



**TDC & SVDC Eligibility Request Form
National Truck Driving Championships Program
National Step Van Driving Championships Program**



Please fill out this form in order for committee members to rule on an eligibility case for the State and National Truck Driving Championships programs.

- **Case must be submitted by a company safety executive**
- **Must be accompanied by third party statements (i.e. police officers/unrelated witnesses/other drivers)**

FOR COMMITTEE USE ONLY					
Please review the enclosed accident data and return this ballot with your decision on eligibility of the driver for the state and national truck driving championships programs.					
Decision:	<input type="checkbox"/>	Eligible	<input type="checkbox"/>	Not Eligible	
Reasons*					
Date:		Signature:		Company:	
* Based on Appendix 1– Pages 131-135 NTDC Rulebook					

SUBMISSION
(Submission must be submitted by company representative, not driver)

Name/Title:		Email	
Company:		Phone	
Address:			
City:		State:	
		Zip:	

1.	Date of Accident:		Time		AM/PM
2.	Place Accident Occurred (Nearest Town or City, State:)				
3.	Street or Highway (Route or Name):				
4.	Location if Off Highway:				
5.	Driver's Name:				
6.	Company Name:				
7.	State in which driver is competing:				
8.	Type of District:	<input type="checkbox"/>	Primary Business	<input type="checkbox"/>	Residential
		<input type="checkbox"/>	Rural	<input type="checkbox"/>	Other:

Accident Description (Briefly Describe What Happened) V1=Your Vehicle V2=Other Vehicle

PLEASE COMPLETE OTHER SIDE

"X" ALL APPLICABLE SQUARES ON EACH SUBJECT

6. **Collision:** Not Applicable Collision with moving Object
 Collision with Stationary Object

7. **Object Involved in Collision:** Not Applicable Fixed Object
 Commercial Truck Pedestrian Bus
 Automobile Motorcycle Bicyclist
 Train Animal Other (Specify)

8. **Non-Collision:** Ran Off Road Jackknife
 Overtuned Other _____

9. **Weather Conditions:** Clear Cloudy Fog
 Rain Snow Sleet Other

10. **Lighting:** Daylight Dark Dusk
 Dawn Dark - No Street Lights
 Dark - Street Lights Headlights On Dim
 Headlights on Bright No Lights On

11. **Visibility Obstruction:** Not Obscured
 Trees/Foliage Buildings Embankments
 Sign Board Hillcrest Parked Vehicles
 Blinding Headlights Blinding Sunlight
 Interior Cab Obstruction

12. **Road Type:** Portland Cement/Concrete
 Asphalt Concrete Bituminous
 Brick Gravel
 Steel Bridge Floor Wood Bridge Floor Dirt

13. **Road Conditions:** Holes, Deep Ruts, Bumps
 Loose Material On Surface Dry Wet
 Muddy Snowy Snow Covered
 Ice in Places Ice Covered
 Road Under Construction Apparently Normal

14. **Road Description:** Straight Curve - R
 Curve - L Level Hill
 Upgrade Downgrade Paved
 Black Top One Way Two Way
 Divided Road Intersection
 Number of lanes?
 Lanes Marked? Yes No
 No Pass Zone Marked? Yes No

15. **Traffic Control:** Police Officer Railroad Crossing
 Stop Sign Stop and Go Light
 Signal Lights Caution Light
 School Bus Stop Sign Yield
 None Others

16. **Vehicle Defects**

V1	V2	
<input type="checkbox"/>	<input type="checkbox"/>	Defective Lights
<input type="checkbox"/>	<input type="checkbox"/>	Defective Brakes

- | | | |
|--------------------------|--------------------------|--------------------------|
| V1 | V2 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Tire Failure |
| <input type="checkbox"/> | <input type="checkbox"/> | Failure of Trailer Hitch |
| <input type="checkbox"/> | <input type="checkbox"/> | Power failure |
| <input type="checkbox"/> | <input type="checkbox"/> | Accelerator Stuck |
| <input type="checkbox"/> | <input type="checkbox"/> | Load Projecting |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Defect (Specify) |
| <input type="checkbox"/> | <input type="checkbox"/> | No Defect Known |
- Defect Findings: _____

