly to the claimant. A release will be obtained by the Claims office.

(d) The supervisor will keep a copy of the SW-1316a for at least 90 days.

4.07 If the supervisor and the claimant <u>cannot agree</u> upon a settlement <u>or</u> if it is determined the settlement amount <u>will exceed $100</u>:

(a) The supervisor will call the Claims office and provide them with the information concerning the claim, including that documented on the SW-1316a. The claim number should be entered on the SW-1316a.

(b) The Claims office will then assume responsibility for settlement.

(c) The supervisor will inform the claimant that a claim investigator will contact him within 48 hours regarding the claim. One copy of the SW-1316a is left with the claimant with instructions provided in 4.06 (b).

4.08 The following paragraphs deal with the special problems presented in investigating claims involving <u>electrical shock</u>, <u>line noise</u> injuries and <u>fire damage</u> claims when allegedly caused by Company owned equipment.

4.09 Telephone plant is designed to protect the user from unusual or harmful voltage or current amplitudes. However, occasionally a telephone user complains of a painful shock, loud noise to the ear or damages to property. When such an injury or damage is reported, the supervisor shall immediately notify (by telephone) the Claims office. The department supervisor and Claims will immediately initiate a complete investigation. The general instructions that follow are given with the understanding that close coordination with the Claims investigator is required in each case.

4.10 Whenever an ear injury claim is reported, either electrical or acoustical, an immediate inspection of the plant involved shall be made. It is of first importance to establish the conditions of all the plant in the line circuit at the time of the alleged accident and whether such conditions depart in any respect from standard practice. If conditions were not standard, it is necessary to determine if the departure could have had a bearing upon the alleged accident. Almost every electrical shock injury results from the claimant's receiving a high current from some outside source which goes to ground through the telephone instrument. Consequently, in making an inspection of the premises, look for evidence of lightning and try to trace its path. Take or arrange for photographs, in color if possible. Photograph the phone installation and any evidence found of a lightning path.

4.11 Whenever fire or smoke damage is claimed to have been caused by a short of foreign current in telephone equipment, the same procedures should be followed to check out the line and equipment as are suggested for ear injury claims. The equipment allegedly causing the damage shall be preserved.

4.12 Inspection of the installation shall include the set, cord, protector, ground connection and all wiring. In making the inspection, remove the receiver caps, transmitter caps, ringer housings and connecting block covers. Look for burned wires and loose connections. Examine the receiver and transmitter caps for smudges, cracks and pitting. Check the receiver and transmitter units for smudges and physical damage. If the set is equipped with lights, make a thorough inspection of the associated telephone transformer and wiring. Check the cord to see if it is burned in any way. Carefully examine the protector blocks to see if they are smudged or pitted. Inspect the fuses, ascertain what type of pipe the ground is connected to and whether the connection is tight. Measure the resistance of the ground and note the distance between protector and ground clamp.

Make a diagram identifying and locating the Company's plant. Show how close house wiring, station set and cord come to any ground objects, such as pipes and radiators and to all electrical fixtures, wires, outlets, and appliances which were present at the time of the alleged accident. The type of flooring and rug under the set should be noted. Tests should be made to determine whether the line is in working order and the exposed metal parts of the instrument are insulated from the line.

4.13 If the alleged accident occurred while the claimant was talking on the telephone, check to see if the other person on the line experienced any trouble. If so, then an inspection shall be made and a diagram prepared for the second station involved. If either party to the conversation is a party line subscriber, check the records of all the parties on the line for trouble reports.

4.14 Inspection of the outside plant shall include drop wire, open wire, aerial cable, terminals and protectors back to the central office. Non-standard clearances between the telephone plant and the power line or other foreign circuits should be noted.

4.15 All the equipment in the central office involved shall be carefully inspected. This should include heat coils and protector blocks. The inspection in a central office shall also include line insulation and all other tests which are made in a complete inspection of a given line.

4.16 Any Company plant found to have been damaged or is not working, is to be removed and replaced. The removed plant should be tagged. The tag should be signed and dated by the person removing it. Also, remove and preserve the protector's carbon blocks because of the possibility of a subsequent high voltage surge. Be very careful in handling and storing the carbon blocks so as not to wipe off any smudge. Normally, the telephone set, damaged or not, should be removed and tagged. If customer resistance is encountered in removing the telephone set, the Claims investigator will consult with Legal for a final decision. The plant protectors and set removed should be stored in an absolutely safe place. It will be necessary to retain such items for various periods of time depending on the applicable Statute of Limitations. The concurrence of the Claims office must be obtained before disposal of equipment involved in an injury or damage claim.

4.17 The claimant, the other person on the line if claimant was talking, and any witnesses shall be interviewed and written statements obtained, if possible. Questions that should be answered:

(a) What was claimant doing just before the accident?

(b) Was claimant touching or near to any grounded object or electrical circuit when the accident occurred?

(c) Was claimant dialing, talking or answering? (If talking, who to and who placed the call?)

(d) How did the accident happen? Did the claimant drop the telephone?

(e) Had previous difficulties been experienced with the telephone?

(f) When was it last used before the trouble? When was it first used afterwards?

(g) What was the weather like? Any lightning or thunder?

(h) Did the electric lights or any electrical appliance go off at any time? Size and type of blown fuses?

(i) What were claimant's injuries?

(j) How does the claimant feel now?

