

# 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.**



