



MOTOR VEHICLE ACCIDENT INVESTIGATION TOOL KIT

Company Name

Directions for Drivers

Please take the following steps when involved in a Motor Vehicle Accident.

Step 1. Contact Law Enforcement after the incident occurs, especially if there are injuries, death or significant property damage related to the accident. Cooperate with law enforcement officials. If necessary, seek medical attention.

Step 2. Do not admit fault. Do not discuss the details of the accident with anyone other than law enforcement.

Step 3. Report the accident to your employer immediately. If the vehicle is inoperable, ensure arrangements have been made for towing and delivery of cargo, if necessary.

Company Contact	
Title of Contact	
Office Ph#	Cell Ph#
Alternate Contact	
Office Ph#	Cell Ph#

Step 4. Record accident details on the Motor Vehicle Accident Report Form. Include information about other people involved in accident or anyone who may have witnessed the accident, noting the number of passengers and their names. Deliver completed form to immediate supervisor as instructed.

Step 5. Take photos of the accident if at all possible.

Insurance Carrier
Policy Number
Insurance Agent
Claims Ph#

50

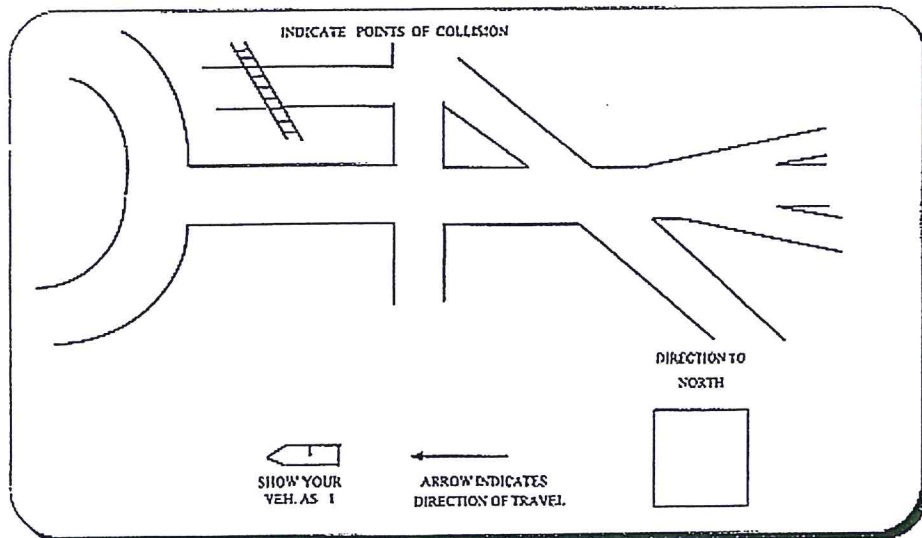


Motor Vehicle Accident Report Form

Incident Details

Date	Time
Location	
City	State
Weather Conditions	
Responding Police/Authority	
Officer & Report #	
Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, to whom & why	
Driver Rate of Speed	Did Speed Contribute to Accident <input type="checkbox"/> Yes <input type="checkbox"/> No

Description of Accident





Company Vehicle

Year	Make	Model
VIN#		Plate #
Extent of Damages		
If Towed, Name & Contact Information for Towing Service		
Present Location Of Vehicle		
Driver Name		
Date of Birth	License #	State
Driver Phone #		

Passengers in Company Vehicle (If Applicable)

Name
Address
Ph #
Name
Address
Ph #

Other Vehicle/s (If Applicable)

Year	Make	Model
Extent of Damages		
Owner		Ph#
Address		
City	State	Zip
Insurance Company		Policy #
Agent Name		Ph #
Year	Make	Model
Extent of Damages		
Owner		Ph#
Address		
City	State	Zip
Insurance Company		Policy #
Agent Name		Ph #



Directions for Supervisors

The Driver's Supervisor is responsible for completing the Accident Investigation Report per the company accident investigation policy. The vehicle accident should be investigated as soon after the accident as is reasonably feasible.

Please take the following steps when investigating a Motor Vehicle Accident:

Step 1. Ensure the claim has been reported to the insurance carrier. Timely reporting to the Insurance carrier is vital to our claims management process. It ensures interviews and evaluations are conducted promptly, and that appropriate actions are taken. Within our company (_____) has been designated as the individual responsible for reporting all vehicle incidents. In his/her absence please send all claims to:

Claim Reporting Contact

Title of Contact

Office Ph#

Cell Ph#

Alternate Contact Name

Office Ph#

Cell Ph#

Step 2. Arrange for post-accident drug and alcohol testing, if applicable. Any driver who operates a commercial motor vehicle in commerce in any state, AND is subject to the commercial driver's license requirements of 49 CFR Part 383 must comply with the Federal Motor Carrier Safety Administration's alcohol and drug testing rules.

Step 3. Investigate the motor vehicle accident within 24 hours of the occurrence. Following is an outline of our investigation procedures:

- If possible, and the severity of the accident warrants it, go to the scene of the accident. Take note of the accident scene and damaged vehicle/s.
- Obtain a copy of the policy report, if applicable.
- Review the completed Motor Vehicle Accident Report obtained from the driver.
- Interview the driver to better understand what happened.

Step 4. Determine if the accident was preventable. If preventable, determine what countermeasures will be taken to prevent a similar occurrence from happening in the future.