(k) Any witnesses to the accident? If so, names and addresses.

(l) Has claimant been to a physician? If so, what is his or her name; what did he or she tell the claimant? What treatment prescribed? Obtain medical authorization.

(m) Who reported the accident to the Telephone Company?

4.18 Obtain a written statement from the Company employee who took the original trouble report. The statement should follow as nearly as possible the conversation that took place between the parties. Also obtain a statement from the maintenance center test desk showing the initial test results, the time of the test and all other pertinent information.

4.19 Obtain written statements from any Company employees who have worked on the installation immediately before or after the time of the alleged incident.

4.20 Find out if any testing or work was being done on the line in question at the time of the alleged incident, i.e., frame activity - cable repair, etc.

4.21 Make arrangements to preserve all pertinent Company records so they will not be destroyed pursuant to routine practices.

4.22 Obtain weather report for a 12 hour period before and a 12 hour period after the accident.

4.23 Check with power company as to any failure or work being done in the area at the time; or as to any significant non-standard clearances. Make a record of date and name of person contacted.

5. COMPANY CLAIMS AGAINST THE PUBLIC (EXCLUDING MOTOR VEHICLES)

5.01 This section covers procedures for handling claims that have resulted from damage to property/plant by either the public (known or unknown) or non-employee workmen.

5.02 If damage appears to be a result of malicious and/or criminal activity, refer to paragraph 1.06.

5.03 Procedures for reporting damage to station equipment that is over $100 are outlined in paragraphs 5.05 through 5.24. When the damage to station equipment is under $100, the procedures to follow are outlined in Section 6.

5.04 Generally, damage to our drops by residential customers is not to be reported to the Claims office, unless they are repeat offenders or have requested a locate and blatantly ignored the cable locate. Damage to drops by contractors should, however, be reported to the Claims office for handling.

A. Reporting Procedures:

5.05 Each department is responsible for reporting damage to our telephone property/plant facilities for which it has responsiblity.

5.06 Even if the responsible party can not be determined or the facts indicate a bill should not be issued, the damage must be reported to the Claims office.

5.07 The appropriate supervisor to report the damage to the Claims office will be the supervisor that is first on the scene and assesses the damage. This is usually the supervisor responsible for coordinating the repair and is referred to in this practice as the in-charge supervisor. If an Engineer is the first on the scene and/or to receive notification, he/she should notify the appropriate supervisor who will become the in-charge supervisor responsible for notifying the Claims office.

5.08 On damage cases involving either known bodily injury, damage to trunk, conduit, toll cable or an abnormal service report, the damage will be reported immediately to the Claims office.

5.09 When the damage does not fall into above paragraph 5.07, the report will be called to the Claims office no later than the end of the next business day.

5.10 The in-charge supervisor will obtain available information and facts at the scene surrounding the cause and the party responsible.

5.11 Form SW-1309 (Exhibit 4) will be completed by the Claims office in recording the report of damage from information provided by the field. For ease in reporting and gathering claims data, the reporting supervisor may elect to complete the SW-1309 or S-6218A.

5.12 All reports of damage received in the Claims office will be assigned a damage claim number. This damage claim number will be entered on time reports, as an ID number on contractor's bills and all other working papers associated with the damage. (See Exhibit 5.) In addition, the damage claim number will be used in future contact with the Claims office regarding the damage.

5.13 The in-charge supervisor will supply a case number (or telephone number) if applicable and advise if a routine or plant order is required.

5.14 The in-charge supervisor must also advise the other work groups of the damage and assign/obtain the case number, routine or plant order for charging of time and materials.

5.15 It is the responsibility of the Claims office to notify the Legal Department if serious injury or a death results.

B Reporting Time and Material

5.16 It is the responsibility of each supervisor involved in repair/replacement work to track the time and material associated with the damage. See Page 2 of the SW-1309 (Exhibit 4) for data to be tracked.

5.17 Total time and material, upon completion, will be called to the Claims office by the in-charge supervisor. When more than one work group is involved, each supervisor is responsible for calling the in-charge supervisor with total time and material for their work group. The in-charge supervisor will, in turn, call the Claims office. (On damage to station equipment, the in-charge supervisor must also supply the Claims office with the monetary amount of equipment and material required for repair/replacement.)

5.18 In some instances, the initial report of damage to the Claims office will also include time and material involved. In other cases, two calls to the Claims office will be necessary: one to report damage, another to report time and material.

5.19 It is the responsibility of the Engineer to track his/her hours involved and include them on the EWO along with the appropriate account code(s). The billing authority number will be the damage claim number received from the supervisor. (See Exhibit 6.)

5.20 Upon distribution of the EWO, one copy will be sent to the Claims office.

5.21 When contract work is required to complete the repair/replacement, the contractor's name, telephone number, account code and work to be done shall be called to the Claims office by the in-charge supervisor.

5.22 In addition to the case number, the supervisor must advise the contractor of a separate billing to be prepared and the claim number to be located on the billing in order to identify the repairs. The contractor must also be advised that billing for repair must be received no later than two days after the contractor has completed the repair work.

5.23 Upon receipt of the contractor's bill, a copy will be forwarded to the Claims office. (The responsibility for payment of bills still lies with the appropriate department.) A copy of the billing is required by Claims as supportive data to the public and possible future litigation.

