ACCIDENT REVIEW FORM

American Trucking Associations, Inc.

Safety Management Council

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Members of the American Trucking Associations and/or ATA Safety Management Council may request a review of the preventability of an accident in cases when the driver will not accept a company decision. No accident will be reviewed unless a preventability decision has been made by the company. Answer all questions legibly to the best of your knowledge. If a question does not apply, mark “NA”. To ensure objectivity, do not identify company or individuals involved except where requested immediately below. Attach a copy of the police report and/or witness statement, if available.

|  |  |  |  |
| --- | --- | --- | --- |
| CASE SUB-MITTED BY: |  |  |  |
|  | Safety Director | Company | Date |
|  |
|  |  |  |  |  |
|  | Street Address | City | State | Zip |
|  |  |  |
|  |  |  |
|  | Phone Number | E-mail |

**PREVENTABILITY**

 Pursuant to FMCSR 49 CFR 385.3 a “Preventable accident on the part of the motor carrier means an accident (1) that involved a commercial motor vehicle, and (2) that could have been averted but for an act, or failure to act, by the motor carrier or the driver.”

# V1 = Your Vehicle V2 = Other Vehicle

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Date of Accident: |  | Time: |  | AM/PM? |
| 2. Consequences  (Check ONLY the consequences of the greatest severity)  | [ ]  Fatality | [ ]  Injury | [ ]  Property Damage |
| 3. Prior Accident Review Steps: | [ ]  Company Determination | [ ]  Safety Committee | [ ]  Peer Review |
| 4. Place Accident Occurred (Nearest Town/City, State) |  |
| 5. Street or Highway (Route or Name) |  |
| 6. Location if Off Highway |  |
| 7. Type of District: | [ ]  Primarily Business | [ ]  Residential | [ ]  Rural | [ ]  Other: |  |

“X” ALL APPLICABLE SQUARES ON EACH SUBJECT

Revised 1/16

8. **Collision:**

 [ ]  Collision with moving Object 18. **Vehicle Defects**

[ ]  Collision with Stationary Object **V1 V2**

[ ]  Not Applicable  [ ]  [ ]  Defective Lights

 [ ]  [ ]  Defective Brakes

9. **Object Involved in Collision:**   [ ]  [ ]  Tire Failure

 [ ]  Commercial Truck [ ]  Bicyclist  [ ]  [ ]  Failure of Trailer Hitch

 [ ]  Automobile [ ]  Pedestrian  [ ]  [ ]  Power failure

 [ ]  Train [ ]  Animal  [ ]  [ ]  Accelerator Stuck

 [ ]  Bus [ ]  Not Applicable  [ ]  [ ]  Load Projecting

 [ ]  Motorcycle [ ]  Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ [ ]  [ ]  Other Defect (Specify)

 [ ]  [ ]  No Defect Known

10. **Non-Collision:**  Defect Findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Ran Off Road [ ]  Jackknife

 [ ]  Overturned [ ]  Other 19. **Driver’s Actions**

 **V1 V2**

11. **Weather Conditions:**  [ ]  [ ]  Slowing-Stopping
 [ ]  Clear [ ]  Rain [ ]  Other::\_\_\_\_\_\_\_\_\_ [ ]  [ ]  Stopped

 [ ]  Cloudy [ ]  Snow [ ]  [ ]  Parked

 [ ]  Fog [ ]  Sleet   [ ]  [ ]  Backing

  [ ]  [ ]  Making Right Turn

12**. Lighting:** [ ]  [ ]  Making Left Turn

 [ ]  Daylight [ ]  Dark - Street Lights [ ]  [ ]  Making U-Turn

 [ ]  Dawn [ ]  Dark - No Street Lights [ ]  [ ]  Proceeding Straight

 [ ]  Dusk [ ]  Headlights on Bright [ ]  [ ]  Merging

 [ ]  Dark [ ]  Headlights on Dim [ ]  [ ]  Entering Traffic from Roadside or Driveway

 [ ]  No Lights on [ ]  [ ]  Intersection

 [ ]  [ ]  Passing

13. **Visibility Obstruction:**  [ ]  [ ]  Changing Lanes

 [ ]  Trees/Foliage [ ]  Blinding Headlights [ ]  [ ]  Sideswipe - Opposite Direction

 [ ]  Sign Board [ ]  Blinding Sunlight [ ]  [ ]  Head-On - Crossed into Opposing Lane

 [ ]  Buildings [ ]  Interior Cab Obstruction [ ]  [ ]  Skidding

 [ ]  Hillcrest [ ]  Parked Vehicles [ ]  [ ]  Vehicle Out-Of-Control

 [ ]  Embankments [ ]  Not Obscured [ ]  [ ]  Roll-Away

 [ ]  [ ]  Controlled Railroad Crossing

14. **Road Type:** [ ]  [ ]  Uncontrolled Railroad Crossing

 [ ]  Portland Cement/Concrete [ ]  Dirt [ ]  [ ]  Other (Specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Asphalt Concrete [ ]  Brick \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Bitomonius [ ]  Steel Bridge Floor

 [ ]  Gravel [ ]  Wood Bridge Floor 20. **Posted Speed Limit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**MPH

15. **Road Conditions:** 21. **Estimate of Speed V1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ V2\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 [ ]  Dry [ ]  Ice in Places

 [ ]  Wet [ ]  Road under Construction 22. **How was speed determined?**

 [ ]  Muddy [ ]  Holes, Deep Ruts, Bumps **V1 V2**

 [ ]  Snowy [ ]  Loose Material on Surface [ ]  [ ]  Estimate

 [ ]  Snow Covered [ ]  Apparently Normal [ ]  [ ]  Skid Marks

 [ ]  Ice Covered [ ]  [ ]  Reconstruction

 [ ]  [ ]  On-Board Recorder

16. **Road Description:** [ ]  [ ]  Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 [ ]  Straight [ ]  Hill [ ]  One Way

 [ ]  Curve – R [ ]  Level [ ]  Two Way 23. **Weight (GVW) of V1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_lbs**

 [ ]  Curve – L [ ]  Intersection [ ]  Black Top [ ]  Cab Over [ ]  Conventional

[ ]  Upgrade [ ]  Divided Road[ ]  Paved

 [ ]  Downgrade 24. **Were brakes applied prior to collision?**

 Number of lanes? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ V1 - [ ]  Yes [ ]  No [ ]  Not Sure

Lanes Marked? [ ]  Yes [ ]  No V2 - [ ]  Yes [ ]  No [ ]  Not Sure

No Pass Zone Marked? [ ]  Yes [ ]  No

 **Length of Skid Mark:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

17. **Traffic Control:** [ ]  Police Officer [ ]  Yield 25. **In seconds, how long was it from the time you first observed the**

 [ ]  Stop Sign [ ]  School Bus Stop Sign **other vehicle or object to the moment of impact?**

 [ ]  Stop and Go Light [ ]  Railroad Crossing

 [ ]  Signal Lights [ ]  None \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Seconds

[ ]  Caution Light [ ]  Others:\_\_\_\_\_\_\_\_\_\_\_\_

.

**Accident Description (Briefly Describe What Happened)**

**Company’s Reason for Determining the Accident Preventable**

|  |
| --- |
|  |

## Driver- Please State Your Reasons Why You Could Not Prevent This Accident.

|  |
| --- |
|  |

Please complete an accurate diagram of the accident below.