Supervisor Motor Vehicle Accident Investigation Form

Company Car and Driver

Name of Employee Driver

Job Title

Length of Time Driving

Department

Supervisor

Past Accident History of Driver

Date and Time of Accident

Time Employee Started Work on Date of Accident

AM PM

Witness Names & Ph#s

Was Employee Driver Injured Yes No

If Yes, Extent of Injury

Where was Employee Treated for Injury

Any Passengers in Company Vehicle Yes No If Yes, Provide Names

Were any Passengers Injured Yes No If Yes, Explain

Was Company Vehicle Towed Yes No

If Yes, Where

Describe Damage, if any, to Company Vehicle

Police/Authority Respond Yes No

Was a Report Completed Yes No

Report #

Citation Issued Yes No

Who Received Citation

Citation Type



Other Vehicles, Drivers and Passengers

Number of Other Vehicles Involved	
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Name of Driver	Ph#
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Address	
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Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Extent of Injury
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Passenger/s <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Names & Ph#s
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Injury to Passenger/s <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Extent of Injury
--	--------------------------

Vehicle Driven	License Plate #
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Name of Driver	Ph#
----------------	-----

Address	
---------	--

Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Extent of Injury
---	--------------------------

Passenger/s <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Names & Ph#s
--	----------------------

Injury to Passenger/s <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Extent of Injury
--	--------------------------

Vehicle Driven	License Plate #
----------------	-----------------

Name of Driver	Ph#
----------------	-----

Address	
---------	--

Injury <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Extent of Injury
---	--------------------------

Passenger/s <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Names & Ph#s
--	----------------------

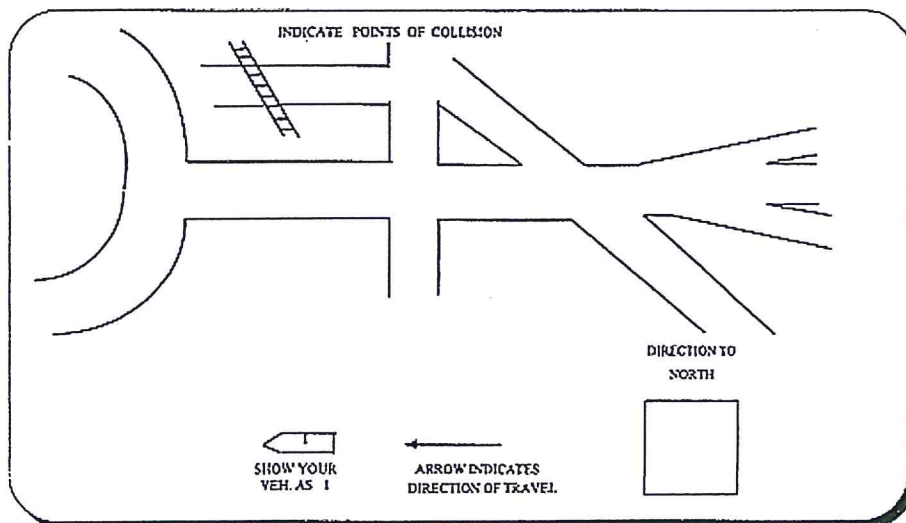
Injury to Passenger/s <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Extent of Injury
--	--------------------------

Vehicle Driven	License Plate #
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Description of Accident

Diagram of Accident



Supervisor's Recommendation to Prevent Reoccurrence

Supervisor's Signature

Date

All BB&T Insurance Services, Inc., Risk Solutions are advisory in nature and are designed to assist the client in the establishment and maintenance of a safe workplace. The responsibility to provide safe and healthful work conditions and operations free from known risk and harm to employees, third parties, and the environment is, and shall remain, that of the client. This proposal, and any subsequent reports, is not a warranty that reliance upon them will prevent accidents and losses or satisfy local, state or federal regulations.

Ver1 May, 2015



Post Incident Alcohol and Controlled Substance Testing Requirements

Step 1. Instructions apply to drivers with a Commercial Driver’s License (CDL). Use the following chart to determine if post accident Drug and Alcohol testing is required. The driver MUST be tested for alcohol within eight hours of the accident and for drugs within 32 hours of the accident.

Type of Accident Involved	Citation Issued to the Commercial Motor Vehicle Driver	Test Must Be Performed by Employer
Human Fatality	Yes	Yes
	No	Yes
Bodily Injury with Immediate Medical Treatment Away From the Scene	Yes	Yes
	No	No
Disabling Damage to Any Motor Vehicle Requiring Tow Away	Yes	Yes
	No	No

Information contained in the chart above was taken directly from Part 382 Controlled Substances & Alcohol Use and Testing Table for Regulations 382.303 (a) and (b) on the FMCSA Website.

Step 2. You or the program manager must notify the CDL employee of the requirement to submit to a drug and alcohol test.

Drug & Alcohol Testing Vendor -
Ph#

Step 3. Do not allow the employee to drive to the collection site. The employee must be escorted to the collection site. Give the employee a preprinted Federal Drug Testing Custody and Control Form to bring to the collection site.

Step 4. Do not allow the employee to drive home at the completion of the test. The employee must be escorted home.

***Refer to the official Alcohol and Substance Abuse policy for further guidance if necessary. Attach the Federal Drug Testing Custody and Control Form and the Test Authorization Form to this report.**