



**TDC & SVDC Eligibility Request Form**  
**National Truck Driving Championships Program**  
**National Step Van Driving Championships Program**



Please fill out this form in order for committee members to rule on an eligibility case for the State and National Truck Driving Championships programs.

- **If Company deems accident non-preventable, they must submit this form to the ATA Safety Management Council / NTDC Eligibility Review Committee for review and approval.**
- **Case must be submitted by a company safety executive.**
- **Must be accompanied by third party statements (i.e. police officers/unrelated witnesses/other drivers)**

FOR ENTERING COMPANY USE					
<b>Decision:</b>	<input type="checkbox"/>	<b>Non-Preventable</b>	<input type="checkbox"/>	<b>Preventable</b>	
<b>Reasons*</b>					
<b>Date:</b>		<b>Signature:</b>		<b>Company:</b>	
*Based on Industry Guidelines for Recording Fleet Motor Vehicle Accidents and Determining Preventability					

**SUBMISSION**

**(Submission must be submitted by company representative, not driver)**

<b>Name/Title:</b>		<b>Email</b>	
<b>Company:</b>		<b>Phone</b>	
<b>Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip:</b>	

1.	Date of Accident:		<b>Time</b>		<b>AM/PM</b>
2.	Place Accident Occurred (Nearest Town or City, State:				
3.	Street or Highway (Route or Name):				
4.	Location if Off Highway:				
5.	Driver's Name:				
6.	Company Name:				
7.	State in which driver is competing:				
8.	Type of District:	<input type="checkbox"/>	<b>Primary Business</b>	<input type="checkbox"/>	<b>Residential</b>
		<input type="checkbox"/>	<b>Rural</b>	<input type="checkbox"/>	<b>Other:</b>

**Accident Description (Briefly Describe What Happened)**

**V1=Your Vehicle**

**V2=Other Vehicle**

**PLEASE COMPLETE OTHER SIDE**

"X" ALL APPLICABLE SQUARES ON EACH SUBJECT

6. **Collision:** ☐ Not Applicable ☐ Collision with moving Object  
☐ Collision with Stationary Object

7. **Object Involved in Collision:** ☐ Not Applicable  
☐ Commercial Truck ☐ Fixed Object  
☐ Automobile ☐ Pedestrian ☐ Bus  
☐ Train ☐ Motorcycle ☐ Bicyclist  
☐ Animal ☐ Other (Specify)

8. **Non-Collision:** ☐ Ran Off Road ☐ Jackknife  
☐ Overturned ☐ Other \_\_\_\_\_

9. **Weather Conditions:** ☐ Clear ☐ Cloudy ☐ Fog  
☐ Rain ☐ Snow ☐ Sleet ☐ Other

10. **Lighting:** ☐ Daylight ☐ Dark ☐ Dusk  
☐ Dawn ☐ Dark - No Street Lights  
☐ Dark - Street Lights ☐ Headlights On Dim  
☐ Headlights on Bright ☐ No Lights On

11. **Visibility Obstruction:** ☐ Not Obscured  
☐ Trees/Foliage ☐ Buildings ☐ Embankments  
☐ Sign Board ☐ Hillcrest ☐ Parked Vehicles  
☐ Blinding Headlights ☐ Blinding Sunlight  
☐ Interior Cab Obstruction

12. **Road Type:** ☐ Portland Cement/Concrete  
☐ Asphalt Concrete ☐ Bituminous  
☐ Brick ☐ Gravel  
☐ Steel Bridge Floor ☐ Wood Bridge Floor ☐ Dirt

13. **Road Conditions:** ☐ Holes, Deep Ruts, Bumps  
☐ Loose Material On Surface ☐ Dry ☐ Wet  
☐ Muddy ☐ Snowy ☐ Snow Covered  
☐ Ice in Places ☐ Ice Covered  
☐ Road Under Construction ☐ Apparently Normal

14. **Road Description:** ☐ Straight ☐ Curve - R  
☐ Curve - L ☐ Level ☐ Hill  
☐ Upgrade ☐ Downgrade ☐ Paved  
☐ Black Top ☐ One Way ☐ Two Way  
☐ Divided Road ☐ Intersection  
Number of lanes?  
Lanes Marked? ☐ Yes ☐ No  
No Pass Zone Marked? ☐ Yes ☐ No

