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 SUBMITTED BY:

<table>
<thead>
<tr>
<th>Safety Director</th>
<th>Company</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>E-mail</th>
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</thead>
<tbody>
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</table>

**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.”

<table>
<thead>
<tr>
<th>V1 = Your Vehicle</th>
<th>V2 = Other Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Date of Accident:</td>
<td>Time:</td>
</tr>
<tr>
<td>2. Consequences (Check ONLY the consequences of the greatest severity)</td>
<td>□ Fatality</td>
</tr>
<tr>
<td>3. Prior Accident Review Steps:</td>
<td>□ Company Determination</td>
</tr>
<tr>
<td>4. Place Accident Occurred (Nearest Town/City, State)</td>
<td></td>
</tr>
<tr>
<td>5. Street or Highway (Route or Name)</td>
<td></td>
</tr>
<tr>
<td>6. Location if Off Highway</td>
<td></td>
</tr>
<tr>
<td>7. Type of District:</td>
<td>□ Primarily Business</td>
</tr>
</tbody>
</table>
6. Collision:
   - Collision with moving Object
   - Collision with Stationary Object
   - Not Applicable

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

8. Non-Collision:
   - Ran Off Road
   - Overturned
   - Other

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

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

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

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

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

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

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

16. Vehicle Defects
    - V1
    - V2
    - Defective Lights
    - Defective Brakes
    - Tire Failure
    - Failure of Trailer Hitch
    - Power failure
    - Accelerator Stuck
    - Load Projecting
    - Other Defect (Specify)
    - No Defect Known
    - Defect Findings:

17. Driver’s Actions
    - V1
    - V2
    - Slowing-Stopping
    - Stopped
    - Parked
    - Backing
    - Making Right Turn
    - Making Left Turn
    - Making U-Turn
    - Proceeding Straight
    - Merging
    - Entering Traffic from Roadside or Driveway
    - Intersection
    - Passing
    - Changing Lanes
    - Sidewipe - Opposite Direction
    - Head-On - Crossed into Opposing Lane
    - Skidding
    - Vehicle Out-Of-Control
    - Roll-Away
    - Controlled Railroad Crossing
    - Uncontrolled Railroad Crossing
    - Other (Specify)

18. Posted Speed Limit: ___________ MPH

19. Estimate of Speed V1 ___________ V2 ___________

20. How was speed determined?
    - V1
    - V2
    - Estimate
    - Skid Marks
    - Reconstruction
    - On-Board Recorder
    - Other (specify): ___________

21. Weight (GVW) of V1: ___________ lbs
    - Cab Over
    - Conventional

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

23. In seconds, how long was it from the time you first observed the other vehicle or object to the moment of impact?
    ___________ Seconds
Driver- Please State Your Reasons Why You Could Not Prevent This Accident.
Please complete an accurate diagram of the accident below.

ACCIDENT DIAGRAM — Please draw carefully

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:

- V1
- V2
- Your vehicle
- Other vehicle
- Street
- Skid marks
- X Point of collision of vehicles
- Witness symbols
  - @ Witnesses at time of accident
  - Use letter "A-B-C" to identify
- Indicates travel prior to collision
- Indicates travel after collision

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