SUPERVISOR'S VEHICULAR ACCIDENT REPORT

ACCIDENT DESCRIPTION

PLANT ______________________ DATE OF ACCIDENT _____________________ DATE OF REPORT ________________

NAME OF EMPLOYEE DRIVER _____________________________________ CLOCK NO. _____ SHIFT _____________

DESCRIPTION OF HOW COLLISION OCCURRED: __________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

____________________________________________________________________________________________________

MAKE DIAGRAM OF COLLISION IN SPACE BELOW:

INJECT POINTS OF COLLISION

SHOW YOUR VEH. AS 1

ARROW INDICATES DIRECTION OF TRAVEL

DIRECTION TO NORTH

DRIVER'S RECOMMENDATIONS TO PREVENT REOCCURRENCE:

____________________________________________________________________________________________________

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SUPERVISOR'S VEHICULAR ACCIDENT REPORT
ACCIDENT PROFILE

NAME OF EMPLOYEE DRIVER ______________________________________ DATE OF ACC. _______ SHIFT ________

POTENTIAL CAUSES

SAFETY MANAGEMENT
- NEED FOR MORE SAFETY CONTROL
- LACK OF SUPERVISION
- UNFAMILIAR WITH ROUTE TO BE TRAVELED

DRIVING TASK
- FOLLOWING TOO CLOSELY
- INATTENTION OR DROWSINESS
- MISJUDGING SPEED OR ONCOMING TRAFFIC
- MISJUDGING SPEED AND CLOSENESS OF VEHICLES

DRIVER QUALIFICATIONS
- AGGRESSIVE OR WRECKLESS ATTITUDE
- LACK OF SKILL
- HEALTH PROBLEMS
- PERSONAL PROBLEMS
- ALCOHOL PROBLEMS
- DRUG IMPAIRMENT
- ILLNESS OR FATIGUE
- ADVERSE EMOTIONAL STATE
- NOT FAMILIAR WITH PROPER SPEED CONTROL
- NOT FAMILIAR WITH PROPER GEAR RATIO

VEHICLE MAINTENANCE
- LACK OF PREVENTIVE MAINTENANCE
- INADEQUATE MAINTENANCE
- MECHANICAL DEFECT
- INADEQUATE INSPECTIONS
- FAILURE TO CHECK BRAKE ADJUSTMENT

CARGO/PASSENGERS
- CARGO NOT PROPERLY SECURED
- OVERLOADING VEHICLE
- FAILURE TO ENSURE CLEARANCE
- LIQUID/GAS CARGO LEAK

PRE-TRIP INSPECTION
- DRIVER UNINFORMED OF NATURE OF SEALED CARGO
- IMPROPER COUPLING
- PERMITTING PASSENGERS TO MOVE TO OR FROM SEAT WHILE UNDERWAY
- PERMITTING PASSENGERS TO TALK TO DRIVER WHILE UNDERWAY

RECOMMENDED ACTION TO PREVENT REOCCURRENCE

SUPERVISOR'S RECOMMENDATIONS: __________________________________________________________________________________________________ _____________

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ACCIDENT REVIEW BOARD RECOMMENDATIONS:

__________________________________________________________

__________________________________________________________

__________________________________________________________

SUPERVISOR’S VEHICULAR ACCIDENT REPORT

CONCLUSION

NAME OF EMPLOYEE DRIVER _____________________________________  DATE OF ACC. _______ SHIFT _________

AFTER REVIEWING THE CIRCUMSTANCES SURROUNDING THE ACCIDENT, IT IS DETERMINED THAT THE ACCIDENT BE CLASSIFIED AS:

z PREVENTABLE  z NON-PREVENTABLE  z UNABLE TO DETERMINE

EXPLANATION OF DECISION/CLASSIFICATION:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

IF DISCIPLINARY STEPS WERE TAKEN, DESCRIBE THESE:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

DESCRIBE FINAL STEPS RECOMMENDED:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

PLANT MANAGER’S RESPONSE TO RECOMMENDATIONS:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

DESCRIBE WHAT HAS BEEN DONE TO DATE:

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

SUPERVISOR SIGNATURE ________________________________  SAFETY COORDINATOR SIGNATURE ________________________________

PLANT MANAGER’S COMMENTS __________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

PLANT MANAGER’S SIGNATURE ________________________________  DATE _______________________

FOLLOW UP

COMMENTS: ________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

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