5.24 When the repair/replacement will be delayed more than one month, actual time and material prior to the delay and an estimate of remaining time and material will be reported to the Claims office.

6. MALICIOUS DAMAGE TO STATION EQUIPMENT UNDER $100

6.01 If damage exceeds $100, follow procedures outlined in Section 5 of this practice.

6.02 When an employee is dispatched on a customer report where there is substantial evidence of malicious damage to Telephone Company station equipment by the customer, the details of the case shall be reported by the employee to the Residence Repair Service Bureau or to the Business Installation and Repair Administration Center.

6.03 The Manager-Residence Repair or Manager-Business Repair will review the current customer report and all previous reports on that station. If there is substantial evidence to justify billing the customer for malicious damage, Form SW-9121, will be prepared. Form SW-9121 and instructions for preparation are shown on Exhibit 7.

6.04 Form SW-9121 shall be distributed as follows:

(a) Forward the original copy (white) to the local Residence Service Center or Business Service Center (RSC/BSC).

(b) Retain the second copy (blue) in the RSC/BSC for a file copy.

6.05 The RSC/BSC shall notify the I/M Supervisor of the action taken in regards to billing the customer for the malicious damage.

6.06 In all cases where Form SW-9121 has been prepared, a notation shall be entered on the LMOS line record.

6.07 A copy of the customer record shall be attached to the file copy of Form SW-9121.

6.08 Form SW-9121 must be retained for a period of three years.

6.09 If the abuse of Telephone Company equipment continues, consideration should be given to recommending suspension of service.

EXHIBIT 1A

FLOW CHART

REPORTS	DISTRIBUTION	TYPE OF ACCIDENTS			DUE
		COMPANY VEHICLE	NON-EMPLOYEE INJURY	NON-EMPLOYEE PROPERTY DAMAGE (OVER $100)	
SW-6441	CLAIMS DEPARTMENT	ORIGINAL			5TH DAY FOLLOWING ACCIDENT
CONFIDENTIAL MOTOR VEHICLE ACCIDENT REPORT FORM SW-6033 (SEE NOTE 1)	DISTRICT OR 2ND LEVEL CLAIMS DEPARTMENT DIVISION LEVEL SUPERVISOR SECTION HEAD STATE SAFETY ORGANIZATION	ORIGINATES HERE ORIGINAL 1 COPY 1 COPY 1 COPY			3RD DAY FOLLOWING ACCIDENT 2ND DAY FOLLOWING ACCIDENT 3RD DAY FOLLOWING ACCIDENT 5TH DAY FOLLOWING ACCIDENT
STATEMENTS OF EMPLOYEES, WITNESSES, INV. REPORT, PHOTOGRAPHS, SKETCHES, ETC.	DISTRICT OR 2ND LEVEL CLAIMS DEPARTMENT DIVISION LEVEL SUPERVISOR SECTION HEAD	ORIGINATES HERE ORIGINAL 1 COPY 1 COPY	ORIGINATES HERE ORIGINAL 1 COPY 1 COPY	ORIGINATES HERE ORIGINAL 1 COPY 1 COPY	WHEN OBTAINED WHEN OBTAINED WHEN OBTAINED

EXHIBIT 1

FORM SW 6441

010-100-901 SW

Form SW 6441
Rev. 4/82

MOTOR VEHICLE ACCIDENT CHECK LIST

SOUTHWESTERN BELL TELEPHONE
COMPANY

(CONFIDENTIAL DATA PREPARED IN ANTICIPATION OF LITIGATION FOR LEGAL DEPARTMENT)

Official File Copy, unless reproduced

Retain 6 years until _____

Cover

1.

INSTRUCTIONS

1. Stop immediately! Offer assistance. Give first aid to the injured.
2. Call ambulance or physician for serious injuries.
3. Make no admissions. Don't take any blame for the accident.
4. Be courteous. Do not argue.
5. Telephone your supervisor or if another employee is with you, ask him to do it.
6. Call police to investigate, stick to the facts and don't agree you were guilty of any law violation.
7. Do not move vehicle unless necessary.
8. If you feel all right, fill out this check list and give it to your supervisor as soon as he reaches the scene.
9. It is most important for you to immediately get the names of any witnesses, as many people do not want to get involved and will leave the scene without leaving their names.

DATE OF ACCIDENT _____

LOCATION _____

CITY _____

COMPANY DRIVER _____

OTHER DRIVER _____

Page 1

EXHIBIT 1
(Con't)
FORM SW 6441

2.

WITNESSES AT SCENE

It is very important to get the names of everybody who saw the accident.

Name _____ Age _____
Address _____ Tel. _____
Location at scene _____
Remarks _____

Name _____ Age _____
Address _____ Tel. _____
Location at scene _____
Remarks _____

Name _____ Age _____
Address _____ Tel. _____
Location at scene _____
Remarks _____

1. GET NAMES OF WITNESSES

Page 2

3.

WITNESSES AT SCENE

It is very important to get the names of everybody who saw the accident.

Name _____ Age _____
Address _____ Tel. _____
Location at scene _____
Remarks _____

Name _____ Age _____
Address _____ Tel. _____
Location at scene _____
Remarks _____

Name _____ Age _____
Address _____ Tel. _____
Location at scene _____
Remarks _____

1. GET NAMES OF WITNESSES

Page 3

4.

OTHER VEHICLE (NO. 2)

Walk up to the other driver and tell him you need some information for your report to the Company. He will give it to you.

