

POST ACCIDENT TESTING DECISION REPORT

A separate sheet must be filled out for each covered employee that contributed to the accident

System Name: _____ Date of Accident: _____

Time of Accident: _____ Time Employer was notified: _____

Location of Accident: _____

Safety-Sensitive Employee: _____ ID # and Position: _____

i.e. Driver, Dispatcher, etc.

1. Did the accident involve a revenue service vehicle? Yes No

2. Did the accident involve the operation of the vehicle? Yes No

3. Was there loss of life as a result of the accident? * Yes No

4. Did an individual suffer a bodily injury and immediately receive medical treatment away from the scene? * Yes No

5. Was there disabling damage to any of the involved vehicles? * Yes No

6. a) Did you perform a drug and/or alcohol test?
(Use Decision Tree on back of this form) Yes FTA Authority Yes Company Authority No

b) If no, why not? _____

c) For a non-fatal accident, can the covered employee(s) performance be completely discounted as a contributing factor to the accident? Yes No

7. a) Was an alcohol test performed within 2 hours? N/A Yes No

b) If no, why: _____

8. If no alcohol test occurred, and more than 8 hours elapsed from the time of the accident, please explain: _____

9. a) Was a drug test performed within 32 hours? N/A Yes No

b) If no, why: _____

10. a) Did the employee leave the scene of the accident without a reasonable explanation? Yes No

b) If Yes, please explain: _____

Test Determination:

Name of supervisor making determination: _____

Time employee was informed of determination: _____

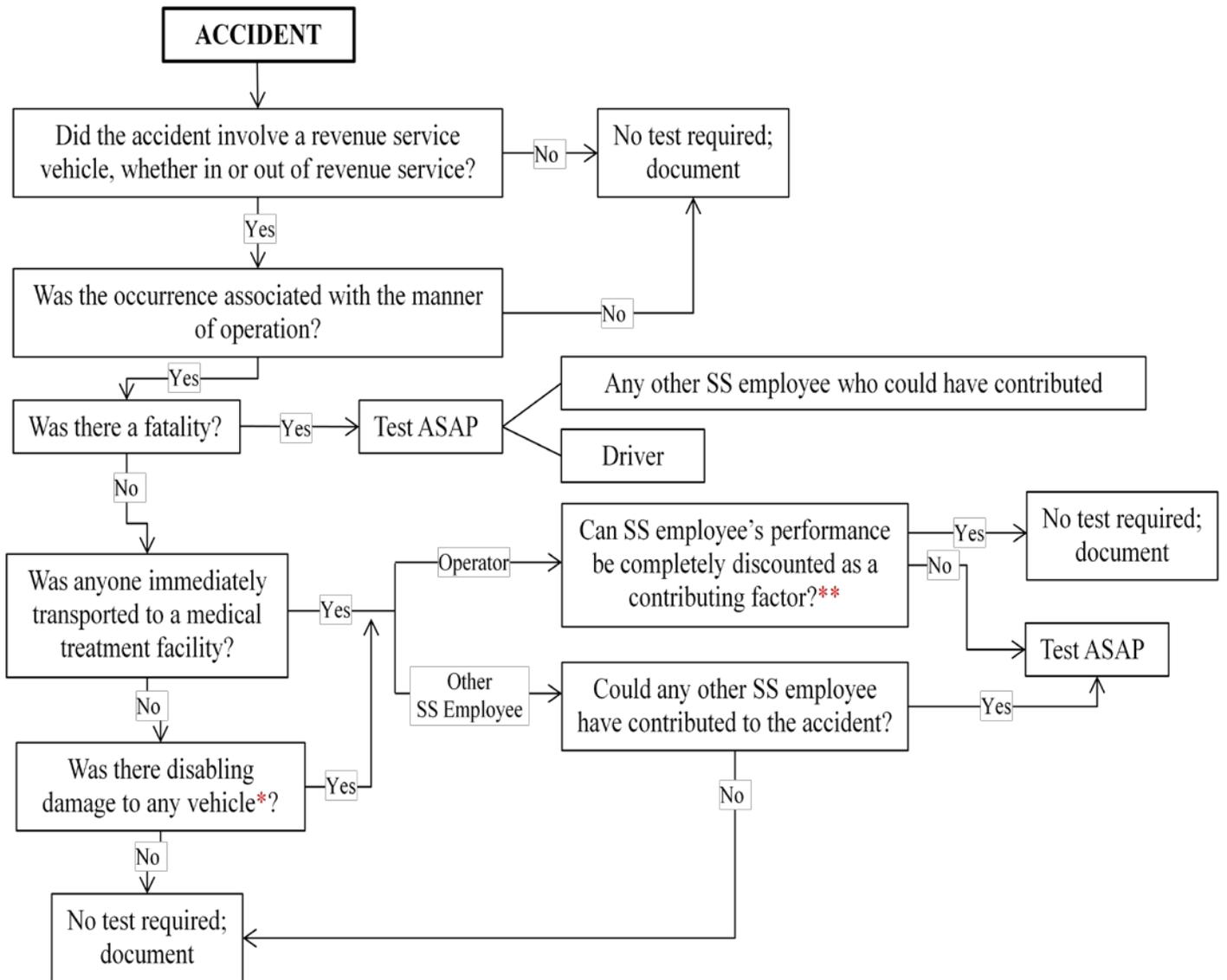
Signature & Title _____

Date _____

For your files: attach test results summary, order to test, Custody and Control Form (USDOT) and alcohol testing form (USDOT)

* Attach supporting documentation covering any descriptions/documentation of disabling damage, medical treatment away from the scene, and/or fatalities. (e.g., accident investigation form, etc.)

Post Accident Decision Tree



* **Disabling Damage:** Damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

(1) **Inclusion:** Damage to a motor vehicle, where the vehicle could have been driven, but would have been further damaged if so driven.

(2) **Exclusions:**

A. Damage that can be remedied temporarily at the scene of the accident without special tools or parts.

B. Tire replacement without other damage even if no spare tire is available.

C. Headlamp or tail light damage.

D. Damage to turn signals, horn, or windshield wiper, which makes the vehicle inoperable.

** **Contributing Factor:** The determination of whether or not a safety-sensitive employee's performance was a contributing factor should be the decision of the company official investigating the accident; not based on the police officer's accident fault determination. This decision should not be made hastily. The company official's determination must be based on the best available information at the time of the accident.