

# Prevention Connection



Safety resources to protect your world

(Insert Company Name)

## Supervisor's Evaluation of Vehicle Accident

Name of Driver:

Age:

Length of Service:

Number of Years Driving Experience:

Location of Accident (Street, Address, Intersection, Mile Post Number)

Date of Accident:

Time (a.m./p.m.):

Road and Weather Conditions:

Description of Accident:

Cause of the Accident:

Driver Performance  
(describe)

Lack of Proper  
Training at Hire

Vehicle Condition

Was the accident preventable or non-preventable?\*

What corrective action is recommended to prevent a similar accident?

What corrective action was taken:

Date Corrective Action Taken:

By Whom:

During the last two years, this driver's violation and accident record has been:

Date of last MVR review:

Has this driver ever been exposed to any "Defensive Driver" or other driver training courses? (give details)

Comments:

Signature of Supervisor:

Date:

*\*Non-preventable accident - One where our driver did everything that could have reasonably been expected in order to prevent the accident.*