

# COLLISION REVIEW

Formal collision reporting procedures give your company a consistent way to review and investigate the facts surrounding collisions.

## COLLISION REVIEW CHECKLIST

- Does each vehicle in your fleet contain a pack of instructions and forms to use in the event of a collision?
- Are procedures clear, concise and easy to understand—even in stressful circumstances?
- Do you regularly review the forms in this package with all of your drivers, so they are familiar with how to use it if an incident occurs?
- Could the driver have prevented the collision by practising defensive driving?
- Do you keep a permanent file containing all the pertinent information concerning the collision? *This file would include the preliminary report from the driver; copies of the reports submitted to various agencies; and investigation data, police records, witness reports and any other information that might be useful in evaluating the collision.*

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VIN AND/OR UNIT #

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DATE OF COLLISION

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DRIVER

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TIME OF DAY

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BUSINESS    PLEASURE

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WEATHER/VISIBILITY

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LOCATION OF COLLISION

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VEHICLE SPEED

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## PREVENTABLE COLLISIONS

<input type="checkbox"/> BACKING	<input type="checkbox"/> PASSING	<input type="checkbox"/> DRIVING TOO FAST FOR CONDITIONS
<input type="checkbox"/> DISREGARD OF TRAFFIC SIGNS	<input type="checkbox"/> FOLLOWING DISTANCE	<input type="checkbox"/> DRIVING IN WRONG LANE
<input type="checkbox"/> ASSUMING RIGHT OF WAY	<input type="checkbox"/> MISJUDGING CLEARANCE	<input type="checkbox"/> TURNING
<input type="checkbox"/> FAILURE TO SIGNAL INTENTIONS	<input type="checkbox"/> PARKING	<input type="checkbox"/> CONDITION OF VEHICLE
<input type="checkbox"/> STARTING AND STOPPING	<input type="checkbox"/> DISTRACTED DRIVING	<input type="checkbox"/> DRIVING UNDER THE INFLUENCE
<input type="checkbox"/> OTHER (PROVIDE DETAILS)		

REMEDIAL ACTION (WHAT ACTION HAVE YOU TAKEN, OR DO YOU PROPOSE TAKING, TO PREVENT A RECURRENCE?)

PREVIOUS COLLISIONS

DRIVER'S SIGNATURE	DATE
REVIEWED BY	DATE