

STATE DRIVER ACCIDENT REVIEW

STD. 274 (REV. 1/2003)

PLEASE PRINT OR TYPE**SUPERVISOR'S REVIEW - FOR DEPARTMENTAL ACCIDENT PREVENTION**

PURPOSE: To have supervisor investigate each driver accident, report facts and circumstances, confirm that the State vehicle was used on State business, and initiate or recommend action to achieve accident prevention.

HOW: Use sources of information listed on the back of this form. Report on all accidents, regardless of who was hurt, what property was damaged, or who was responsible. (SAM 2430)

WHO: **SUPERVISOR** who authorized the employee to drive on State business must prepare this report, code the type of accident, and forward it to the reviewing officer/safety coordinator within five days from the date of the accident. Attach STD. 274 to the departmental copies of STD. 270 (if applicable). If STD. 270 is not required, send a copy of STD. 274 to the Office of Risk and Insurance Management, Health and Safety Unit.

REVIEWING OFFICER: You are responsible for the quality (accuracy and completeness) of the supervisor's report and to initiate follow-up action.

1. DRIVER'S NAME	2. ORGANIZATION UNIT AND DEPARTMENT	3. DATE OF ACCIDENT
4. HOW DID ACCIDENT OCCUR ?		
5. WHAT DRIVING RULES, VEHICLE LAWS OR VIOLATIONS CONTRIBUTED TO THE CAUSE OF THE ACCIDENT?		
6. SUPERVISOR'S ACTION TAKEN, OR RECOMMENDATION FOR SUPERIORS TO PUT INTO EFFECT. (SEE BACK FOR SUGGESTIONS)		
7. SIGNATURE AND TITLE OF SUPERVISOR	DATE	
8. REVIEWING OFFICER: I CONCUR <input type="checkbox"/> OR I DO NOT CONCUR <input type="checkbox"/> WITH SUPERVISOR MY EVALUATION AND ACTION TAKEN:		
9. HOW WAS THE DRIVER INFORMED OF YOUR EVALUATION AND FOLLOW-UP ACTION: VERBAL DISCUSSION <input type="checkbox"/> WRITTEN MEMO <input type="checkbox"/> VERBAL AND WRITTEN <input type="checkbox"/>		DATE
10. SIGNATURE AND TITLE OF REVIEWER	DATE	

STATE DRIVER ACCIDENT REVIEW

STD. 274 (REV. 1/2003) (REVERSE)

SOURCES OF INFORMATION INVESTIGATED BY SUPERVISOR IN ADDITION TO STD. 270 PREPARED BY DRIVER

DID YOU ?	YES	NO
<input checked="" type="checkbox"/> QUESTION STATE DRIVER	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> GO TO SCENE OF ACCIDENT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CLOSELY EXAMINE SEAT BELTS AND SAFETY EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> EXAMINE MECHANICAL DEFECTS	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> READ POLICE REPORT AND CITATIONS	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> REVIEW DL-254, ABSTRACT OF LICENSE RECORDS DEPARTMENT OF MOTOR VEHICLES	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> REVIEW DRIVER'S FILE -- DEPARTMENT RECORDS	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> ASK ABOUT ANY DISTRACTIONS OR ATTENTION DIVERTERS, PRIOR TO ACCIDENT (i.e., cellphone, eating, reaching, talking)	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> CONSIDER, WAS OUR DRIVER INFLUENCED BY FATIGUE, ILLNESS, MEDICINE OR ALCOHOL? IF YES, EXPLAIN _____	<input type="checkbox"/>	<input type="checkbox"/>

SOME ACTION SUGGESTIONS AND RECOMMENDATIONS (EXPLAIN ON OTHER SIDE)

- DRIVER HABITS NEED TO BE OBSERVED IN TRAFFIC
- OUR DRIVER WAS A CONTRIBUTING FACTOR (memo to driver)
- FURTHER TRAINING BE PROVIDED (when, by whom and type)
- DEPARTMENTAL POLICY OR LOCAL RULES BE MODIFIED
- DRIVER BE DISCIPLINED (special action suggested)
- ASK ACCIDENT REVIEW BOARD TO ADVISE SUPERVISOR
- NO FURTHER PERSONNEL ACTION BE TAKEN
- RECOMMEND REMOVAL FROM DRIVING STATUS
- DISCUSS CUMULATIVE DRIVER RECORD
- RECOMMEND NEW OR CHANGE OF TRAFFIC FLOW
- CHANGE OR IMPROVE EQUIPMENT
- ASK FOR EXPERT CONSULTATION

GIVE DATE OF DEFENSIVE DRIVER TRAINING	DATE
<input checked="" type="checkbox"/> ORIENTATION - DEPARTMENT POLICIES AND RULES	<input type="text"/>
<input checked="" type="checkbox"/> CLASSROOM DEFENSIVE DRIVER TRAINING	<input type="text"/>
<input checked="" type="checkbox"/> BEHIND-THE-WHEEL TRAINING	<input type="text"/>
<input checked="" type="checkbox"/> SPECIAL MOBILE EQUIPMENT TRAINING	<input type="text"/>

SUPERVISOR -- CLASSIFY FOR DEPARTMENTAL REPORTING

TYPE OF VEHICLE ACCIDENT:

COLLISION WITH OTHER VEHICLE

- 1. Evasive maneuver
- 2. Lost control
- 3. Hit other vehicle in rear
- 4. Hit from rear
- 5. Proceeding straight
- 6. Crossed into opposing lanes
- 7. Changing lanes
- 8. Making right turn
- 9. Making left turn
- 10. Backing
- 11. Mechanical failure
- 12. Collision with bicycle

SOLO ACCIDENT

- 13. Evasive maneuver
- 14. Lost control
- 15. Collided with stationary object
- 16. Backing
- 17. Runaway vehicle
- 18. Lost load
- 19. Mechanical failure
- 20. Struck or was struck by animal

STRIKING PEDESTRIAN

- 21. In a crosswalk
- 22. Not in a crosswalk
- 23. While backing

MISCELLANEOUS ACCIDENT

- 24. Explain _____

WAS ACCIDENT PREVENTABLE BY STATE DRIVER ? Yes No