



Chief Executive Office.

COUNTY OF LOS ANGELES RISK MANAGEMENT/PRIVACY

Hall of Records
320 West Temple Street, 7th Floor, Los Angeles, CA 90012
(213) 351-5346 riskmanagement.lacounty.gov contactrisk@ceo.lacounty.gov

CHIEF EXECUTIVE OFFICER
Fesia A. Davenport

ACTING BRANCH MANAGER
Destiny Castro

June 18, 2024

To: All Administrative Deputies

From: Destiny Castro
Acting Branch Manager

CLAIMS ADMINISTRATION AND LITIGATION MANAGEMENT SUPPORT SERVICES FOR AUTO LIABILITY AND GENERAL LIABILITY CLAIMS

Effective July 01, 2024, George Hills Company, Inc., (GHC) will be the new County of Los Angeles Third-Party Administrator offering claims administration and litigation management support services for Auto Liability and General Liability (ALGL) claims. Carl Warren and Company will continue as the standing Third-Party Administrator until June 30, 2024.

The following is GHC's contact information:

George Hills Company, Inc.
PO Box 278
Rancho Cordova, CA 95741
COLANewIncidentClaims@georgehills.com
(855) 442-2357

Attached you will find the following updated form and reports containing GHC's contact information:

- County of Los Angeles Evidence of Financial Responsibility Form
- County of Los Angeles Report of Vehicle Collision or Incident
- County of Los Angeles Non-Employee Injury/Property Damage Report



All Administrative Deputies
June 18, 2024
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Please update your department's records to ensure that effective July 1, 2024, GHC will be the new Third-Party Administrator for ALGL claims.

If you have any questions regarding this matter, please contact June Tai, Liability Claims and Recovery, at (213) 639-6368 or JTai@ceo.lacounty.gov.

DC:AR
OS:JT:sg

Attachments

c: All Departmental Human Resource Managers
All Risk Management Coordinators

COUNTY OF LOS ANGELES EVIDENCE OF FINANCIAL RESPONSIBILITY

This is to certify that the County of Los Angeles provides automobile liability protection which applies to the employee named below while driving in the course and scope of County of Los Angeles employment.



**In case of an accident, contact:
George Hills Company
County of Los Angeles
PO Box 278
Rancho Cordova, CA 95741
Phone: (855) 442-2357**

Employee Name:			
Employee Number:			
County Department and Section:			
California Driver's License No.:			
Automobile Make and Model:		Year:	

COUNTY OF LOS ANGELES REPORT OF VEHICLE COLLISION OR INCIDENT

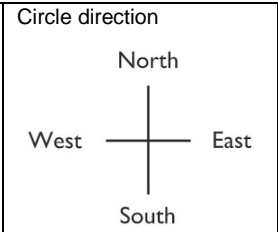
FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY TELEPHONE TO GEORGE HILLS COMPANY (855) 442-2357

Prepared for County Council in defense of the County, Special Districts, and Employees

