

TO BE COMPLETED BY DRIVER INVOLVED IN ACCIDENT

Name		Date of Hire	
Assigned location		Date of last driver training	
Date, time and location of accident			
Seat Belts?			
Description of accident			
What was the cause of the accident?			
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?)			
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.)			
Signed		Date	



VEHICLE ACCIDENT REVIEW

(For reviewing all vehicle accidents, NOT for claims purposes)

TO BE COMPLETED BY DRIVER'S SUPERVISOR

I have reviewed this accident with the driver involved and have the following comments:	
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Date		Name		Position	
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REVIEW COMMITTEE DECISION

The committee has reviewed the 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 noted.