

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

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

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
- Jackknife
- 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
- Bitomoniun
- Gravel
- Dirt
- Brick
- Steel Bridge Floor
- Wood Bridge Floor

13. Road Conditions:

- Dry
- Wet
- Muddy
- Snowy
- Snow Covered
- Ice 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? Yes No
- No Pass Zone Marked? Yes No

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 | |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Defective Lights |
| <input type="checkbox"/> | <input type="checkbox"/> | Defective Brakes |
| <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?

- V1 - Yes No Not Sure
- V2 - 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

Accident Description (Briefly Describe What Happened)

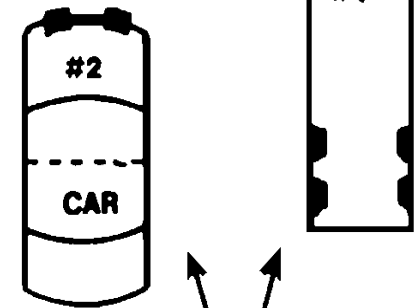
Company's Reason for Determining the Accident Preventable

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

Please complete an accurate diagram of the accident below.

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:

