Accident Reporting
Company Procedures
REVENUE NECESSARY TO PAY FOR ACCIDENT LOSSES

This table shows the dollars of revenue required to pay for different amounts of costs for accidents.

It is necessary for a motor carrier to generate an additional $1,250,000 of revenue to pay the cost of a $25,000 accident, assuming an average profit of 2%. The amount of revenue required to pay for losses will vary with the profit margin (as shown in chart below).

<table>
<thead>
<tr>
<th>YEARLY ACCIDENT COSTS</th>
<th>VS. PROFIT MARGIN</th>
<th>1%</th>
<th>2%</th>
<th>3%</th>
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Accident costs consist of any or all of the following:

- Vehicle Damage
- Loss of Revenue
- Administrative Costs
- Police Reports
- Cargo Damage
- Possible Effects on Cost of Insurance
- Possible Effect on Cost of Workmen’s Compensation Insurance
- Towing
- Storage of Damaged Vehicle
- Damage to Customer Relationships
- Legal Fees
- Customer’s Loss of Revenue Directly Attributable to Accident
Accident reporting: FMCSA requirements
Part 390.15
fatality
injury
tow – away
Accident Register – keep for three year following a recordable accident.
<table>
<thead>
<tr>
<th>Index Number</th>
<th>Date</th>
<th>Location City/State</th>
<th>Driver Name</th>
<th>Number Injuries</th>
<th>Number Fatals</th>
<th>Vehicles Towed</th>
<th>HM Incident</th>
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NOTE: This form is provided as a suggested format for recording accidents. A motor carrier may use any register format for documenting recordable accidents, per Part 390.
<table>
<thead>
<tr>
<th>Date of Accident</th>
<th>City/Town State</th>
<th>Driver’s Name</th>
<th># of Injuries</th>
<th># of Fatalities</th>
<th>Vehicle Towed due to disabling damage</th>
<th>Driver Cited</th>
<th>HM Spilled</th>
<th>Drug test conducted</th>
<th>Alcohol test conducted</th>
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State Reporting requirements: obtain copies of State reports and review them for accuracy. Each State has different reporting criteria and methods for obtaining the reports.
Insurance carrier reporting requirements
Timely, AS SOON AS THEY HAPPEN!!!

Company adjusters or independent adjusters (who calls, who pays?)

Notify all involved, Liability carrier, physical damage carrier, cargo carrier, work comp carrier and General liability carrier, and in serious losses the excess or umbrella carrier.

Late reported claims are out of control claims.
Post Accident Drug and Alcohol Testing
DOT recordable accident
Any fatality alcohol done as soon as possible if not within 2 hours of accident document why and continue to try to obtain alcohol test after 8 hours cease trying to do alcohol test. Breath is the only accepted means for alcohol test. Urine sample for drug test must be done within 32 hours of accident.
Any other DOT recordable accident where the driver is cited as a result of the accident requires alcohol test and drug test.
Company policy may require drug and alcohol testing when DOT does not but the driver cannot be told that DOT requires it when it is not.
If the driver is injured in the accident testing may also be required under the various drug free workplace programs.
• Injury Reporting
  Required by OSHA / TOSHA
  First report of injury
  Posting of panel of physicians
  Drug free workplace post injury testing
  OSHA 300 log
  Timely reporting to insurance carrier
• Cargo Claims
  Timely Reporting
  Know your rights and obligations
  Know what you are transporting
  Have a security plan in place and constantly reinforce the plan to drivers, operations, sales and all areas of the company
Drivers—they are normally the first company representative on the scene of any loss.

Operations—the people who control the day to day operation and most likely will take the first report of loss.

Maintenance-assist in recovery and investigation from an equipment standpoint

Sales—the people who will interact with the customer

Company spokesperson to handle the media

President/CEO/Owner-writes the checks
“Those who do not understand history are destined to repeat it”.

Who ?

What ?

When ?

Where ?

Why ?

How ?

Loss Investigation
Report of Accident ************ Type of loss: Auto Liability ___ Physical Damage ___ Cargo ___

Date: ______________ Time: __________ Report taken by: ________________________________

Insured: __________________________________________ Reported by: ______________________

Date of Accident: ______________ Time of Accident: __________ Photos/Camera: ______________

Location of Accident: __________________________________________________________________

Circumstances of Accident: __________________________________________________________________

Police Department/Address: __________________ Phone #: __________________

Officer’s Name: __________________________ Badge #: __________ Report #: ________________

Citations ** Insured: __________________________ Claimant: ____________________________

INSURED’S INFO: Driver Name: __________________________ Passenger: Yes or No Under Disp: Yes or No

Tractor: Year _____ Make ______ Vin# ______________ Owner ____________________________

Trailer: Year _____ Make ______ Vin# ______________ Owner ____________________________

Damage: __________________________________________ Drivable Yes or No

Unit towed to: __________________________

Cargo: __________________________________________ Damaged: __________________________

Shipper Name/Address: __________________________

Consignee Name/Address: __________________________

CLAIMANT’S INFORMATION: Owners Name

Address: ____________________________________________________________________________ Phone #: __________________

Driver’s Name: __________________________ DL#: __________________

Vehicle/Property Description: __________________________

Claimant’s Insurance: __________________________ Policy #: __________________________

Damage: __________________________________________ Drivable Yes or No

Unit towed to: __________________________

Witness’s Name/Address __________________________________________ Phone # __________ Ins. Veh. __________ Other Veh. __________

Injured’s Name/Address __________________________________________ Phone # __________ Ins. Veh. __________ Other Veh. __________ Type of Injury __________
• Proper planning prevents poor performance. The only good claim is a settled claim.
  Gather facts and prepare each loss / claim as if where going to court (many do).
  Communicate with everyone involved.
  Don’t be “penny wise and pound foolish”
  Get the best help available.
Follow up Action

- Hold all parties accountable for their responsibilities.
- Determine preventablility
- Take appropriate disciplinary action
- Conduct remedial training when appropriate
- Communicate and enforce company policy and safety regulations
• Driver / employee qualification and hiring
• Background investigations
• Training, re-training and supervision
• Incentive programs
• Communication
COMPANY POLICY AND PROCEDURES

Use the five “P” formula: PROPER PLANNING PREVENTS POOR PERFORMANCE

You have to have a plan of action before a loss occurs if you are going to properly handle the situation.

The better prepared you and your employees are, the more chance you have to minimize costs and liabilities as a result of the loss.

Understand the reporting requirements legally (minimum requirements)
49 CFR 390.5 accident
  disabling damage
  fatality
49 CFR 390.15 accident investigations and accident register
State reporting requirements
49 CFR 171.15 Immediate notification of certain HM incidents
49 CFR 171.16 detailed Hazardous materials incident reports
49 CFR 382.303 Post accident controlled substance testing
  Post accident alcohol testing

EVERY COMPANY IS DIFFERENT BUT WHEN A LOSS OCCURS KEEPING IT UNDER CONTROL IS EVERYONE’S OBJECTIVE AND RESPONSIBILITY.

PLAN YOUR WORK AND WORK YOUR PLAN....Prepare yourself and all your company employees on how to handle emergencies relating to losses.

SET PRIORITIES AS FOLLOWS:

1. People are the first concern in any loss or emergency situation and that includes your employees and all others.
2. Property, your property, your customers property and both public and private property is your second concern.
3. Environmental damage and contamination is the third concern and really on the same level as property.
Train your personnel on how to take an accident / loss report.

If possible have one number reserved or dedicated to nothing but loss reporting.

Get basic information and remember your priorities.

Who do you call?
- Emergency agencies: police, fire department, rescue / ambulance
- Company personnel: Safety, Maintenance, Operations, Sales, Owner
- Insurance company: adjusters, claims department
- Employee’s family

What to do?
- Keep the driver calm and maintain contact with him/her.
- Remind the driver of procedures and ask questions to make certain that they are following instructions.
- Get emergency response personnel enroute to the scene as soon as possible.

Go to the Scene when possible or have other company personnel on scene
Upon arrival remember your priorities PEOPLE, PROPERTY, ENVIRONMENT
Identify yourself to emergency personnel and have your vehicle marked with company logo.
Make sure the scene is protected to prevent other accidents.
Talk to your driver/employee and get a statement while the facts are fresh.
Talk to witnesses and names, addresses, phone numbers and statements.
Take photos of scene and vehicles and preserve physical evidence.
Check the equipment and secure it and the cargo.
Determine what recovery methods to use and supervise the recovery.
Arrange for drug and alcohol testing if required.
Secure all company documents.
On all serious losses consider the use of accident reconstructionist and use of a professional photographer or video photographer.
   P.E.T. Plan, Equip, and Train
   If you are not going to do all three don’t do any of the above.

Develop a HM or Spill Response plan
Equip your employees with all the tools necessary to implement the plan
Train every employee in their responsibility in implementing the plan.

The plan must be constantly evaluated, updated and personnel trained and re-trained in HM response.

Insurance Carrier Requirements and Considerations

What is your insurance carriers involvement and role in handling losses?
What is your self insurance limit?
What notification does your insurance carrier require / desire?
What are their emergency response phone numbers who your contacts?
What services can they provide? (adjusters, cleanup contractors, etc.)
What is you role and their role in claims handling and litigation?
EMERGENCY RESPONSE
PROPER PLANNING PREVENTS POOR PERFORMANCE

1. Equipment & Preparedness
   A. Vehicle, Identified, Full of Fuel, Equipped
   B. Tools - Hand tools, Shovel (entrenching tools), Tape or Wheel
   C. Personal Protective Equipment (Sample Kit)
   D. Cameras - Polaroid, 35mm, Flash, Batteries, Film, Telephoto lens, video camera, pocket tape recorder/tapes/batteries.
   E. Spill Kit
   F. Emergency Signals
   G. Fire Extinguisher
   H. Flashlights/Batteries
   I. Clothes (Foul weather gear, shaving kit)
   J. Food/Water/Coffee
   K. Money
   L. Accident Report Kit
   M. Listing of all Emergency Phone Numbers, Including Company Personnel work and home phones.
   N. Adjusters books and clean up contact numbers.
   O. Clip Board, Pad, Pencils & Pens, Business Cards
   P. Accident Template
   Q. Cellular Phone, Pager

2. All Equipment Needs to be Maintained.
   A. In one Location
   B. Replenishes Every Time it is Used.
   C. Used only for Emergencies.

3. Preliminary Call Clip Board
   A. Preliminary Report Form
   B. Emergency Phone Number Listing
   C. Adjuster Book or Listing
   D. Within Reach or Person Receiving Call

Emergency Response

1. The key to dealing with any loss is control it is essential when dealing with accidents and hazardous materials incidents.

Use the P.E.T. Formula
   Plan - Before you have a loss
   Equip - Provide the People with the Tools to do the Job
   Train - What to do, and how to control the incident
ON THE SCENE CONDUCT

1. Obtain the Exact Location and Plan your Best Approach.
2. Identify your Vehicle and Yourself to Authorities in Charge at the Scene.
3. Obey all Instructions Given by Emergency Response Personnel.
4. Care for your Employees
   A. Injuries (or death) determine condition and report to company and next of kin.
   B. If they are at the scene isolate them from media and public as much as possible. Take statement; the sooner the more accurate.
5. Set Priority of What is to be Accomplished.
   A. Traffic Control
   B. Cargo Security and Recovery
   C. Vehicle Security and Recovery
   D. Control of any environmental contamination
6. Photograph Scene Recording Sequence, Direction, Location
7. Obtain Witness Information and Investigating Officer Information
8. Obtain all Available Information on Other Parties and Vehicles Involved if Possible and take Statement from them if possible.
9. Obtain all Available Information on Witnesses and Take Statement from them.
10. Diagram Scene - Use Reference Points
    A. Direction of Travel or Vehicles
    B. Type of Roadway
       1. Number of Lanes
       2. Width of Lanes and Shoulders
       3. Type of Pavement of Condition
       4. Highway Markings (Construction, Route Signs, Etc)
       5. Posted Speed Limits
    10. C. Skid Marks - Photograph
        A. Type - Skid, Scuff
        B. Length
        C. Direction
    D. Point or Points of Impact - Gouge Marks
    E. Final Resting Place of each Vehicle - Use Reference Points
    F. Record of Diagram
       1. Date of Accident and time of Accident
       2. Date of Diagram
       3. Location of Accident (include county and all information that will pinpoint scene)
11. Photograph Vehicles
    A. Photograph Vehicles at Scene if Possible
    B. Photograph from every Angle including Interior
    C. Photograph vehicle Tag and record VIN Numbers
    D. Photograph Company vehicles and cargo.
    E. Photograph all Incidents of Environmental Contamination
12. Compile and Write or Record Narrative of Accident Facts.
ON THE SCENE CONDUCT (continued)

13. Secure all Company Documents, but Provide information to Investigators.
   A. Permits
   B. Freight Bills
   C. Inspection Book
   D. Log Book

14. Respond to Media
   A. Reassure Public that Situation will be Controlled and Resolved.
   B. The Accident/Incident is under Investigation and Statements will be made when the Investigation is complete.
   C. Courteous but firm Professional Conduct
   D. Designate one Person to Response to Media (not the driver)

   A. Dates, Times of all Calls
   B. Persons Contacted
   C. Instructions Given
   D. Continue Documentation until incident is resolved
   E. Secure all Documentation and limit access to this documentation on a “Need to Know” basis, even company personnel. Remember this information is now evidence.
   F. Caution all involved about discussing or providing any information to anyone inside or outside company.

The more we understand what happened the better we will be able to prevent future occurrences.
Accident Photography Procedures

The cameras that are put in your accident packet are there to help you explain how an accident may have happened. These pictures will help you tell an accurate story of the circumstances leading up to an accident. The following are some guidelines of what you should and should not use your camera for:

- Take pictures of the roadway from all angles. Move back along the road so that you can see how you entered the collision area. Do the same from the other driver's perspective. Let the photos tell a story of how the accident happened.

- If anyone stops at the accident scene, take a picture of the license plate. With plate numbers we can track down witnesses to back up your side of the story.

- If the other driver or passengers leave their vehicle and are walking around uninjured, take picture of them. This can be used to dispute claims of injuries that they may make later.

- If there is remaining film, take pictures of the vehicles involved in the accident. More detailed pictures of the vehicles can be taken away from the accident scene.

- DO NOT take pictures of people who are injured in the accident. A picture of an injured person cannot accurately show the extent of an injury. Pictures of blood and gore will only hurt your side of the story.

- Use all of the film that the cameras have. The cost of film and development is well worth the costs you will prevent with these pictures.

**REPLACE THE CAMERA AT THE FIRST OPPORTUNITY.**
Be cautious of using digital or cell phone photographs at the scene. If they are e-mailed to the company’s computer, the whole computer system may be discoverable in litigation.
With so many accidents in the news, it may be helpful to use these . . .

**TIPS FOR DEALING WITH THE MEDIA**

During a crisis the press can be its ugliest. Crisis situations create feeding frenzies among reporters. Each one wants to scoop the others, and many will stop at nothing to get the story. They’ll come at you with their hardest questions when your company is most vulnerable. Being prepared to deal with them is your best defense. The following tips will soften the blows from reporters when your company may be at its weakest.

1. *Never* say “No comment.” “No comment” implies guilt. There are ways to say no comment without using those words.

2. Never disclose unverified information. You may suspect an accident was caused by equipment failure, but you don’t know for sure. You can acknowledge the accident happened, but don’t make statements to the media based on assumptions, observations or experience. Wait until the information has been verified. Certain things can be said (see #3) that tell the media you’re going to be proactive and not hide anything, but you simply don’t have any verifiable information to release.

3. Don’t run from the media or avoid them during a crisis situation. Look them in the eye and say “I don’t have that information right now. Give me 15 minutes. Let me make a few calls and talk to some people, and then I’ll meet with you. I just don’t have the information you need right now.” This buys you some time to figure out what’s going on and how to position the company. When you return to speak with the media 15 minutes later, you probably won’t have verifiable information, but you can say the company and the authorities are starting investigations. Tell them “At this time, we don’t know what the cause of the accident was, but as soon as we do, we will let you know.”

4. Before the crisis, figure out who goes in front of the cameras, and who is a backup spokesperson. Make sure all employees know to field media inquiries to the designated spokesperson.

5. Don’t be fooled by reporters who are congenial when the cameras are off. It is a common technique to get you to drop your guard. As soon as the tape is rolling, they’ll come at you with guns and knives.

6. Don’t be flip or try to joke with reporters. It won’t come across well on camera or in print.

7. Another common reporting technique is a pregnant pause after the spokesperson has answered a question. Or the reporter will leave the microphone in your face. It tricks the most sophisticated spokesperson into divulging more information. Don’t fall for it. Print reporters will finish writing your last answer and then they’ll just look at you. When you start hemming and hawing is when you’ll say something you didn’t mean to release. Give them a pleasant look and ask “What is your next question?” This puts the ball back in their court.
• Plan for litigation (lawsuits).
• Notify your attorney and get all documentation to them as soon as possible.
• Make certain your attorney is experienced in handling truck accidents and losses.
• Communicate and update your attorney as the information and case develops.
• Keep your insurance carrier informed throughout the process.
Accident Reporting - drivers
If you are involved in an accident you (driver) will be the first company representative on the scene. Your quick and professional actions will protect you, any others involved and your company.
• In any safety effort the first priority is protecting PEOPLE.

Protect yourself so that you can render assistance to others and protect them.

Stop your vehicle and turn on your emergency flashers and do not move the vehicle until police arrive.

Set your emergency warning signals and protect the scene and do not allow anyone to use flares.
• Stay at the scene, be polite and courteous but do not admit fault or apologize.


• Cooperate with law enforcement at the scene and provide them and the others involved with your name and address, the company name and address and insurance information.
• Complete the accident report information

Get the information on all the other people involved in the accident and if they have been taken to a hospital get the name of the hospital.

Get vehicle information on all vehicles involved.

Get names, address and phone numbers of any witnesses and the license plate number of any cars in the area of the accident.

Get the officers name, badge number and organization and report number if available.
• Ask the other driver to sign the “Driver’s Exoneration card” when appropriate

• Complete all of the information in the accident report packet

• Diagram the scene, showing the direction of travel of each vehicle, the final resting place of each vehicle after the collision and any distinguishing landmarks at the scene.
Photograph the scene

In accident investigation “a picture is worth 100,000 words” and many times is worth hundreds of thousands of dollars in claim handling.
- Photograph the roadway from all angles, move back along the roadway and photograph from your approach and then from the other vehicle’s approach to the scene.

- Photograph all vehicles preferably before they are moved. Take photos of all four sides of each vehicle and the interior of each vehicle when possible.
- Photograph the other driver and passengers if they are walking around uninjured but be discreet.

- **DO NOT** take photographs of injured people or blood or body parts that might be at the scene. This will not have any positive effect on the investigation.
If anyone at the scene is taking photographs get their name and / or tag number.

If the media is present get the name of the organization and their address.

Use all the film in the camera

Use the flash in any period of reduced lighting

Replace your camera at the first opportunity
• Make no statements to anyone regarding liability or who is a fault in the accident.

• Do not sign anything regarding responsibility for the accident.

• Discuss the accident only with the investigating officer or a company assigned insurance adjuster.
Dealing with the Media

In any serious accident situation you will probably have to deal with the media, print, TV, or radio will probably be on the scene.

Don’t say “no comment”. This gives the inference that you did something wrong when you probably did not.

Don’t disclose any unverified information. You will not know all the facts until the investigation is complete so don’t speculate or assume you know something. Tell the media that the investigation is ongoing and their questions can be answered when the investigation is complete.
Dealing with the Media

Don’t run form the media. Look them in the eye, appear calm, in control and answer only with facts and refer them to your company for more detailed information.

Don’t be fooled by reporters who appear friendly off camera but become very aggressive when the camera is rolling.

Don’t joke or make fun of the situation. This is serious business even in a “minor” accident.
Post Accident Drug and Alcohol Testing

Post accident drug and alcohol testing is required (Part 382.303 FMCSR):

In any accident involving a fatality

In any accident involving injury or tow away when the truck driver is cited for a moving violation.
**Post accident drug and alcohol testing**

The alcohol test must be done as soon as possible after the accident and if over 2 hours documentation must be done verifying the reason for the delay. If 8 hours have passed since the accident then no alcohol test should be done.

The controlled substance test must be done within 32 hours of the accident.

Alcohol and controlled substance testing may also be required under various State Drug Free Workplace Programs even when FMCSR do not require it.
You are a trained professional. Your actions at the scene of accidents will protect you, the motoring public and your company.

Should you come upon the scene of any company unit that has been involved in a crash, stop and render whatever assistance you can to your fellow driver and if they have been incapacitated then you should handle the situation just as if you were involved.
REPORT ALL ACCIDENTS IMMEDIATELY

PLEASE FOLLOW THE INSTRUCTIONS BELOW AND CALL OUR OFFICE AS QUICKLY AS POSSIBLE.

LOCAL  615-327-2800

TN & US WATTS  800-327-2802

SECURE THE SCENE

☐ Stop; turn on your emergency flashers and shut down your vehicle; do not move your vehicle until the police arrive.

☐ Set out warning devices; protect the scene. Assist the injured but do not move anyone; wait for medical assistance.

NOTIFY THE AUTHORITIES

☐ Call the police and your company; request medical assistance if needed. (Use a nearby phone or CB or ask a passerby to make the call for you.)

☐ Stay at the scene. Be polite and courteous. Do not admit guilt or apologize.

DOCUMENT THE ACCIDENT

☐ If the other driver admits fault, ask them to complete the "Exoneration Card".

☐ Give your name, address, company name and address, vehicle license number, operator’s license and insurance information to the police and other party involved.

☐ Fill in the Accident Report at the scene and if possible, take pictures of the general scene, the vehicles, and your cargo.

☐ Don’t sign anything or make any statements except to the police, your company, or insurance company.

☐ Secure your vehicle from theft and further damage; remain at the scene until all requirements are met.

GALE, SMITH & CO., INC.
INSURED DRIVER & VEHICLE OPERATING

Insured Name ________________________________________________
City ______________________ State _______________ Zip ________
Phone ____________________________________________________

Insured Driver’s Name ______________________________________
Phone ____________________________________________________

Tractor # ___________________ Year ____________ Make ________
Serial # __________________________________________________

Trailer # ___________________ Year ____________ Make ________
Serial # __________________________________________________

Commodity Hauling _________________________________________
Policy Number(s) __________________________________________

INJURED PERSON(s)

1. Name ___________________________________ Phone ________
   Address ___________________________________ Age _________

2. Name ___________________________________ Phone ________
   Address ___________________________________ Age _________

3. Name ___________________________________ Phone ________
   Address ___________________________________ Age _________

4. Name ___________________________________ Phone ________
   Address ___________________________________ Age _________

DAMAGE TO PROPERTY
(Other than vehicle)

Owner ____________________________________________________
Address __________________________________________________
What property is damaged? __________________________________

WITNESSES

1. Name ___________________________________ Phone ________
   Address __________________________________________________

2. Name ___________________________________ Phone ________
   Address __________________________________________________
THE ACCIDENT

Date ____________________________ Time ____________________________
Location ________________________________________________________
City ____________________________ State ____________________________

#2 Driver’s Name ______________________________________________________
Address __________________________________________________________
City ____________________________ State ____________________________ Zip ______
Phone __________________________
VEH License No. __________________________ Yr/Make VEH ______
Owner ____________________________________________________________
Address __________________________________________________________
Insurance Company _________________________________________________
Policy Number ______________________________________________________

#3 Driver’s Name ______________________________________________________
Address __________________________________________________________
City ____________________________ State ____________________________ Zip ______
Phone __________________________
VEH License No. __________________________ Yr/Make VEH ______
Owner ____________________________________________________________
Address __________________________________________________________
Insurance Company _________________________________________________
Policy Number ______________________________________________________

Police Department _________________________________________________
Officer __________________________________________________________
Badge# __________________________________________________________
Phone __________________________
Was anyone given a citation or arrested? ___________________________
If yes, what were the charges? ______________________________________

Did Police make a report? Yes or No Report# _________________________
Did Police take photos? Yes or No ________________________________

(On reverse side - indicate how the accident occurred and explain the circumstances)
THE ACCIDENT

Indicate below the Points of Collision

N ( ) Draw arrow to show North.

ROAD SURFACE (concrete, gravel, blacktop, etc.)

ROAD CONDITIONS (dry, snowy, wet, icy, etc.)

WEATHER CONDITIONS (Fair, raining, fog, etc.)

LIGHT CONDITIONS (daylight, dusk, etc.)

Explain in your own words what happened:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature ________________________________ Date __________________________
DRIVER'S EXONERATION FORM

Date ______________________

TO WHOM IT MAY CONCERN

I hereby exonerate and release Driver ___________________________

and ___________________________ from all blame of

negligence in connection with an accident involving the undersigned.

__________________________________________

on this date ______________________ 19, ________

Witness ___________________________ Signed ___________________________

Address ____________________________
ACCIDENT NOTIFICATION CARD

I am unable to leave the accident scene.

Would you please call:

__________________________________________
Company Name

COLLECT at (____)__________________________

and tell them you are reporting an accident. Give
them the information on the reverse side of this card.

(over)

Drivers Name ______________________________________

Location of
accident ______________________________________

Injuries (describe) ______________________________

Vehicle damage
(describe) ______________________________________

Tractor # ____________________ Trailer # __________

Can vehicle move under its own power?  □ Y  □ N

Comments: ____________________________________

________________________________________________________________________

________________________________________________________________________
Accident Reporting

DRIVE SAFELY

DRIVE DEFENSIVELY

DRIVE RESPONSIBLY

DRIVE PROFESSIONALLY
Loss Control Disclaimer
Arthur J. Gallagher Risk Management Services

The information contained in this report was obtained from sources which to the best of the writer’s knowledge are authentic and reliable. Arthur J. Gallagher makes no guarantee of results, and assumes no liability in connection with either the information herein contained, or the safety suggestions herein made. Moreover, it cannot be assumed that every acceptable safety procedure is contained herein, or that abnormal or unusual circumstances may not warrant or require further or additional procedures.