FS Transportation, llc New Carlisle, IN	Driver Accident Process		
Standard Operating Procedure	**Driver**	Version: 1.0	Date: 02/20/20

If you are involved in an accident- Call 911

All deer hits- call Dispatch *first*

Each truck has an accident kit in it, you will need the kit to complete the accident report

Never admit fault of an accident and/or safety incident, simply get the facts and report them to the company. Answer any questions law enforcement may have.

1) **Call 911 – inform that there has been an accident**

2) **Call Dispatch – Than take down the following information on attached Accident Form**
   a. Time that accident took place
   b. Location of accident *(Mile Marker, Road direction, City and State)*
   c. Check on others that maybe involved
   d. Names and addresses
   e. Phone the Police
   f. Set Up Triangles

3) **Take Pictures of the following with ELD pad or 2-way communication phone**
   a. All damage to the vehicles involved including multiple angles of all damage
      i. Your Rig
      ii. Their vehicle – including license plate
   b. Skid marks on the road if there are any
   c. Layout of vehicles involved
   d. All debris as it is positioned directly after the crash
   e. Layout of the roadway
   f. All roadway signs in the area

4) **Being ready for the police – be sure to have copy of police report and the card incident number upon return**
   a. Cab card registration
   b. Insurance
   c. License / Medical Card

5) **Do not argue with other(s) involved**
   Let the authorities ask questions and conduct the investigation. You represent FS Transportation and Five Star Sheets, act accordingly

6) **Stay in contact with dispatch**
   Provide situation updates throughout the investigation

7) If truck needs to be towed- grab dash camera to bring back to FST before truck is towed

8) Submit completed Accident Form to Dispatch upon return

9) Complete FST Incident Report with Dispatch

Review of Procedure

- The company's accident review procedures are based on the premise that our employees are expected to meet a higher standard of safety performance than the average motorist.
- In the case of an accident, determination of preventability will serve as the foundation of our employee safety program.
- The following accident review procedures have been established to ensure uniformity in determining the preventability of an accident.

Revisions to On Road Accident Process:

1	9/27/19	Diego Ortiz	New
2	2/20/20	Brooke Pritz	Corrected grammatical errors; addition of information
3			

FS Transportation, llc
New Carlisle, IN

VEHICLE ACCIDENT FORM

ACCIDENT DETAILS:

Date: _____ Time: _____(a.m/p.m) Accident Location: (include mile marker/street/city/state) _____

_____

Briefly describe what happened: _____

_____

What Police Department responded (State, County or City) _____

Officer Name _____ Report #_____

DRIVER/PASSENGER INFORMATION:

Driver Name_____ Phone #_____ Injured? Yes_____ No_____

Driver's License # _____ DOB_____ State_____

Passenger Name_____ Phone # _____ Injured? Yes_____ No_____

INSURED VEHICLE INFORMATION:

Vehicle Involved: Year:_____ Make:_____ Model:_____ VIN # (last 6)_____

Area of damage to your vehicle?_____

Where can vehicle be seen?_____

OTHER VEHICLE INFORMATION:

Driver Name_____ Phone #_____ Injured? Yes_____ No_____

Driver License # _____ State _____

Passenger Name_____ Phone # _____ Injured? Yes_____ No_____

Vehicle Involved: Year:_____ Make:_____ Model:_____ VIN # (last 6)_____

Area of damage to other vehicle? _____

Insurance Carrier/Agent _____

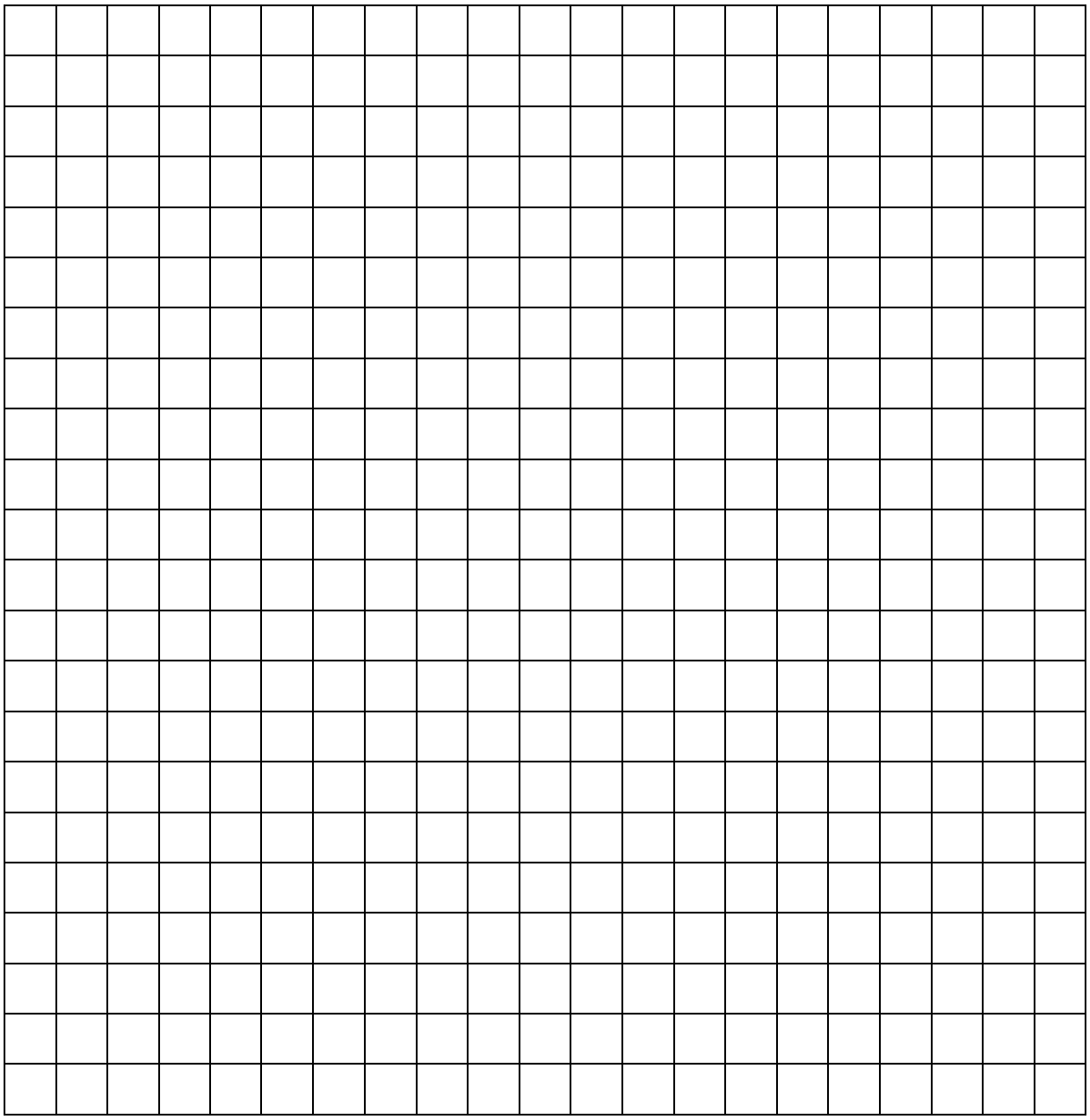
Policy Number _____ Phone #_____

WITNESS INFORMATION:

Witness _____ Phone # _____

(If multiple entries needed, please use back or separate sheet)

ACCIDENT DIAGRAM:



ADDITIONAL INFORMATION:

_____

_____

_____

_____

_____

_____