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:\_\_\_\_\_\_\_\_\_\_\_\_

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**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.

