

# Vehicle Accident Investigation

## General Information

- |   |  |   |
|---|--|---|
| <p><b>1. Location or Branch</b><br/>Fairfax Location 234 Main Street -<br/>Fairfax, VA 22055</p> <p><b>2. Driver Name</b><br/>George Glass</p> <p><b>3. Department</b><br/>Deliveries</p> | <p><b>4. Age</b><br/>25</p> <p><b>5. Date of Accident</b><br/>11/15/2019</p> <p><b>6. Time</b><br/>23:19</p> | <p><b>7. How long has driver been operating vehicle? (years/months)</b><br/>7 years 2 months</p> <p><b>8. Exact Location of Accident</b><br/>The corner of Main Street and Elm Street</p> <p><b>9. List dates of all vehicle accidents by this driver in the past three years</b><br/>No others</p> |
|---|--|---|

## Description of Accident

**10. (Describe what happened - who was involved - where - when - why - how)**

Driver going East to West on Elm St. rolled through stop sign and hit another car travelling North to South on Main St., Driver was only going 25 miles per hour, but did not come to complete stop to see approaching vehicle

## The Cause of the Accident

**11. What did our driver or any other employee do or fail to do, that contributed to this accident?**

Failed to come to complete stop

**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

- Operating without proper equipment
- Operating without proper license - driver
- Reckless driving
- Other
- None

**12. Did driver's physical condition (hearing, eye defects, sickness, lack of sleep,) cause or contribute in any way to the accident?**

No

Explain

**Unsafe Contributing Factors of Our Driver**

- Personal impairment -- Alcohol/Drug Abuse
- Distraction
- Personal impairment -- Emotional/

- Personal Impairment - Physical capabilities
- Procedure improvised or not followed
- Unsafe act of others

**13. Did a vehicle's condition, scheduling, routing, maintenance, etc. contribute in any way to the accident occurrence or to the resulting damage or injury? Explain**

**Unsafe Conditions of Vehicle/Road**

- Carbon Monoxide hazard
- Defective brakes
- Defective personal protection
- Defective turn signals
- Defective tires
- Inoperative lights
- Road conditions
- Road illumination

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- Insufficient visibility
- Operating beyond vehicle capacity - overweight
- Operating defective equipment
- Operating for excess hours of service - fatigue

- Mental state**
- Equipment modified
  - Personal Impairment - Fatigue
  - Inadequate maintenance
  - Interior hazard inside vehicle
  - Lack if knowledge/skill/training
  - Other
  - None

- Vehicle loaded improperly
- Excessive load
- Unauthorized or illegal cargo
- Other
- None

## Corrective Action Taken

14. What is being done to prevent a re-occurrence? (Be specific. List definite steps taken. Avoid vague or meaningless answers such as "Told driver to be more careful," etc.)

Driver will need to take safe driving course to return to position

## Management Review

15. Preventable by Driver

Yes

## Signature of Supervisor

Date

11/15/2019

Signature of Supervisor

## Signature of Management

Date

11/16/2019

Signature of Management

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# Vehicle Accident Investigation



## Pictures

Picture 1



Picture 2



Picture 3

Picture 4

Picture 5