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| --- | --- | --- | --- | --- | --- | --- | --- |
| **DRIVER:** |  | | | **VEHICLE #:** |  | **DATE OF ACCIDENT:** |  |
| **LOCATION OF ACCIDENT:** | | |  | | | **TIME OF ACCIDENT:** |  |
| **DESCRIPTION OF ACCIDENT: (What Happened?)** | | | | | | | |
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|  | | | | | | | |
| **SEAT BELT WORN?** | | **YES** | **NO** | | | | |
| **CAUSES OF ACCIDENT: (Why did it happen?)** | | | | | | | |
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| **RECOMMENATIONS FOR PREVENTION OF A RECURRENCE: (What should be done?)** | | | | | | | |
|  | | | | | | | |
| **FOLLOW UP: (What actions were taken? Where they effective?)** | | | | | | | |
|  | | | | | | | |
| INDICATE WITH DIAGRAM WHAT HAPPENED  SHOW POSITION OF VEHICLES  INDICATE DIRECTION (NORTH, SOUTH, EAST, WEST) WITH ARROWS | | **CLASSIFICATION OF ACCIDENT REVIEW**  Ф PREVENTABLE Ф NON-PREVENTABLE  **ACCIDENTS USUALLY PREVENTABLE**  Intersection Cut In or Out  Backing Pulled from Curb  Hit Other in Rear Hit Stationary Object  Skidded Hit Pedestrian  **ACCIDENTS USUALLY NON-PREVENTABLE**  Hit in Rear Hit When Properly Parked | | | | | |

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| *Investigating Supervisor Signature* |  | *Manager Signature* |

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|  |  |  |
| *Date* |  | *Date* |

| **Revision / Review History** | | | |
| --- | --- | --- | --- |
| **Revision** | **Date** | **Authorized By** | **Changes** |
| 1 | 9/22/2004 | Safety Director | Annual review |
| 2 | 10/27/2004 | Safety Director | Format Update |
| 2 | 1/3/2006 | Safety Director | Annual review |
| 3 | 6/26/2006 | Safety Director | Minor Update |
| 3 | 10/7/2011 | Safety Director | Annual review |
| 3 | 11/12/2013 | Safety Director | Annual review |
| 3 | 7/18/2016 | Safety Director | Annual review |
| 3 | 6/30/2017 | Safety Director | Annual review |
| 3 | 6/10/2019 | Safety Director | Annual review |
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