**Post-Accident Testing Summary Report (FTA)**

**Instructions:**

This form is used to document information on the accident and/or incident. It should be completed within 24 hours of an accident and/or incident and returned to highest company official. **A separate Post-Accident Summary Report must be filled out for each covered employee that contributed to the accident.**

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| **Completed by:**Name of Supervisor assigned to investigate the accident. |  |
| **Signature:** |  |
| **Report Date:** |  | **Time:** |  | **AM/PM** |  |

**§ 655.4 Definitions.**

**Accident** means an occurrence associated with the operation of a vehicle, if as a result: (1) An individual dies; or (2) An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident; or (3) With respect to an occurrence in which the public transit vehicle involved is a bus, electric bus, van, or automobile, one or more vehicles (including **non-FTA** funded vehicles) incurs disabling damage as the result of the occurrence and such vehicle or vehicles are transported away from the scene by a tow truck or other vehicle.

**Disabling Damage**: Damage that precludes departure of a motor [vehicle](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8c0cfc6e1076effc13b6453ae3d85da9&term_occur=11&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) from the scene of the [accident](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=bcc399a913d147ad524320efde50fb08&term_occur=2&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) in its usual manner in daylight after simple repairs.

1. Inclusion. Damage to a motor [vehicle](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8c0cfc6e1076effc13b6453ae3d85da9&term_occur=13&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4), where the [vehicle](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8c0cfc6e1076effc13b6453ae3d85da9&term_occur=12&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) could have been driven, but would have been further damaged if so driven.

(2) Exclusions.

(i) Damage that can be remedied temporarily at the scene of the [accident](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=bcc399a913d147ad524320efde50fb08&term_occur=3&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) without special tools or parts.

(ii) Tire disablement without other damage even if no spare tire is available.

(iii) Headlamp or tail light damage.

(iv) Damage to turn signals, horn, or windshield wipers, which makes the [vehicle](https://www.law.cornell.edu/definitions/index.php?width=840&height=800&iframe=true&def_id=8c0cfc6e1076effc13b6453ae3d85da9&term_occur=14&term_src=Title:49:Subtitle:B:Chapter:VI:Part:655:Subpart:A:655.4) inoperable.

**Contributing Factor:** The determination of whether or not a safety-sensitive employee’s performance was a contributing factor should be the decision of the company official investing the accident; not based on the police officer’s accident fault determination. The decision should not be made hastily. The company official’s determination must be based on the best available information at the time of the accident.

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| **Post-Accident Information** |
| **Report Number:** |  |
| **Date of Accident**  |  | **Time of Accident** |  | **AM/PM** |  |
| **Location**  |  |
| **Time Employer was Notified** |  |
| **Description/Details:** |  |
| **Name(s) of Employees Involved** |
| **Name** |  | **ID Number** |  | **Position** |  |
| **Name** |  | **ID Number** |  | **Position** |  |
| **Name** |  | **ID Number** |  | **Position** |  |

**Supervisor Making Post-Accident Testing Determination**

**Employee Information[[1]](#footnote-1):**

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| **Name of Safety-Sensitive Employee** |  | **Position (e.g., driver, dispatcher)**  |

**Testing Determination Questions**

**If there was a Fatality, answer the following question:**

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| **Was there a fatality?** |
|  | **Yes**If **yes**, and the accident resulted in a fatality of any person involved in the accident/incident (employee, passenger, or general public) the transit driver, and any other employee who may have been a contributing factor to the accident, will be required to undergo both a post-accident alcohol test and post-accident drug test. The alcohol test should be performed before Drug Specimen test. **Make test arrangements immediately.** |
|  | **No** |

**If there was ‘NO’ fatality, answer the following questions:**

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| **Was anyone transported from the scene of the accident for medical attention?** |
|  | **Yes**If **yes**, any transit employee who cannot be discounted as a contributing factor to the accident is required to undergo both a post-accident drug and post-accident alcohol test. **Make test arrangements immediately.** |
|  | **No** |