DRIVER _____ Age _____

Sex _____

Address _____ Tel. _____

Driver's License No. _____ Exp. Date _____

Occupation _____ Employer _____

Owner _____

Address _____ TELE-NUMBER _____

Insurance Co. _____

Coverage and Limits _____

Destination and Purpose _____

Approx. Speed _____

Statements _____

Seat belts installed _____ Being worn _____

Injuries _____

Taken to _____ By _____

Physician _____

VEHICLE Make _____ Model & Year _____ Body Type _____

Vehicle License No. _____ Year _____ State _____

Describe Vehicle Damage _____

Estimated Cost of Repair $ _____

Mechanical defects noted _____

2. GET NAME AND LICENSE NUMBER

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5.

PASSENGERS

Talk to each passenger in the other vehicle. Get this information and ask them what they saw.

Vehicle No. _____ :

Name _____ Age _____

Address _____ Tel. _____

Seat belts installed _____ Being worn _____

Remarks _____

Injuries _____

Taken to _____ By _____

Physician _____

Vehicle No. _____ :

Name _____ Age _____

Address _____ Tel. _____

Seat belts installed _____ Being worn _____

Remarks _____

Injuries _____

Taken to _____ By _____

Physician _____

3. GET NAMES OF PASSENGERS

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EXHIBIT 1
(Con't)

FORM SW 6441

EXHIBIT 1
(Con't)
FORM SW 6441

6.

PASSENGERS

Talk to each passenger in the other vehicle. Get this information and ask them what they saw.

Vehicle No. _____:

Name _____ Age _____

Address _____ Tel. _____

Seat belts installed _____ Being worn _____

Remarks _____

Injuries _____

Taken to _____ By _____

Physician _____

Vehicle No. _____ :

Name _____ Age _____

Address _____ Tel. _____

Seat belts installed _____ Being worn _____

Remarks _____

Injuries _____

Taken to _____ By _____

Physician _____

3. GET NAMES OF PASSENGERS

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7.

FACTS ABOUT THE ACCIDENT

LIGHT CONDITIONS: Daylight _____ Dusk _____ Dark _____

WEATHER CONDITIONS: Clear _____ Overcast _____ Fog _____
Rain _____ Ice _____ Snow _____

ROAD CONDITIONS: Dry ____ Wet ____ Slippery ____ Icy ____

TYPE OF ROAD SURFACE: _____

ANY ROAD DEFECTS: _____

YOUR ROAD WIDTH: _____ Feet NUMBER OF LANES _____
OTHER ROAD WIDTH: _____ Feet NUMBER OF LANES _____

TRAFFIC CONTROLS: _____

SIGNALS GIVEN: You _____ Other _____

You _____ Other _____

You _____ Other _____

IF INTERSECTION COLLISION, WHO ENTERED THE INTERSECTION FIRST?
You _____ Other _____

POINT OF IMPACT: _____
(Measure from definite point on curb line.)

POINT OF REST: You _____ Other _____

NUMBER OF FEET FROM POINT OF IMPACT BRAKES APPLIED BY
You _____ Other _____

SKID MARKS: You _____ Feet LF ___ RF ___ LR ___ RR ___
Other _____ Feet LF ___ RF ___ LR ___ RR ___

IF INTERSECTION COLLISION, HOW FAR FROM THE INTERSECTION DID YOU SEE OTHER VEHICLE? _____ Feet

4. CHECK THESE POINTS

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EXHIBIT 1
(Con't)

FORM SW 6441

8.

OBSTRUCTION TO VISION: You _____

Other _____

POLICE INVESTIGATION BY: _____

TICKETS: You _____ For _____

Other _____ For _____

REMARKS BY INVESTIGATING OFFICER: _____

NAME AND ADDRESS OF ANYONE TAKING PICTURES AT SCENE:

PROPERTY DAMAGE OTHER THAN VEHICLES: _____

OTHER COMPANY PERSONNEL AT SCENE: _____

YOUR VEHICLE (No. 1)

Your name: _____ Title _____

Driver's License No. _____ Age _____

Driver's License Exp. Date _____ Restrictions _____

Your Destination: _____ Reason _____

Place of Reporting: _____

Immediate Supervisor: _____

Co. Vehicle type _____ Make & Year _____

MV. No. _____ Approx. Speed _____

Describe Vehicle Damage: _____

Estimated Cost of Repair $ _____

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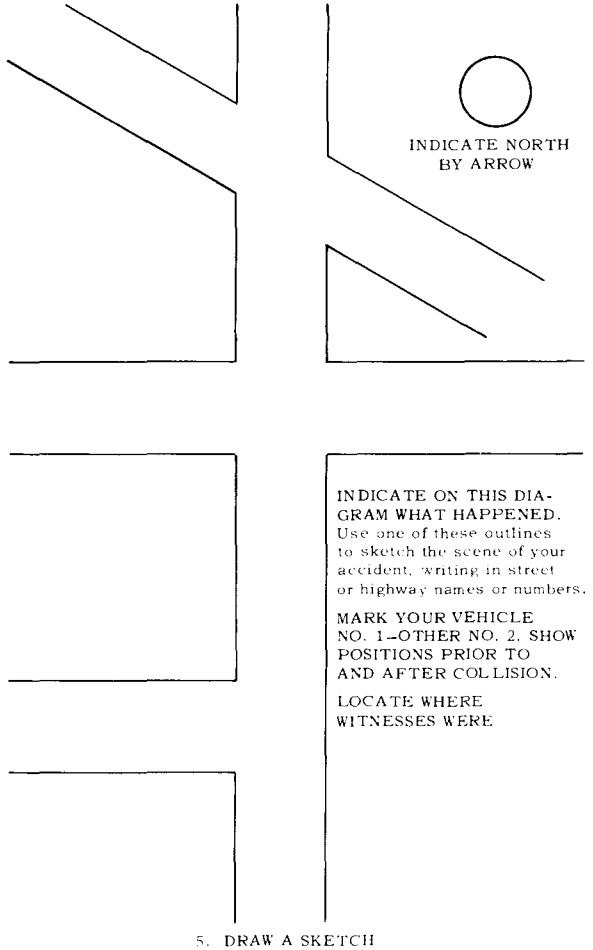
9.



