

**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?☐ Yes☐ No

If yes, continue to next question for mitigating.

VOTING MEMBER

Question #2

Employee is relieved of the responsibility of its occurrence?☐ Yes☐ No

If no, continue to below Tally Worksheet below.

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			Civilian Property Damage		
Leaving the Scene of an Accident			No Damage	0	
Speeding in Excess of 29 mph			Less than <\$5,000	+1	
			\$5,000 – \$10,000	+2	
			More than \$10,000	+3	

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

Passing a School Bus when arm extended	+10								
Failure to follow Accident Procedures (Reporting and/or Drug Screen)	+4 - 6								
Too Fast for Conditions	+5								
Speeding <29 mph Over Limit	+4								
Failure to Yield	+4								
Following Too Close	+3								
Failure to Maintain Lane	+3								
Distracted Driving	+2								
Hit a Fixed Object and/or Improper Backing	+2								
Other:	+1 - 5								

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.