**Post-Accident Summary Report**

**Instructions:**

This form is used to document information on the accident and/or incident. It should be completed within 24 hours of an accident and/or incident and returned to highest company official.

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| **Completed by:**  Name of Supervisor assigned to investigate the accident. |  | | | | |
| **Signature:** |  | | | | |
| **Report Date:** |  | **Time:** |  | **AM/PM** |  |

**§ 655.4 Definitions.**

**Accident** means an occurrence associated with the operation of a vehicle, if as a result: (1) An individual dies; or (2) An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or (3) With respect to an occurrence in which the mass transit vehicle involved is a bus, electric bus, van, or automobile, one or more vehicles (including non-FTA funded vehicles) incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle.

**Disabling Damage** means damage that precludes departure of a motor [vehicle](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8c0cfc6e1076effc13b6453ae3d85da9&term_occur=11&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) from the scene of the [accident](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=bcc399a913d147ad524320efde50fb08&term_occur=2&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) in its usual manner in daylight after simple repairs.

1. Inclusion. Damage to a motor [vehicle](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8c0cfc6e1076effc13b6453ae3d85da9&term_occur=13&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4), where the [vehicle](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8c0cfc6e1076effc13b6453ae3d85da9&term_occur=12&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) could have been driven, but would have been further damaged if so driven.

(2) Exclusions.

(i) Damage that can be remedied temporarily at the scene of the [accident](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=bcc399a913d147ad524320efde50fb08&term_occur=3&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) without special tools or parts.

(ii) Tire disablement without other damage even if no spare tire is available.

(iii) Headlamp or tail light damage.

(iv) Damage to turn signals, horn, or windshield wipers, which makes the [vehicle](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8c0cfc6e1076effc13b6453ae3d85da9&term_occur=14&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) inoperable.

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| **Post-Accident Information** | | | | | | | | | |
| **Report Number:** | |  | | | | | | | |
| **Date** | |  | | | **Time** |  | | | **AM/PM** |
| **Location** | |  | | | | | | | |
| **Description/Details:** | |  | | | | | | | |
|  | | | | | | | | | |
| **Name(s) of Employees Involved** | | | | | | | | | |
| **Name** |  | | **ID Number** |  | | | **Position** |  | |
| **Name** |  | | **ID Number** |  | | | **Position** |  | |
| **Name** |  | | **ID Number** |  | | | **Position** |  | |

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| **Was there a fatality?** | |
|  | **Yes**  If **yes**, and the accident resulted in a fatality of any person involved in the accident/incident (employee, passenger, or general public) the transit driver, and any other employee who may have been a contributing factor to the accident, will be required to undergo both a post-accident alcohol test and post-accident drug test. The alcohol test should be performed before Drug Specimen test. **Make test arrangements immediately.** |
|  | **No** |

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| **Was anyone transported from the scene of the accident for medical attention?** | |
|  | **Yes**  If **yes**, any transit employee who cannot be discounted as a contributing factor to the accident is required to undergo both a post-accident drug and post-accident alcohol test. **Make test arrangements immediately.** |
|  | **No** |

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| **Was there any *disabling damage* to any vehicle involved?** | |
|  | **Yes**  If **yes**, any transit employee who cannot be discounted as a contributing factor to the accident is required to undergo both a post-accident drug and post-accident alcohol test. **Make test arrangements immediately.** |
|  | **No** |

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| **Can the driver be completely discounted as a contributing factor to the accident?** | |
|  | **Yes** |
|  | **No** |

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| **If answered ‘yes’ above, provide a detailed explanation for why the driver was discounted as a contributing factor. Attach supporting documentation, as needed.**  Note: If answered ‘yes’, FTA drug and alcohol tests are PROHIBITED for non-fatal accidents. |
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| **If the supervisor determined that drug and alcohol testing is required, can the performance of any other safety sensitive employee (e.g., maintenance/mechanics, dispatcher, etc.), whose performance may have contributed to the accident (as determined by the supervisor using information available at the time of the accident), be completely discounted as contributing to the accident[[1]](#footnote-1)?** | |
|  | **Yes** |
|  | **No** |

**Drug and Alcohol Testing Questions**

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| **Was the employee sent for post-accident drug and alcohol testing?** | |
|  | **Yes** |
|  | **No.**  If no, there is no further action required. |

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| **If answered ‘yes’ above, was testing performed under DOT Authority using DOT Forms?** | |
|  | **Yes** |
|  | **No** |

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| **If answered ‘yes’ above, was testing performed under independent Company Authority?** Must use non-DOT testing forms. Must be authorized in Company drug and alcohol testing policy. | |
|  | **Yes**  If **yes**, a non-DOT testing form must be used and must be authorized in the Company’s Drug and Alcohol testing policy. |
|  | **No** |

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| **The employee(s) was not sent for post-accident testing because:** | |
|  | **The accident/incident did not meet FTA’s definition of an accident to require DOT testing.** |
|  | **Other, explain reason here\_\_\_\_.** |

*See additional questions on page 4.*

**Supervisor Making Determination**

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| **Employee Notification of D&A Testing:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Alcohol Test Conducted:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Drug Test Conducted** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Did the employee refuse the test?** | |
|  | **Yes.** If **yes**, explain\_\_\_. |
|  | **No** |

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| **Did the employee leave the scene of the accident without just cause?** | |
|  | **Yes.** If **yes**, explain\_\_\_. |
|  | **No** |

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| **Was the ALCOHOL test performed within (2) two hours of the time of the accident?** | |
|  | **Yes** |
|  | **No.** If no, explain\_\_\_. |

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| **Was the ALCOHOL test performed within (8) eight hours of the time of the accident?**  Note: If the alcohol test is not conducted within (8) eight hours, cease all efforts to administer the test. | |
|  | **Yes** |
|  | **No.** If no, explain\_\_\_. |

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| **Was the DRUG test performed within 32 hours of the time of the accident?**  Note: If the drug test is not conducted within 32 hours, cease all efforts to administer the test. | |
|  | **Yes** |
|  | **No.** If no, explain\_\_\_. |

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| **Is the employee involved currently taking any Prescribed or Over-the-Counter medicines?** | |
|  | **Yes** |
|  | **No** |

**To be Completed by:** DAPM/DER (and/or Supervisor, if the same)

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| **Test Result** |  | **Positive:** |  | **Negative:** |  | **Test Cancelled:** |  |

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| **Attachments** | |
|  | Order to Test |
|  | Test Result Summary |
|  | Breath Alcohol Testing Form (ATF) |
|  | Drug Specimen Chain of Custody Form (CCF) |

1. **If multiple employees are involved, complete the Drug and Alcohol Testing Questions, Supervisor Making Determination and Test Results sections for each employee as well as the additional attachments.**  [↑](#footnote-ref-1)