17. **Driver's Actions**

- | | | |
|--------------------------|--------------------------|--|
| V1 | V2 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Slowing-Stopping |
| <input type="checkbox"/> | <input type="checkbox"/> | Stopped |
| <input type="checkbox"/> | <input type="checkbox"/> | Parked |
| <input type="checkbox"/> | <input type="checkbox"/> | Backing |
| <input type="checkbox"/> | <input type="checkbox"/> | Making Right Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | Making Left Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | Making U-Turn |
| <input type="checkbox"/> | <input type="checkbox"/> | Proceeding Straight |
| <input type="checkbox"/> | <input type="checkbox"/> | Merging |
| <input type="checkbox"/> | <input type="checkbox"/> | Entering Traffic from Roadside or Driveway |
| <input type="checkbox"/> | <input type="checkbox"/> | Intersection |
| <input type="checkbox"/> | <input type="checkbox"/> | Passing |
| <input type="checkbox"/> | <input type="checkbox"/> | Changing Lanes |
| <input type="checkbox"/> | <input type="checkbox"/> | Sideswipe - Opposite Direction |
| <input type="checkbox"/> | <input type="checkbox"/> | Head-On - Crossed into Opposing Lane |
| <input type="checkbox"/> | <input type="checkbox"/> | Skidding |
| <input type="checkbox"/> | <input type="checkbox"/> | Vehicle Out-Of-Control |
| <input type="checkbox"/> | <input type="checkbox"/> | Roll-Away |
| <input type="checkbox"/> | <input type="checkbox"/> | Controlled Railroad Crossing |
| <input type="checkbox"/> | <input type="checkbox"/> | Uncontrolled Railroad Crossing |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (Specify) _____ |

18. **Posted Speed Limit:** _____ MPH

19. **Estimate of Speed V1** _____ **V2** _____

20. **How was speed determined?**

- | | | |
|--------------------------|--------------------------|-----------------------|
| V1 | V2 | |
| <input type="checkbox"/> | <input type="checkbox"/> | Estimate |
| <input type="checkbox"/> | <input type="checkbox"/> | Skid Marks |
| <input type="checkbox"/> | <input type="checkbox"/> | Reconstruction |
| <input type="checkbox"/> | <input type="checkbox"/> | On-Board Recorder |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) _____ |

21. **Weight (GVW) of V1** _____ **lbs.**
 Cab Over Conventional

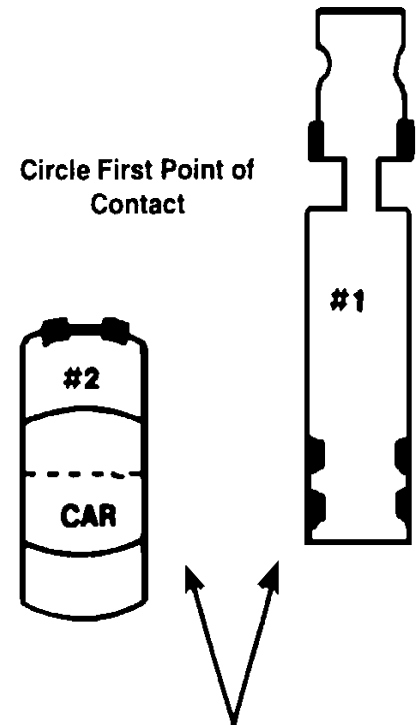
22. **Were brakes applied prior to collision?** **Length of Skid Mark**
 V1 - Yes No Not Sure
 V2 - Yes No Not Sure

23. **In seconds, how long was it from the time you first observed the other vehicle or object to the moment of impact?**

_____ Seconds.

Please complete an accurate diagram of the accident below.

ACCIDENT DIAGRAM — Please draw carefully



Circle First Point of Contact

Mark "Xs" showing damage area to vehicles. Circle first point of contact.

Draw complete diagram showing position of all involved vehicles at time of collision and final position, showing direction of travel, both before and after collision. Draw diagram with appropriate streets. Use the following symbols:



Your vehicle



Other vehicle



Street



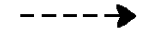
Skid marks

X Point of collision of vehicles

⊕ Witnesses at time of accident use letter "A-B-C" to identify



Indicates travel prior to collision



Indicates travel after collision

If necessary, please add additional pages for further explanation.

Please fax/email or mail completed forms to: ATA Safety Management Council, 950 N. Glebe Road, Suite 210, Arlington, VA 22203-4181 -- Fax: 703-838-1965 -- Tel: 703-838-1931 -- Email: JPierce@trucking.org