INDICATE ON THIS DIAGRAM WHAT HAPPENED. Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

MARK YOUR VEHICLE NO. 1–OTHER NO. 2. SHOW POSITIONS PRIOR TO AND AFTER COLLISION.

LOCATE WHERE WITNESSES WERE

5. DRAW A SKETCH

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EXHIBIT 1
(Con't)
FORM SW 6441

DESCRIPTION OF ACCIDENT

You may want to do this when you get back to the office but do it as soon as you can before you forget the details.

Date: _____

Hour: _____

Street: _____

City: _____

DESCRIBE IN YOUR OWN WORDS HOW THE ACCIDENT HAPPENED. GIVE ALL THE FACTS, FAVORABLE AND UNFAVORABLE.

_____

6. DESCRIBE THE ACCIDENT

Page 10

DESCRIPTION CONTINUED

_____

Page 11

EXHIBIT 2

FORM SW-6033

Southwestern Bell

Retention period – see J. p. 47

CONFIDENTIAL REPORT OF MOTOR VEHICLE ACCIDENT
To: GENERAL ATTORNEY, LEGAL DEPARTMENT

SW-6033 (8-79)

Computer Input Items

A: 1 ACDR | 2 SEC | 3 CASE NUMBER | 4 OSHA ESTAB | 5 REPORT PER | 6 VEH TYPE | 7 VEH TRANS | 8 VEHICLE NUMBER

B: 9 DEPT | 10 E D C B A F UNIT CODE | 11 ACC CLASS | 12 COMPANY DRIVER'S NAME

C: 13 SEX | 14 EEO | 15 AGE | 16 NCS | 17 DRIV TRNG | 18 REF TRNG | 19 AAP CLASS | 20 JOB FUNCTION CODE | 21 SOCIAL SECURITY NUMBER

D: 22 ACCIDENT DATE | 23 DAY | 24 TIME | 25 LITE COND | 26 WEA COND | 27 TYPE SURF. | 28 ROAD COND | 29 LOC | 30 RST. DEV. | 31 EMP. INJ. | 32 NON-EMP INJ | 33 DAM-AGE | 34 PRIOR ACC | 35 DRIVING ANAL

E: 36 COLL TYPE | 37 DIR TRAV OTH VEH | 38 ACTION CO VEH | 39 ACTION OTH VEH | 40 IMPACT CO VEH | 41 IMPACT OTH VEH | 42 COSTS | 43 SPECIAL STUDIES

F: 44 ACCIDENT DESCRIPTION

PUT IN COMPUTER
BY
DATE

Accident Information Items

1. DEPARTMENT | TOWN/CITY | DISTRICT | DIVISION | STATE/AREA | OSHA ESTABLISHMENT
2. DATE | TIME | AM PM | LIGHT COND | WEATHER | TYPE SURFACE | ROAD COND | RESTRAINT DEVICES USED ☐ YES ☐ NO | NUMBER OF PRIOR ACC.
3. EXACT LOCATION OF ACCIDENT (INTERSECTION, DRIVEWAY, ADDRESS, ETC) | DRIVER ANALYIS | ACCIDENT CLASSIFICATION

COMPANY VEHICLE A	OTHER VEHICLE "B" (Use Add'l Forms If More Than One)
4. DRIVER'S NAME ☐ MALE ☐ FEMALE AGE	DRIVER'S NAME (FULL NAME) ☐ MALE ☐ FEMALE AGE
5. N.C.S. YRS. | DATE FORMAL TRNG. | DATE REFRESH. TRNG. | AAP	ADDRESS (STREET, NO., CITY, STATE)
6. JOB FUNCTION CODE | S.S. NUMBER | RESPONSIBILITY CODE	TELE # ( )
7. TITLE | EEO	OWNER'S NAME TELE # ( )
8. HOME ADDRESS (STREET, CITY)	OWNER'S ADDRESS (STREET, NO., CITY, STATE)
9. CO. DRIVER'S CERTIFICATE EXP. DATE | STATE DRIVER'S LICENSE NO. AND EXP. DATE	DRIVER'S LICENSE NO. AND STATE | EXPIRATION DATE
10. STATE DRIVER'S RESTRICTIONS | YEAR AND MAKE OF VEH.	YEAR AND MAKE OF VEHICLE
11. VEHICLE BODY TYPE | VEHICLE LICENSE NO. STATE, YR	VEHICLE BODY TYPE | VEHICLE LICENSE NO., STATE, YR
12. VEHICLE NO | TRANSMISSION ☐ AUTO ☐ MANUAL | APPROX. SPEED	NAME OF INSURANCE CO. | APPROX. SPEED
13. DAMAGE TO COMPANY MOTOR VEHICLE | EST. REPAIR COST	DAMAGE TO PUBLIC VEHICLE OR PROPERTY | EST. REPAIR COST
14. DRIVER INJURIES CLAIMED	DRIVER INJURIES CLAIMED
15. MEDICAL ASSISTANCE RENDERED WHERE AND BY WHOM?	MEDICAL ASSISTANCE RENDERED WHERE AND BY WHOM?
16. OTHERS CLAIMING INJURIES ☐ YES ☐ NO —SEE REVERSE SIDE	OTHERS CLAIMING INJURIES ☐ YES ☐ NO —SEE REVERSE SIDE
17. NAMES AND ADDRESSES OF UNINJURED PASSENGERS	NAMES AND ADDRESS OF UNINJURED PASSENGERS

