



VEHICLE ACCIDENT REVIEW
(For reviewing all vehicle accidents; NOT for claim purposes)

TO BE COMPLETED BY DRIVER INVOLVED IN ACCIDENT

1. Name _____ 2. Date of Hire _____

3. Assigned Location _____ Date of last driver training _____

4. Date, Time, and Location of Accident _____

Seat Belts? [] Yes [] No

5. Description of Accident _____

6. What was the cause of the accident? _____

7. What could you have reasonably done to prevent this accident? (consider all aspects of Defensive Driving, i.e., Did you: make no errors yourself; make adequate allowance for conditions of road, weather and traffic and for errors of other drivers?)

8. What else could be done to prevent similar accidents in the future? (consider routing, scheduling, vehicle type, loading, improved lighting, better signs or any other factor not within your control)

Date _____

Signed _____



ACCIDENT REVIEW – BY DRIVER’S SUPERVISOR

I have reviewed this accident with the driver involved and have the following comments: _____

Date _____ Name _____ Position _____

REVIEW COMMITTEE DECISION

The committee has reviewed this accident in accordance with our vehicle Accident Control Program and has found that it should be judged:

- Preventable Non-Preventable

Consideration of the facts indicates the following action should be taken to prevent such accidents in the future: _____

Date _____ Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

- Driver notified in writing Driver Record Card note