VEHICLE DRIVEN BY EMPLOYEE (check one)			
Dept. Name: _____ DIV. or Facility: _____ SECTION: _____ File No.: _____	Dept. No.: _____	COUNTY VEHICLE <small>(Includes vehicle leased Or rented by CO.)</small> Equip. No.: _____ License No.: _____	EMPLOYEE'S VEHICLE Insurance Co.: _____ Policy No.: _____ Permittee: YES <input type="checkbox"/> NO <input type="checkbox"/>
POLICE REPORT <input type="checkbox"/> YES <input type="checkbox"/> NO		POLICE AGENCY REPORTING _____ STATION _____	CONTRACT CITIES SERVICES YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name of contract city _____
INCIDENT DATE _____ CITY _____ ON _____ AT _____ <small>(Street or Highway)</small>		HOUR _____ AM/PM _____ SPECIFIC LOCATION _____	
COUNTY DRIVER (1)	DRIVER NAME: _____ Job Title: _____ Driver's License No.: _____ Home Address: _____ Phone No.: _____ Work Location: _____ Phone No.: _____		
	VEHICLE Year: _____ Make: _____ Model or Type: _____ Lic. Plate No.: _____ Parts Damaged: _____		
	PASSENGER County Employee? Yes _____ No _____ Name: _____ Home Address: _____ Phone No.: _____		
OTHER DRIVER (2)	DRIVER NAME: _____ DRIVER'S LICENSE NO.: _____ STATE _____ INSURANCE CO.: _____ POLICY NO.: _____ EMPLOYER: _____ <small>(Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)</small>		
	VEHICLE _____ Veh. Lic. No. _____ <small>(Year) (Make) (Model or Type) (Year) (Number) (State)</small>		
	PARTS DAMAGED: _____ REGISTERED OWNER: _____ <small>(Name) (Address) (City, State, Zip Code) (Phone)</small>		
	PASSENGER Name: _____ Home Address: _____ Phone No.: _____		
OTHER DRIVER (3)	DRIVER NAME: _____ DRIVER'S LICENSE NO.: _____ STATE _____ INSURANCE CO.: _____ POLICY NO.: _____ EMPLOYER: _____ <small>(Name of Person, Company, or Organization) (Address) (City, State, Zip Code) (Phone)</small>		
	VEHICLE: _____ Veh. Lic. No. _____ <small>(Year) (Make) (Model or Type) (Year) (Number) (State)</small>		
	PARTS DAMAGED: _____ REGISTERED OWNER: _____ <small>(Name) (Address) (City, State, Zip Code) (Phone)</small>		
	PASSENGER Name: _____ Home Address: _____ Phone No.: _____		
INJURED WITNESSES	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME: _____ PHONE NO.: _____ NATURE OF INJURY: _____ ADDRESS: _____ TRANSPORTED TO: _____		
	Check One: <input type="checkbox"/> INJURED <input type="checkbox"/> WITNESS <input type="checkbox"/> WITNESS <input type="checkbox"/> FATALITY NAME: _____ PHONE NO.: _____ NATURE OF INJURY: _____ ADDRESS: _____ TRANSPORTED TO: _____		

INSTRUCTIONS

Complete form within 24 hours of vehicle collision and submit to your supervisor. If more space is needed to completely answer any category on this form, please attach additional sheets.



DRAW A DIAGRAM AND SHOW HOW COLLISION OCCURRED

SHOW your vehicle as #1. Show the other vehicles as #2 and #3, etc.
 SHOW the location and position of vehicle(s) at point of impact.
 SHOW the name of the street(s) and location of stop sign and signals.
 SHOW number of lanes and length of skid marks.

Number of photos attached:

Number of County vehicles involved:

EXPLAIN CLEARLY HOW COLLISION OCCURRED. ATTACH ADDITIONAL SHEETS IF NECESSARY. IF SHERIFF DEPARTMENT INVOLVED, STATE IF MDT RELATED.

LOCALITY		OPERATING AREA		MOVEMENT			TRAFFIC CONTROL			AMOUNT OF TRAFFIC	
Rural		No intersection			Vehicle 1	Vehicle 2		Vehicle 1	Vehicle 2	Light	
Residential		Nearing intersection		Straight Ahead			Non present			Medium	
Business		In intersection		Lane Change			Green Signal			Heavy-Flowing	
Freeway		Leaving intersection		Making Right Turn			Yellow Signal			Congested	
Open Field		Entering intersection		Making Left Turn			Red Signal			TERRAIN	
Private Road		Leaving Driveway		Standing			Flashing Signal			Level	
Other		Construction Zone		Parked			Stop Sign			Upgrade	
		Parking/Bus Lot		Backing			Warning Sign			Downgrade	
		Other		Moving Unattended			Construction Sign			Hill Crest	
							Other			Dip	