Official File Copy, unless reproduced

EXHIBIT 2

(Con't)

SW-6033 (Page 2)

INJURIES CLAIMED OTHER THAN DRIVERS (Prepare Separate Form K15 For Each Employee Requiring Medical Aid.)

18. NAME _____ ☐ MALE ☐ FEMALE
PRINT FULL NAME

19. RESIDENCE _____
ADDRESS _____

20. NATURE AND EXTENT OF INJURIES CLAIMED _____

21. MEDICAL FAC. WHERE TAKEN _____

22. ☐ IN VEHICLE "A" (COMPANY) ☐ _____ AGE ☐ PEDESTRIAN
☐ IN VEHICLE "B" (OTHER) ☐ PASSENGER ☐ OTHER

18. NAME _____ ☐ MALE ☐ FEMALE
PRINT FULL NAME

19. RESIDENCE _____
ADDRESS _____

20. NATURE AND EXTENT OF INJURIES CLAIMED _____

21. MEDICAL FAC. WHERE TAKEN _____

22. ☐ IN VEHICLE "A" (COMPANY) ☐ _____ AGE ☐ PEDESTRIAN
☐ IN VEHICLE "B" (OTHER) ☐ PASSENGER ☐ OTHER

23. TRAFFIC VIOLATION CHARGES | AGAINST WHOM | INVESTIGATING OFFICER NAME, BADGE #, TOWN

24. WITNESSES: NAME | ADDRESS | TEL. NO

25. DESCRIPTION OF ACCIDENT: (Note: If Additional Space Is Required, Use An Attachment—Show: "See Attachment")

26. Sketch The Scene Of The Accident, Writing In Street Or Highway Names Or Numbers And Points Of Reference. Identify Vehicles "A" And "B". If Additional Space Is Required, Use An Attachment—Show: "See Attachment". INDICATE NORTH BY ARROW.

27. DRIVER SUPERVISOR'S NAME | TELEPHONE NUMBER

28. PERSONS FURNISHING INFORMATION | TELEPHONE NUMBER

29. PERSON PREPARING FORM

30. NOTED BY | TITLE | DATE | NOTED BY | TITLE | DATE

NOTED BY | TITLE | DATE | NOTED BY | TITLE | DATE

EXHIBIT 3

SW-1316 a

Southwestern Bell

CLAIM REPORT

SW-1316a
(5-81)

Customer Name _____ Address _____ Tel. No. _____

Your claim #_____has been referred to our Claim Office. If you have any questions,

please call_____

Date of Damage:_____

Description of Damage:_____

_____

_____

Claimant _____ Date _____

Supervisor _____ Title _____ Tel. No. _____ Date _____

Responsibility Code Originating _____ Loc. Code _____

Name of Technician _____ Acct. Code _____

EXHIBIT 4

SW-1309

Southwestern Bell

Form SW 1309 (5-81)

REPORT OF DAMAGE TO TELEPHONE PROPERTY

(CONFIDENTIAL DATA PREPARED IN ANTICIPATION OF LITIGATION FOR LEGAL DEPARTMENT)

CLAIM NO.: _____

CASE NO.: _____

DATE OF REPORT: _____

REPORT BY: _____ (Name)

ROUTINE ORDER: ☐ Yes

PLANT ORDER: ☐ Yes

(Plant Order Iss'd by Eng.: ☐ Yes)

_____ (Title) _____ (Address)

RESPONSIBILITY CODE |_|_|_|_|_|_|_|_|_| LOC CODE _____ TEL. NO. _____

TYPE OF PLANT DAMAGE: _____ (If Cable: ☐ Exchange ☐ Toll ☐ Trunk

☐ Aerial ☐ Buried ☐ Underground ☐ Other _____)

DESCRIPTION OF DAMAGE: _____

_____

DATE AND TIME OCCURRED: ____/____/____ _____ AM _____ PM

LOCATION: _____ (Address) _____ (Wire Center) _____ (City) _____ (County)

POLICE REPORT: ☐ Yes ☐ No ☐ Unknown CITATION ISSUED: ☐ Yes ☐ No

POLICE REPORT # _____ DEPT. RESPONDING _____

PERSON CAUSING DAMAGE: _____ (Name) _____ (Address) _____ (City) _____ (Tel No)

DID THIS PERSON ADMIT CAUSING DAMAGE: ☐ Yes ☐ No

EMPLOYER: _____ (Name) _____ (Address) _____ (Tel No)