15. **Traffic Control:** ☐ Police Officer ☐ Railroad Crossing  
☐ Stop Sign ☐ Stop and Go Light  
☐ Signal Lights ☐ Caution Light  
☐ School Bus Stop Sign ☐ Yield  
☐ None ☐ Others

16. **Vehicle Defects**  
V1 V2  
☐ ☐ Defective Lights  
☐ ☐ Defective Brakes

- V1 V2  
☐ ☐ Tire Failure  
☐ ☐ Failure of Trailer Hitch  
☐ ☐ Power failure  
☐ ☐ Accelerator Stuck  
☐ ☐ Load Projecting  
☐ ☐ Other Defect (Specify)  
☐ ☐ No Defect Known  
Defect Findings: \_\_\_\_\_

17. **Driver's Actions**

- V1 V2  
☐ ☐ Slowing-Stopping  
☐ ☐ Stopped  
☐ ☐ Parked  
☐ ☐ Backing  
☐ ☐ Making Right Turn  
☐ ☐ Making Left Turn  
☐ ☐ Making U-Turn  
☐ ☐ Proceeding Straight  
☐ ☐ Merging  
☐ ☐ Entering Traffic from Roadside or Driveway  
☐ ☐ Intersection  
☐ ☐ Passing  
☐ ☐ Changing Lanes  
☐ ☐ Sideswipe - Opposite Direction  
☐ ☐ Head-On - Crossed into Opposing Lane  
☐ ☐ Skidding  
☐ ☐ Vehicle Out-Of-Control  
☐ ☐ Roll-Away  
☐ ☐ Controlled Railroad Crossing  
☐ ☐ Uncontrolled Railroad Crossing  
☐ ☐ Other (Specify) \_\_\_\_\_

18. **Posted Speed Limit:** \_\_\_\_\_ MPH

19. **Estimate of Speed V1** \_\_\_\_\_ **V2** \_\_\_\_\_

20. **How was speed determined?**

- V1 V2  
☐ ☐ Estimate  
☐ ☐ Skid Marks  
☐ ☐ Reconstruction  
☐ ☐ On-Board Recorder  
☐ ☐ Other (specify) \_\_\_\_\_

21. **Weight (GVW) of V1** \_\_\_\_\_ **lbs.**  
☐ Cab Over ☐ Conventional

22. **Were brakes applied prior to collision?** **Length of Skid Mark**  
V1 - ☐ Yes ☐ No ☐ Not Sure  
V2 - ☐ Yes ☐ No ☐ Not Sure

23. **In seconds, how long was it from the time you first observed the other vehicle or object to the moment of impact?**

\_\_\_\_\_ Seconds.

Please complete an accurate diagram of the accident below.

### ACCIDENT DIAGRAM — Please draw carefully

Draw complete diagram showing position of all involved vehicles at time of collision and final position, showing direction of travel, both before and after collision. Draw diagram with appropriate streets. Use the following symbols:



Your vehicle



Other vehicle



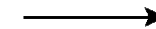
Street



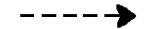
Skid marks

X Point of collision of vehicles

⊕ Witnesses at time of accident use letter "A-B-C" to identify

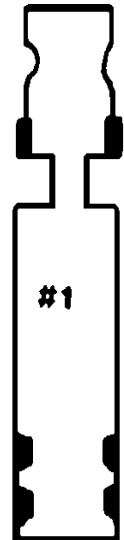


Indicates travel prior to collision



Indicates travel after collision

Circle First Point of Contact



Mark "Xs" showing damage area to vehicles. Circle first point of contact.

If necessary, please add additional pages for further explanation.

Please fax/email or mail completed forms to: ATA Safety Management Council, 80 M Street SE, Washington D.C., 20003 -- Fax: 703-838-1965 -- Tel: 703-838-1931 -- Email: [SMC@trucking.org](mailto:SMC@trucking.org)