An accident investigation is critical to the success of an effective fleet safety program. You must determine the true cause of the accidents. A proper accident investigation will identify the immediate and (when necessary) long-term corrective actions to prevent similar accidents. The following form can be used in conjunction with the JPIA's Vehicle Accident Kit.

**This model form/template must be customized to meet your Agency’s needs.**

A thorough accident investigation can be done by the safety officer, risk manager, supervisor, or manager. This investigation should be:

* Completed promptly after the incident
* Secure facts and information from:
  + Injured employee
  + Witnesses
* Take several photographs from all angles and distances.
* Determine the cause(s) and corrective action necessary to limit recurrence.

**Suggested Instructions for Completing an Accident Investigation**

1. Begin your investigation as soon as possible after the loss.
2. Go to the scene of the accident if possible, and take many photos. Remember to get the big picture first along with photographs showing reference point(s), scale, point of view, points of interest, crosswalks, medians, roadway obstructions, and street signs. This will provide context and assist with the accident review.
3. Consider making a diagram along with taking photos.
4. Have the driver describe what happened in writing and sign off.
5. Talk with the driver involved at the scene of the accident, if possible.
6. Talk with other people who know what happened -- witnesses, other employees.
7. Investigate to get the facts, not to place blame.
8. Ask questions and repeat the story back to them to be sure you understand all of the circumstances.
9. End each interview on a positive note.
10. Record the facts quickly.
11. Look for all of the causes -- unsafe acts, unsafe conditions, contributing factors, and base causes.
12. Be careful of re-enactments. Don't ask for actions to be repeated.
13. Develop your corrective actions by conferring with others by soliciting prevention ideas.
14. Act positively to prevent a recurrence.
15. Follow up to make sure the corrective actions are effective. Communicate the corrective actions taken for the benefit of all.

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| **PART I – General Information** | | | | | |
| 1. Investigator | 2. Title of Investigator | | | 3. Date & Time of Investigation | |
| 4. Driver Name | 5. Date of Accident | | | 6. Time | |
| 7. Vehicle unit # or Department | | | 8. Time operating vehicle involved in the accident  Years: Months: | | |
| 9. Exact Location of Accident: | | | | | |
| **PART II – Description of Accident** (Describe what happened, who was involved, where, when, why, how) | | | | | |
| 10. | | | | | |
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| **PART III – The Cause of the Accident** (also complete page 2 of this form) | | | | | |
| 11. What did the driver or any other employee do or fail to do that contributed to this accident? | | | | | |
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| 12. Were there any driving rules, vehicle laws, or violations that contributed to the cause of the accident?  🞎 No 🞎 Yes, please explain: | | | | | |
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| 13. Did the driver’s physical condition (hearing, eye defects, sickness, fatigue) cause or contribute in any way to the accident? 🞎 No 🞎 Yes, please explain: | | | | | |
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| 14. Did the vehicle’s condition, scheduling, routing, maintenance, etc. contribute in any way to the accident occurrence or the resulting damage or injury? 🞎 No 🞎 Yes, please explain: | | | | | |
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| 15. What were the basic causes and contributing factors involved? | | | | | |
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| **PART IV – Corrective Action Taken** | | | | | |
| 16. What actions are being done and/or need to be done to prevent a similar occurrence?  (be specific, list definite steps, avoid vagueness) | | | | | |
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| Signature of Investigator: | | | | | Date |
| **PART V – Management Review** | | | | | |
| I concur \_\_\_\_\_ or I do not concur \_\_\_\_\_\_ with investigator recommendation. If I do not concur, further evaluation and action to be taken. | | | | | |
| Signature of Management | | | | | Date |
| **PART III - Descriptions Below are to Assist Determine the Cause of the Accident**  **Check All That Apply** | | | | | |
| **Line 8 -- Unsafe Acts of Our Driver**  🞎 Failure to observe clearances  🞎 Failure to signal intentions  🞎 Failure to yield right of way  🞎 Speed too fast for conditions  🞎 Following too close for conditions  🞎 Improper backing  🞎 Improper parking  🞎 Improper passing  🞎 Improper turning  🞎 Operating equipment without authority  🞎 Unsafe acts of others  🞎 Driving while under the influence of alcohol or drugs  🞎 Insufficient visibility  🞎 Operating beyond vehicle capacity - overweight  🞎 Operating defective equipment  🞎 Operating for excess hours of service - fatigue  🞎 Operating without proper equipment  🞎 Operating without a proper license - driver  🞎 Reckless driving  🞎 Other  🞎 None  **Line 9 -- Unsafe Conditions of Vehicle/Road**  🞎 Carbon Monoxide hazard  🞎 Defective brakes  🞎 Defective personal protection  🞎 Defective turn signals  🞎 Defective tires  🞎 Inoperative lights  🞎 Road conditions  🞎 Road illumination  🞎 Vehicle loaded improperly  🞎 Excessive load  🞎 Unauthorized or illegal cargo  🞎 Other  🞎 None | | **Line 10 -- Unsafe Contributing Factors of Our   Driver**  🞎 Personal impairment -- Alcohol/Drug Abuse  🞎 Distraction  🞎 Personal impairment -- Emotional/Mental state  🞎 Equipment modified  🞎 Personal Impairment - Fatigue  🞎 Inadequate maintenance  🞎 Interior hazard inside the vehicle  🞎 Lack of knowledge/skill/training  🞎 Personal Impairment - Physical capabilities  🞎 Procedure improvised or not followed  🞎 Unsafe act of others  🞎 Other  🞎 None  **Line 11 -- Base Causes/ Contributory Factors**  🞎 Inadequate correction of known vehicle hazards  🞎 Inadequate design/mechanism  🞎 Inadequate enforcement of company rules  🞎 Inadequate hazard identification system  🞎 Inadequate vehicle inspection program  🞎 Inadequate maintenance  🞎 Inadequate personal protection  🞎 Inadequate pre-job planning  🞎 Inadequate purchasing standards  🞎 Inadequate company rules  🞎 Inadequate employee selection or hiring  🞎 Inadequate training or orientation  🞎 Inadequate or failure to warn driver of hazards  🞎 Other  🞎 None | | | |
| **PART IV - Corrective Action Suggestions and Recommendations**  **Check All That Apply** | | | | | |
| 🞎 Driver habits need to be observed in traffic  🞎 Driver action was a contributing factor (additional   behind-the-wheel coaching is suggested)  🞎 Further training be provided (when, by whom  and type)  🞎 District or department policy or rules need to be reviewed  🞎 District or department policy or rules need to be  modified (describe)  🞎 No further personnel action be taken | | 🞎 Driver be disciplined (special action suggested)  🞎 Recommend removal from driving status  🞎 Discuss cumulative driver record  🞎 Recommend new or change of traffic/workflow  🞎 Change or improve vehicle equipment  🞎 Ask Sr. Management/GM to advise supervisor  🞎 Ask for expert / outside consultation / legal  opinion | | | |