IF EMPLOYER WAS SUBCONTRACTOR, NAME AND ADDRESS OF PRIMARY CONTRACTOR:

_____ (Name) _____ (Address) _____ (Tel No)

HOW HAPPENED: _____

_____

_____

EQUIPMENT USED: _____

IS BILLING RECOMMENDED?: ☐ Yes ☐ No, EXPLAIN _____

UTILITY CLAIM NUMBER _____

WAS REQUEST MADE TO LOCATE TEL PLANT? ☐ Yes, on _____ (Date), _____ (Time) ☐ No

WERE MARKERS IN ERROR? ☐ Yes ☐ No

DID EXCAVATION CONFLICT WITH REQUEST? ☐ Yes ☐ No

REMARKS: _____

DEPTH/HEIGHT OF PLANT AT DAMAGE (if applicable): _____

BODILY INJURY TO NON-EMPLOYEE: ☐ Yes ☐ No IF YES, IS INJURY SERIOUS OR RESULT IN DEATH? ☐ Yes ☐ No

WORK HAS BEEN COMPLETED? ☐ Yes ☐ No (IF NO, ESTIMATED DATE OF COMPLETION: ____/____/____)

MORE THAN ONE WORK GROUP INVOLVED? ☐ Yes ☐ No
IF YES, DISTRIBUTE CLAIM NO. AND WORK AUTHORITY NO.

OUTSIDE CONTRACTOR REQUIRED? ☐ Yes, See Pg. 3 ☐ No

WITNESSES? ☐ Yes, See Pg. 3 ☐ No

(1)

EXHIBIT 4 (Cont.)

FORM SW-1309 (Page 2)

Southwestern Bell

Form SW-1309
Page 2
(5-81)

REPAIR/REPLACEMENT WORK DONE:

Telco Labor	Date	Case, R.O., P.O. Tel. #	Emply. Name	Hours Reg.	Hours O.T.	Account
Cable Repair Tech.						
OSP Technician						
Cable Splicing Tech.						
Other						
Engineer (Entered by Claims)						

Major Material (Items reported on 6211)	Description	Quantity	Account
Pole	Height: Class:		
Pole Removed	Height:		
Down Guy			
Anchor			
Crossarm			
Terminal			
Load Coil			
Drop Wire			
Open Wire			
Cable	Code: Pair: Gauge:		
CableRestoralKit			
Encapsulant	Grams		
Conduit			
Closure			
Other			

Pole Stubbed Temporarily: ☐ Yes ☐ No

Report Taken By: _____ Claim Clerk Assigned To: _____ Claim Rep Date Time

CABLE LOCATION ASSIGNMENT

SER. NO.	DATE	TIME ASSIGN.	TIME OK

COMMITMENT DATE & TIME | FIELD CONTACT NAME & REF. TEL. NO.

NAME OF CONTR. OR CUST:

LOCATION OF JOB: | PLAT OR JOB NO.

TYPE OF PLT. INVOLVED:

NO. & SIZES OF CABLE:

ARRIVAL ON JOB SITE DATE & TIME | CONTACT ON JOB NAME & TITLE

ACTION TAKEN:	YES	NO	PLANT MARKED BY:	
CABLE LOCATED	☐	☐	STAKES	☐
EXCAV. IN CONFLICT WITH PLT.	☐	☐	PAINTING	☐
LOC. INFO. GIVEN TO CONTACT	☐	☐	WARNING SIGNS	☐
FOLLOW UP VISIT REQUIRED	☐	☐	EST. DURATION OF WORK ____ DAYS	

COMMENTS OF ABOVE

DSP DAMAGE REPORT (S-6218A) PREPARED YES ☐ NO ☐

ADDITIONAL CA. TRBL. OR REPAIR INFO. ENTER DAMAGE CLAIM NUMBER HERE ON EACH 6218 ASSOCIATED WITH DAMAGE CLAIM

CLAIM #105-1017-810

CRFM PLAN

CRFMP WORK CODE ____ ACCT. CODE ____

NO. OF TASKS COMP ____ ACT. HOURS ____

LOST TIME HOURS INCURRED:

DEPT.	HRS.	DEPT.	HRS.
ASSIGNMENT		MOTOR VEHICLE	
CONSTRUCTION		TOOLS, EQUIPMENT	
TEST DESK		CONTRACTOR	
CENTRAL OFFICE		OTHER	

EXPLANATION OF ABOVE

BAD PLANT CONDITION REPORT (SW6089) PREPARED YES ☐ NO ☐

EMPLOYEE NAME	NUMBER	CREW	JOB COMPLETE YES ☐ NO ☐

Southwestern Bell V26.013

PLAN DAILY WORK REPORT
Support Services Forces

CREW ____ NAME ____ PAGE ____ OF ____ DATE ____

DISTRIBUTED HOURS ____ MOTOR VEHICLE NO. ____

CORRECTING REPORT ONLY: PR# ____

EXTENDED LOAN ONLY LOC. CODE ____

FA FORM SW-6817B (REV. 1-80)

	JOB/RC-C/MOVIMS	FRC (ACCT)	UN MS	FUNC. CODE	EC	MEM IND.	BG GP	SX	TIME	LOC. CODE	CREW NO.
1			F								
2			F								
3			F								
4			F								
5			F								
6			F								
7	ENTER DAMAGE CLAIM NUMBER HERE ON EACH SW-6817 ASSOCIATED										
8	WITH THE DAMAGE CLAIM										
9											
10											

