

**MOTOR VEHICLE CRASH WORKSHEET**

(INSTRUCTIONS: All boxes are to be checked for response, click to initiate a check mark if N/A or discrepancies leave blank fill in comments)

This worksheet is used by the Safety Board to calculate and record the number of points received from being involved in a preventable motor vehicle accident.

Employee Name:	Length of Employment:		
Date of Accident: ____ / ____ / ____	Department:		
VOTING MEMBER Question #1	Was this accident Preventable? If yes, continue to next question for mitigating.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VOTING MEMBER Question #2	Employee is relieved of the responsibility of its occurrence? If no, continue to below Tally Worksheet below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

*This accident, plus any previous record of such within a three (3) year period, will be considered by the Board.*Please note that Safety Board Caution Letters may be issued, but are not considered a reprimand or finding of fault and shall not be placed in the employee's Human Resource file. **Caution Letter** **Serious Ticket Violations****Under Emergency Conditions
(Lights & Sirens)**

DUI	Driver becomes uninsurable for 5 years if convicted of any of these "Serious Offenses"	In Use of Lights & Sirens?	-3	
Reckless Driving		Not in Use of Lights & Sirens?	+3	
Vehicle Homicide		N/A	0	
Suspended or Revoked License				
Eluding Law Enforcement				
Racing				
Drug Charges				
Leaving the Scene of an Accident				
Speeding in Excess of 29 mph				

Other Violations**At Fault Vehicle Accidents Last 36 Months**

Passing a School Bus when arm extended	+10		2	3	4	5	
Failure to follow Accident Procedures (Reporting and/or Drug Screen)	+4 - 6		<\$2,000 <input type="checkbox"/>	+1	+3	+6	+10
Too Fast for Conditions	+5		>\$2,000 <input type="checkbox"/>	+3	+6	+10	+15
Speeding <29 mph Over Limit	+4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Yield	+4						
Following Too Close	+3						
Failure to Maintain Lane	+3						
Distracted Driving	+2		Years	2	4	6	8
Hit a Fixed Object and/or Improper Backing	+2		Award	-1	-2	-3	-4
							-5
Other:	+1 - 5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Backer Violations**Frequency of Vehicle Use**

Was a backer used? Y <input type="checkbox"/> N <input type="checkbox"/>		Less than 3 hours per week (AVG)	0	
Name & Position of Backer?		3 Hours or More per Week (AVG)	-2	

Corrective Action Taken

Safety Board Voting Member Initials: _____

Date: ____ / ____ / ____

Total Points this Incident:

* The Corrective Action Table shall be used in conjunction with the above point system. However, the Safety Board reserves the right to use it's discretion with a majority vote, to apply other corrective actions due to mitigating circumstance, severity or other good causes.