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| --- | --- | --- | --- | --- | --- |
| **DRIVER:** |  | **VEHICLE #:** |  | **DATE OF ACCIDENT:** |  |
| **LOCATION OF ACCIDENT:** |  | **TIME OF ACCIDENT:** |  |
| **DESCRIPTION OF ACCIDENT: (What Happened?)** |
|  |
|  |
|  |
| **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 HAPPENEDSHOW POSITION OF VEHICLESINDICATE DIRECTION (NORTH, SOUTH, EAST, WEST) WITH ARROWS | **CLASSIFICATION OF ACCIDENT REVIEW**Ф PREVENTABLE Ф NON-PREVENTABLE**ACCIDENTS USUALLY PREVENTABLE**Intersection Cut In or OutBacking Pulled from CurbHit Other in Rear Hit Stationary ObjectSkidded Hit Pedestrian**ACCIDENTS USUALLY NON-PREVENTABLE**Hit in Rear Hit When Properly Parked |

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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *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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