CREW RC-C ____

CLAIM #

EXCEP	HOURS/$	EXCEP	HOURS/$	EXCEP	HOURS/$	EXCEP	HOURS/$	EXCEP	HOURS/$
E	E	E	E	E	E	E	E	E	E

ACCTG. USE ONLY

LAB. GRP. ____

RC-O ____

CORRECT ____ APPROVED ____

TITLE ____ TITLE ____

EXHIBIT 6

Southwestern Bell
Joint Practice 46

☐ KEEP COST ORDER
☒ ROUTINE ORDER
AUTHORIZATION – NUMBER 61234

Division: Arkansas		District			Exchange Co., Area or Toll Reference: Hope	Loc. Code: E-3195
Associated Order and Number: DC#101-1015-810		Tax District(s): EB 107			RECOMMENDED	
Record Reference	AIR Print: Ae. 1-38	Work Units: P:	Sal	Other	Total	Title APPROVED — Date
Gross Additions	120	35	29	10	74	Title — Date
Cost of Removal	14	Facility Service Date	2-10-79			Proj. Eng., Eng. Proj. Supv., Proj. Arch., Arch. Proj. Supv. — Date
Gross Expenditure	134	Work Started				Engineering Supervisor — Date
Plant Retired	49	Work Completed				Area Arch. Eng. Oper. Mgr. — Date
Salvage		Completed By				Division Plant Manager — Date
Maintenance		Prepared	Yes No	Drafted By		Engineering Manager — Date
						Chief Engineer — Date

F.C.C. Authorization Required ☐ Yes* ☐ No

*"YES" Requires Keep Cost Order

Eng.Hours: Acct.Code:

Pole being re[illegible] Water Company, to clear[illegible]

EXHIBIT 7

Southwestern Bell

SW-9121
(Rev. 7-82)

J.P. 109
Retention Period-3 Years

REPORT OF MALICIOUS DAMAGE (UNDER $100) TO TELEPHONE COMPANY STATION EQUIPMENT

TEL. OR CKT. NO. _____ DATE _____

NAME OF CUSTOMER _____

ADDRESS OR LOCATION
OF DAMAGE _____

DESCRIPTION OF DAMAGE AND BILLING JUSTIFICATION

_____

_____

_____

_____

STATION EQUIPMENT REPLACED _____

_____

FORM SW-6311 REQUIRED YES ☐ NO ☐

I/M RECOMMENDATION

REPAIR HOURS _____ ACCOUNT CODE TO CREDIT _____

☐ BILL FOR MALICIOUS DAMAGE AMOUNT _____

☐ BILL EQUIVALENT SERVICE CONNECTION CHARGE

☐ SUSPEND SERVICE

APPROVED BY: _____
TITLE TEL. NO.

DATE _____

RSC/BSC USE

ACTION TAKEN

☐ MALICIOUS DAMAGE CHARGES AMOUNT _____

☐ EQUIVALENT SERVICE CONNECTION CHARGE AMOUNT _____

☐ NO BILLING (EXPLAIN BELOW)

_____

_____

APPROVED BY: _____
TITLE TEL. NO.

DATE _____

OFFICIAL FILE COPY, If red retention _____

EXHIBIT 7

(Con't)

SW-9121

PREPARATION OF FORM SW-9121

The Residence Repair Service Bureau/Business Installation and Repair Administration Center shall prepare two copies of Form SW-9121 as follows:

a) Telephone or Circuit No. - Enter the telephone or circuit number to be billed for damages.

b) Date - Enter the month, day and year of premises visit to repair damage.

c) Name of Customer - Enter the name of the customer who is to be billed for damages.

d) Location of Damage - Enter number, street and city where damage occurred.

e) Description of Damage and Justification for Billing - Enter descriptive information of damage and evidence to justify billing.
NOTE: Indicate if prior trouble with malicious damage.

f) Station Apparatus Replaced - Enter station equipment replaced.

NOTE: CUSTOMER MAY ONLY BE BILLED FOR EQUIPMENT AND MATERIAL REPLACED. NORMALLY MISCELLANEOUS STATION CONNECTION MATERIAL SHOULD NOT BE INCLUDED.

g) Form SW-6311 Required - Check yes or no.

I/M Recommendations

h) Repair Hours - Enter elapsed time from the time the exchange repair technician was dispatched to the time the trouble was cleared. Record in hours and tenths of hours. For example, one hour and thirty minutes would be recorded as 1.5 hours.

i) Account Code to Credit - Enter I/M account code used by exchange repair technician.

j) Bill for Malicious Damage - Check if repair hours and station equipment are required to correct damage. Enter material, labor and total cost. These figures are obtained from the District Manager-Design Services' office.

k) Bill Equivalent Service Completion Charge - Check if repair hours only are required to correct damage. Recommend actual billing if repair time is excessive.

l) Recommend Service Suspension - Check in cases where malicious damage has been excessive.

m) Approved By - The supervisor recommending billing for malicious damage shall place his signature, title and telephone number in spaces provided.

RSC/BSC Use

n) Residence Service Center/Business Service Center Use - This space is provided for the RSC/BSC Manager's use to indicate if billing is to be initiated or not.