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| **Was there any *disabling damage* to any public transportation vehicle involved in the accident, requiring the vehicle to be towed away from the scene?** |
|  | **Yes**If **yes**, any transit employee who cannot be discounted as a contributing factor to the accident is required to undergo both a post-accident drug and post-accident alcohol test. **Make test arrangements immediately.** |
|  | **No** |

**If the answer to the previous (2) two questions is ‘Yes’ (related to a non-fatal accident), can you completely discount the performance of the driver of the public transportation vehicle as a contributing factor to the accident?**

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| **Can the driver be completely discounted as a contributing factor to the accident?**  |
|  | **Yes**. Note: If answered **‘yes’, FTA drug and alcohol tests are PROHIBITED.** **Provide a detailed explanation for why the driver was discounted as a contributing factor. Attach supporting documentation, as needed.** |
|  | **No.** If answered **‘no’, FTA drug and alcohol tests are REQUIRED.**  |

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| **If the supervisor determined that drug and alcohol testing is required, could the performance of any other safety sensitive employee (e.g., maintenance/mechanics, dispatcher, etc.), have contributed to the accident (as determined by the supervisor using information available at the time of the accident)? A separate Post-Accident Summary Report must be filled out for each covered employee that contributed to the accident.**  |
|  | **Yes. If yes, make arrangements to immediately post-accident test that employee.** **Provide explanation here.**  |
|  | **No.** If no, there is no further action required. |

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| **Was the employee sent for post-accident drug and alcohol testing?** |
|  | **Yes** |
|  | **No.** If no, there is no further action required. |

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| **If answered ‘yes’ above, was testing performed under DOT Authority using Federal Forms?**  |
|  | **Yes** |
|  | **No** |

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| **If answered ‘yes’ above, was testing performed under independent Company Authority?**  |
|  | **Yes**If **yes**, a non-DOT testing form must be used and must be authorized in the Company’s Drug and Alcohol testing policy.  |
|  | **No** |

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| **The employee(s) was not sent for post-accident testing because:** |
|  | The accident/incident did not meet FTA’s definition of an accident to require DOT testing.  |
|  | Other, explain reason here\_\_\_\_.  |

**Drug and Alcohol Testing Information**

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| **Name of Safety-Sensitive Employee** |  | **Position (e.g., driver, dispatcher)**  |

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| **Employee Notification of D&A Testing:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Alcohol Test Conducted:** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Drug Test Conducted** |  | **Date:** |  | **Time:** |  | **AM/PM** |

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| **Test Result** |  | **Positive:** |  | **Negative:** |  | **Test Cancelled:** |  |

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| **Did the employee refuse the test?** |
|  | **Yes.** If **yes**, explain\_\_\_.  |
|  | **No** |

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| **Did the employee leave the scene of the accident without a reasonable explanation?** |
|  | **Yes.** If **yes**, explain\_\_\_. |
|  | **No** |

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| **Was the ALCOHOL test performed within (2) two hours of the time of the accident?** |
|  | **Yes** |
|  | **No.** If no, explain\_\_\_. |
|  | **N/A**  |

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| **Was the ALCOHOL test performed within (8) eight hours of the time of the accident?**  Note: If the alcohol test is not conducted within (8) eight hours, cease all efforts to administer the test.  |
|  | **Yes** |
|  | **No.** If no, explain\_\_\_. |

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| **Was the DRUG test performed within 32 hours of the time of the accident?**  Note: If the drug test is not conducted within 32 hours, cease all efforts to administer the test.  |
|  | **Yes** |
|  | **No.** If no, explain\_\_\_. |
|  | **N/A**  |

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| **Is the employee involved currently taking any Prescribed or Over-the-Counter medicines?** |
|  | **Yes** |
|  | **No** |

**Note**: The test window is calculated from the time of the accident to the time of the alcohol or drug test as recorded on the ATF and CCF.

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| **Attachments** |
|  | Order to Test |
|  | Test Result Summary |
|  | Breath Alcohol Testing Form (ATF) |
|  | Drug Specimen Chain of Custody Form (CCF) |

1. A separate sheet must be filled out for each covered employee that contributed to the accident. [↑](#footnote-ref-1)