

SUPERVISOR' S EVALUATION OF VEHICLE ACCIDENT

Date of accident _____

Time of accident _____

Drivers Name _____

Vehicle Number _____

Weather Conditions (Circle one) Clear Rainy Cloudy Dark Ice / Snow

Please check the appropriate box for each question.

	Yes	No	Not Applicable
1. Were there any mechanical problems with the vehicle?			
2. Was the maintenance current on the vehicle?			
3. Were there any personal injuries?			
4. Was the employee wearing a seat belt?			
5. Was the accident preventable on the employees part?			
6. Was proper work area protection present (signs, cones, etc)?			
7. Was a spotter being used?			
8. Was a pre-trip inspection done?			

Additional Comments _____

Signatures

_____	_____
Employee	Date
_____	_____
Supervisor	Date
_____	_____
Safety Officer	Date