

# 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: \_\_\_\_\_ Position: \_\_\_\_\_  
i.e. Driver, Dispatcher, etc.

1. Did the accident involve a public transit 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  No  
DOT-FTA Authority  Yes (NON-DOT)  No  
Company Authority

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:

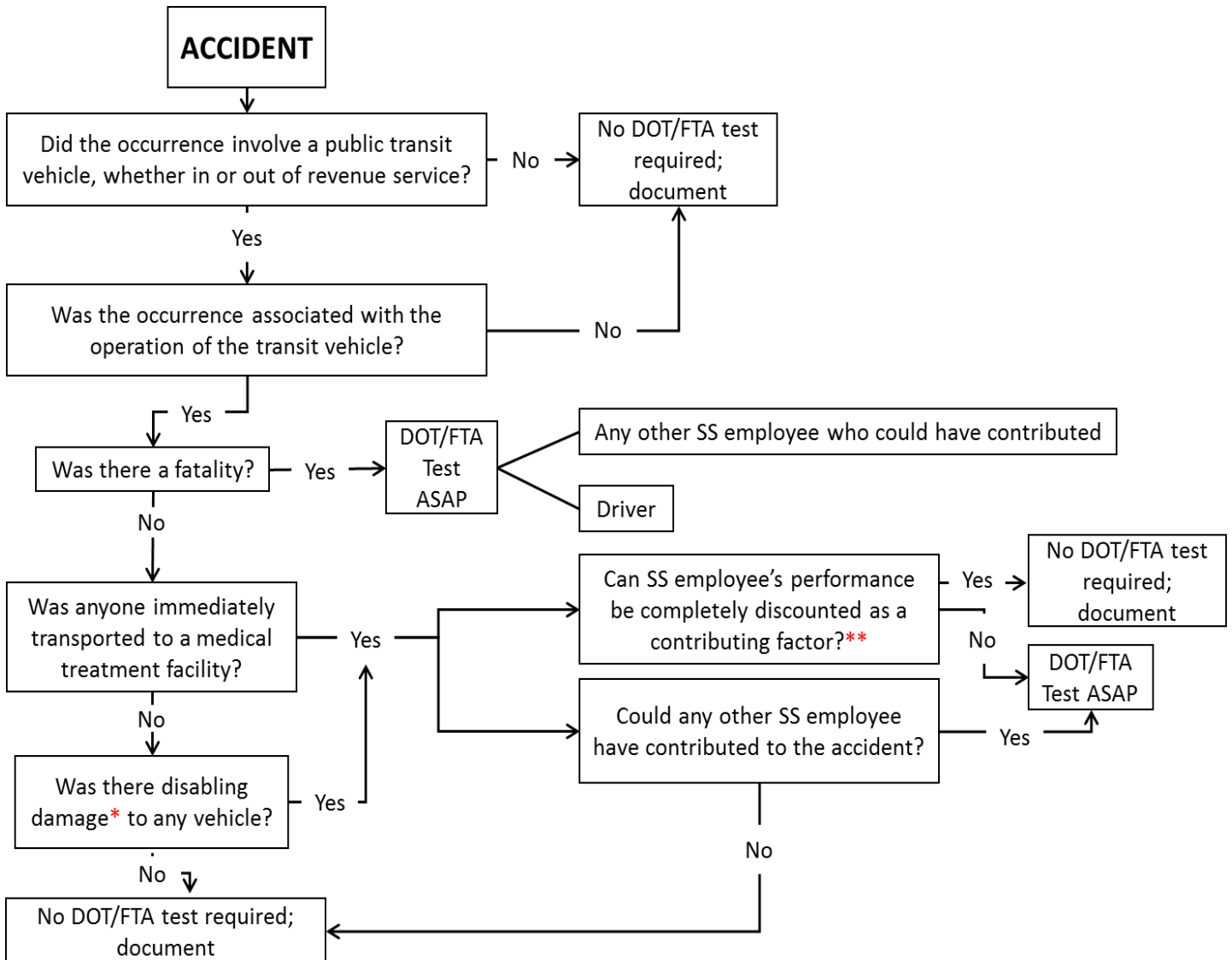
Name of supervisor making determination: \_\_\_\_\_

Time employee was informed of determination: \_\_\_\_\_

Signature & Title \_\_\_\_\_

Date \_\_\_\_\_

## 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.