

ACCIDENT REVIEW FORM

Wisconsin Council of Safety Supervisors
PO Box 44849
Madison, WI 53744-4849

Members of the Wisconsin Motor Carriers Association may request a review of the preventability of an accident in cases when the driver will not accept a company decision. No accident will be reviewed unless a preventability decision has been made by the company. Answer all questions legibly to the best of your knowledge. If a question does not apply, mark "NA". To ensure objectivity, do not identify company or individuals involved except where requested immediately below. Attach a copy of the police report and/or witness statement if available.

CASE
SUBMITTED

BY: _____
Safety Director _____ Company _____ Date _____

Street Address _____ City _____ State _____ Zip _____

FOR COMMITTEE USE ONLY

DECISION: PREVENTABLE NON-PREVENTABLE NO VOTE NEED MORE INFO

BASIS FOR DECISION: _____

Date: _____ Signature: _____

V1 = Your Vehicle V2 = Other Vehicle

1. Date of Accident: _____ Time: _____ AM/PM
2. Consequences (Check ONLY the consequences of the greatest severity) Fatality Injury Property Damage
3. Prior Accident Review Steps: Company Determination Safety Committee Peer Review
4. Place Accident Occurred (Nearest Town or City, State) _____
5. Street or Highway (Route or Name) _____
6. Location If Off Highway _____
7. Type of District: Primarily Business Residential Rural Other

"X" ALL APPLICABLE SQUARES ON EACH SUBJECT

8. **Collision:** Not Applicable Collision with moving Object
 Collision with Stationary Object

9. **Object Involved in Collision:** Not Applicable
 Commercial Truck Fixed Object Bus
 Automobile Pedestrian Bicyclist
 Train Motorcycle
 Animal Other (Specify) _____

10. **Non-Collision:** Ran Off Road Jackknife
 Overtuned Other _____

11. **Weather Conditions:** Clear Cloudy Fog Rain
 Snow Sleet Other _____

12. **Lighting:** Daylight Dark Dusk Dawn
 Dark - No Street Lights Dark - Street Lights
 Headlights On Dim Headlights on Bright No Lights On

13. **Visibility Obstruction:** Not Obscured
 Trees/Foliage Buildings Embankments
 Sign Board Hillcrest Parked Vehicles
 Blinding Headlights Blinding Sunlight
 Interior Cab Obstruction

14. **Road Type:** Portland Cement/Concrete
 Asphalt Concrete Gravel Bitomoniun
 Brick Dirt Steel Bridge Floor
 Wood Bridge Floor

15. **Road Conditions:** Holes, Deep Ruts, Bumps
 Loose Material On Surface Dry Wet
 Muddy Snowy Snow Covered
 Ice in Places Ice Covered
 Road Under Construction Apparently Normal

16. **Road Description:** Straight Curve - R Curve - L
 Level Hill Upgrade Downgrade
 Paved Black Top One Way Two Way
 Divided Road Intersection
 Number of lanes _____ Lanes Marked? Yes No
 No Pass Zone Marked? Yes No

17. **Traffic Control:** Police Officer Railroad Crossing
 Stop Sign Stop and Go Light
 Signal Lights Caution Light
 School Bus Stop Sign Yield
 None Others _____

18. **Vehicle Defects**

V1	V2	
<input type="checkbox"/>	<input type="checkbox"/>	Defective Brakes
<input type="checkbox"/>	<input type="checkbox"/>	Defective Lights

V1	V2	
<input type="checkbox"/>	<input type="checkbox"/>	Tire Failure
<input type="checkbox"/>	<input type="checkbox"/>	Failure of Trailer Hitch
<input type="checkbox"/>	<input type="checkbox"/>	Power failure
<input type="checkbox"/>	<input type="checkbox"/>	Accelerator Stuck
<input type="checkbox"/>	<input type="checkbox"/>	Load Projecting
<input type="checkbox"/>	<input type="checkbox"/>	Other Defect (Specify)
<input type="checkbox"/>	<input type="checkbox"/>	No Defect Known

Defect Findings: _____

19. **Driver's Actions**

V1	V2	
<input type="checkbox"/>	<input type="checkbox"/>	Slowing-Stopping
<input type="checkbox"/>	<input type="checkbox"/>	Stopped
<input type="checkbox"/>	<input type="checkbox"/>	Parked
<input type="checkbox"/>	<input type="checkbox"/>	Backing
<input type="checkbox"/>	<input type="checkbox"/>	Making Right Turn
<input type="checkbox"/>	<input type="checkbox"/>	Making Left Turn
<input type="checkbox"/>	<input type="checkbox"/>	Making U-Turn
<input type="checkbox"/>	<input type="checkbox"/>	Proceeding Straight
<input type="checkbox"/>	<input type="checkbox"/>	Merging
<input type="checkbox"/>	<input type="checkbox"/>	Entering Traffic from Roadside or Driveway
<input type="checkbox"/>	<input type="checkbox"/>	Intersection
<input type="checkbox"/>	<input type="checkbox"/>	Passing
<input type="checkbox"/>	<input type="checkbox"/>	Changing Lanes
<input type="checkbox"/>	<input type="checkbox"/>	Sideswipe - Opposite Direction
<input type="checkbox"/>	<input type="checkbox"/>	Head-On - Crossed into Opposing Lane
<input type="checkbox"/>	<input type="checkbox"/>	Skidding
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Out-Of-Control
<input type="checkbox"/>	<input type="checkbox"/>	Roll-Away
<input type="checkbox"/>	<input type="checkbox"/>	Controlled Railroad Crossing
<input type="checkbox"/>	<input type="checkbox"/>	Uncontrolled Railroad Crossing
<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify) _____

20. **Posted Speed Limit:** _____ MPH

21. **Estimate of Speed:** V1 _____ V2 _____

22. **How was speed determined?**

V1	V2	
<input type="checkbox"/>	<input type="checkbox"/>	Estimate
<input type="checkbox"/>	<input type="checkbox"/>	Skid Marks
<input type="checkbox"/>	<input type="checkbox"/>	Reconstruction
<input type="checkbox"/>	<input type="checkbox"/>	On-Board Recorder
<input type="checkbox"/>	<input type="checkbox"/>	Other (specify) _____

23. **Weight (GVW) of V1** _____ lbs.
 Cab Over Conventional

24. **Were brakes applied prior to collision? Length of Skid Mark**

V1 - Yes No Not Sure
V2 - Yes No Not Sure
V1 _____ V2 _____

25. **In seconds, how long was it from the time you first observed the other vehicle or object to the moment of impact? Seconds.**



