## Post-Accident Reportable Accident Form

	Type of accident involved					Test must be	
V 1					<u>Driver</u> s	performed Yes	
ii. Human fatality iii. Bodily injury with immediate medical treatment away from the scene.					) )	Yes	
					Yes		
					)	Yes No	
					Yes		
i. Disablin	ng damage to any	motor vehicle requiring to	chicle requiring tow away		)	Yes No	
				•			
Date of Accident:		Time of Accident:	Time of Accident:		☐ EDT ☐	CDT MDT	
					PDT		
					PST C	ST□ MST □	
Accident Reported to Company:		To Whom? Date and	To Whom? Date and Time				
ricciaciii ic	eported to dompany	To Whom: Bute and	u Time				
Location of Accident:		City	State		Highway/Road		
Current Location of Driver		a:	2	Highway/Road		II: 1 /D 1/D :11:	
		City	State			load/Building	
Driver Name:		CDL#:	CDL#:				
Driver Contact Information		Other	Other:				
Driver Cont		out.					
Driver Cont Phone:	tact illiorillation	other.					
Phone: Email:							
Phone: Email:  Fime is ( creen be rom the t Jrine colle or no colle riolation. I	Critical: DOT I performed. Alc ime of accident. ection for a drug ection. Warn drift you use a Ser	Regulations require that follohol testing should be perfocumentation must exist test must be performed were that use of controlled solvice Agent, list this as you	formed within 2 hours of st of efforts to complete the ithin 32 hours from the ti ubstance or alcohol prior	the accident a his requireme me of acciden to Post-accid	and no lat ent after tl et or docur	er than 8 hou ne first 2 hou nent the reaso	
Phone: Email:  Fime is ( creen be rom the t Jrine colle or no colle riolation. I	Critical: DOT I performed. Alconime of accident. ection for a drug ection. Warn driff you use a Sering Attempts	Regulations require that follohol testing should be perfocumentation must exist test must be performed were that use of controlled size Agent, list this as you	formed within 2 hours of st of efforts to complete the ithin 32 hours from the ti ubstance or alcohol prior	the accident a his requireme me of acciden to Post-accid	and no lat ent after tl et or docur	er than 8 hou ne first 2 hou nent the reaso	
Phone: Email:  Fime is ( creen be rom the t Jrine colle or no colle riolation. I	Critical: DOT I performed. Alc ime of accident. ection for a drug ection. Warn drift you use a Ser	Regulations require that follohol testing should be perfocumentation must exist test must be performed were that use of controlled solvice Agent, list this as you	formed within 2 hours of st of efforts to complete the ithin 32 hours from the ti ubstance or alcohol prior	the accident a his requireme me of acciden to Post-accid	and no lat ent after tl et or docur	er than 8 hou ne first 2 hou nent the reaso	
Phone: Email:  Fime is ( creen be rom the t Jrine colle or no colle riolation. I	Critical: DOT I performed. Alconime of accident. ection for a drug ection. Warn driff you use a Sering Attempts	Regulations require that follohol testing should be perfocumentation must exist test must be performed were that use of controlled size Agent, list this as you	formed within 2 hours of st of efforts to complete the ithin 32 hours from the ti ubstance or alcohol prior	the accident a his requireme me of acciden to Post-accid	and no lat ent after tl et or docur	er than 8 hou ne first 2 hou nent the reaso	
Phone: Email:  Fime is ( creen be rom the t Jrine colle or no colle riolation. I Schedul	Critical: DOT I performed. Alcome of accident. ection for a drug ection. Warn driff you use a Sering Attempts  Time:	Regulations require that follohol testing should be perf Documentation must exist test must be performed were that use of controlled source Agent, list this as you Comments:	formed within 2 hours of st of efforts to complete the ithin 32 hours from the ti ubstance or alcohol prior	the accident a his requireme me of acciden to Post-accid	and no lat ent after tl et or docur	er than 8 hou ne first 2 hou nent the reaso	
Phone: Email:  Fime is ( creen be rom the t Jrine colle or no colle riolation. I	Critical: DOT I performed. Alconime of accident. ection for a drug ection. Warn driff you use a Sering Attempts	Regulations require that follohol testing should be perfocumentation must exist test must be performed were that use of controlled size Agent, list this as you	formed within 2 hours of st of efforts to complete the ithin 32 hours from the ti ubstance or alcohol prior	the accident a his requireme me of acciden to Post-accid	and no lat ent after tl et or docur	er than 8 hou ne first 2 hou nent the reaso	
Phone: Email:  Fime is ( creen be rom the t Jrine colle or no colle riolation. I Schedul	Critical: DOT I performed. Alcome of accident. ection for a drug ection. Warn driff you use a Sering Attempts  Time:	Regulations require that follohol testing should be perf Documentation must exist test must be performed were that use of controlled source Agent, list this as you Comments:	formed within 2 hours of st of efforts to complete the ithin 32 hours from the ti ubstance or alcohol prior	the accident a his requireme me of acciden to Post-accid	and no lat ent after tl et or docur	er than 8 hou ne first 2 hou nent the reaso	

DER Signature:

DER Name:

Post-Accident Supervisor's Checklist
Remind all operators and other safety sensitive personnel of the requirement to immediately report involvement in <b>any</b> accident to the dispatcher or other designated authority.
Determine extent of injuries, specific location of accident, number of vehicles or persons involved, and law enforcement presence. Determine necessity of supervisor's presence at scene.
Determine status of driver and passengers, if any, drivability of vehicle and law enforcement's intention with respect to issuance of any violations.  Photograph accident scene, vehicles, weather conditions, and obtain driver, passenger, other involved driver(s), or witnesses' statements.
Determine if vehicle can safely be driven and carry passengers. If not, arrange for immediate dispatch of replacement vehicle.
✓ If accident resulted in a human fatality, arrange to transport driver to clinic for urine drug screen and breath alcohol test. If alcohol test is negative, driver may be returned to duty. Alt: Call for mobile/onsite drug/alcohol collection.  ✓ If our driver receives a moving violation as a result of the accident and anyone is injured to the extent that first aid must be administered away from the scene of the accident, arrange to transport driver to clinic for urine drug screen and breath alcohol test. If alcohol test is negative, driver may be returned to duty. Alt: Call for mobile/on-site drug/alcohol collection.  ✓ If our driver receives a moving violation as a result of the accident and any motor vehicle involved in the accident cannot be safely driven from the scene of the accident during daylight hours, arrange to transport driver to clinic for urine drug screen and breath alcohol test. If alcohol test is negative, driver may be returned to duty. Alt: Call for mobile/on-site drug/alcohol collection.
By Federal Regulation, any driver required to submit to testing following a "reportable accident" must appear for collections according to the following schedule.  Breath or Saliva Screening for Alcohol: Collection must be conducted within two-hours of the accident. If the collection cannot be completed within the two-hour time limit, we are required to continue attempts to collect the required sample for another six-hours.  Urine Drug Screening: Collection must be conducted no later than 32 hours