COLLISION DETAILS CONTINUE											
ROAD SURFACE		VISIBILITY		WEATHER		ROAD CONDITION		EVASION ACTION		SAFETY BELTS	
Concrete		Good		Clear		Dry		Locked Brakes		Installed, Not Worn	
Asphalt		Fair		Rain		Wet		Hard Brakes		Installed and Worn	
Oiled/Gravel		Poor		Fog		Muddy		Slowed Stopped		Not installed	
Unpaved		Very Poor		Dusty		Snowy		Steered Away		Vehicle Unoccupied	
Other		Other		Snow		Icy		Accelerated		Other	
				Other		Other		None			
								Other			
EMERGENCY RESPONSE (Applies to vehicle driven by employee)											
Did Emergency Response Arrive?	Yes		No		Were Emergency Lights and Siren Activated?	Yes		No			

SIGNATURES			
Employee Name:		Employee No.:	
Employee Signature:		Date:	
Supervisor Name:			
Supervisor Signature:		Date:	
Department Head or Authorized Representative			
Name:			
Signature:			
Date:			

DEPARTMENTAL PROCEDURE FOR DISTRIBUTION	
E-mail to: COLANewIncidentClaims@georgehills.com or	
Mail to : George Hills Company P.O. Box 278 Rancho Cordova, CA 95741	One Copy (only if County Vehicle was damaged) Internal Services Department 1100 North Eastern Avenue, Room 210 Los Angeles, CA 90063
(Not applicable for Road and Flood Control vehicles)	

**COUNTY OF LOS ANGELES
NON-EMPLOYEE INJURY/
PROPERTY DAMAGE REPORT**

Department:

Division/Facility:

Section:

Prepared for County Counsel in defense of the County, Special Districts and employees.

INSTRUCTIONS:

1. All incidents involving injury or property damage to non-employees, however minor, while on County property (owned or leased) must be reported by e-mail to George Hills Company.

New Incidents: COLANewIncidentClaims@georgehills.com

FATALITIES OR SERIOUS INJURIES MUST BE REPORTED IMMEDIATELY BY PHONE TO GEORGE HILLS COMPANY AT (855) 442-2357.

NON-EMPLOYEE INFORMATION:

1. Name _____
(Last Name) (First Name) (Middle Name)

2. Address _____

3. Age _____ 4. Sex Male Female

If minor, give name of parent or guardian _____

TIME AND PLACE:

5. Place of occurrence _____
(Name of County Facility, Street Number) (City or Town)

6. Location in building _____
(In detail: Bldg., Floor, Room No.)

7. Date of occurrence _____ Hour _____ AM/PM 8. Weather: _____ Clear _____ Rain

POLICE REPORT Yes No POLICE AGENCY REPORTING _____ STATION _____ DEPT. #: _____

DESCRIPTION OF INCIDENT:

9. What was non-employee doing?

10. What happened? (Describe fully, stating whether injured person fell, was struck, etc.) Give all factors contributing to injury or damage:
(If necessary, continue on separate sheet)

11. Condition of floor, sidewalk, steps or other physical property or equipment involved: _____

12. Was there any defect or foreign substance or object involved? If so, describe: _____

13. If slip and fall: Person's shoes _____ heels _____ caps _____
(Type) (Type) (Type)

NATURE OF INJURY AND PART OF BODY AFFECTED:

14. Be specific! State which part of body injured; whether right or left, etc. If exact nature of injury is undetermined, give opinion:

TREATMENT GIVEN:

15. Was treatment given to the injured person by County Personnel? _____ By whom? _____

Type of Treatment: _____

16. Was ambulance called? _____ Which company _____ By whom? _____

17. Taken to hospital? _____ Which? _____

STATEMENTS BY WITNESSES:

(Note: Attach additional pages if needed)

18. Statement of injured as to what happened: _____

19. Witness No. 1: Name: _____

(Last Name)

(First Name)

(Initial)

Address: _____ Telephone: _____

(Number)

(Street)

(City)

Statement: _____

20. Witness No. 2: Name: _____

(Last Name)

(First Name)

(Initial)

Address: _____ Telephone: _____

(Number)

(Street)

(City)

Statement: _____

Date Report Prepared: _____

Prepared by: _____ Phone: _____

(Print Name)

Dept. _____

(Title)

(Signature)