**National Safety Council Preventability Review Request Form**

Email request for secure upload credentials to: [collisionreview@nsc.org](mailto:collisionreview@nsc.org)

National Safety Council, Attn: SME Driver Safety, P.O. Box 679, Itasca, IL 60143-0679

Please complete the following information in its entirety and attach to documentation of support for your review.

|  |  |
| --- | --- |
| **Date submitted:** | **Membership #ID:** |
| **Incident submitted by:** |  |
| **Title:** |  |
| **Company:** |  |
| **Street address:** |  |
| **City, state, zip:** |  |

**Phone: Fax: E-mail:**

**Driver’s name: Age:**

**Status of driver:** ❒ Injured ❒ Not Injured

**Hours on duty: Job title:**

**Date of incident: Time:** ❒ am ❒ pm

**Type:** ❒ Pedestrian ❒ Private car ❒ Truck ❒ Train ❒ Bus

❒ Moving object ❒ Fixed object

**Non-collision:** ❒ Ran off the road ❒ Overturn ❒ Jackknife ❒ Fire ❒ Cargo shift

|  |  |  |  |
| --- | --- | --- | --- |
| **As a result of incident, there was a:** | ❒ Fire | ❒ Explosion ❒ Spillage of hazardous material ❒ No hazardous cargo | ❒ N/A |
| **Was a state report filed:** | ❒ Yes | ❒ No |  |

**1. Run on which this incident occurred began at:**

**2. The run was intended to end at**  City State on what date:

**3. What date**  Mo./day at what time

**4. Place where incident occurred:**

**5. Type of district** ❒ Residential ❒ Rural ❒ Highway ❒ Primarily business

**6. Street name or highway, bridge, railroad crossing, etc.**

|  |  |  |  |
| --- | --- | --- | --- |
| **7.** | **Near where: landmark, etc.** |  | |
| **8.** | **Was driver cited in vehicle:** | ❒ Yes | ❒ No |
| **9.** | **Was adjuster called:** | ❒ Yes | ❒ No |

**10. Day of week:**

**11. Condition of the driver:** ❒ Apparently normal ❒ Sick-had been drinking ❒ Dozed at the wheel ❒ Medical waiver ❒ Other

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**Weather conditions:** ❒ Clear ❒ Rain ❒ Snow ❒ Sleet-fog/smog ❒ Cloudy/overcast

**Road Surface:** ❒ Dry ❒ Icy ❒ Wet ❒ Snowy ❒ Muddy ❒ Other

**Type of Highway:**

**Were chains needed:** ❒ Yes ❒ No

**Were chains used:** ❒ Yes ❒ No **Indicate which axles chained:**

**Type of fuel:** ❒ Gasoline ❒ Diesel ❒ L.P.G. ❒ Other (specify)

**Check one of the following as principal type of cargo:**

❒ General freight ❒ Liquids in bulk

❒ Household goods or uncrated furniture/fixtures ❒ Explosives

❒ Metal: Coils, sheets, rods, plates, etc. ❒ Logs, poles, lumber

❒ Heavy machinery or other large objects ❒ Empty

❒ Motor vehicles ❒ Refrigerated foods

❒ Driveaway-towaway ❒ Mobile home

❒ Gases in bulk ❒ Farm products

❒ Solids in bulk ❒ Other (Specify)

**Vehicle movement: check all appropriate boxes.**

❒ Slowing-stopping ❒ Passing

❒ Stopped ❒ Changing lanes

❒ Parked ❒ Sideswipe-opposite directions

❒ Rear end ❒ Head-on crossed in opposing lane

❒ Backing ❒ Skidding

❒ Making right turn ❒ Vehicle out-of control

❒ Making left turn ❒ Roll-away

❒ Making “U” turn ❒ Controlled railroad crossing

❒ Proceeding straight ❒ Uncontrolled railroad crossing

❒ Merging ❒ Weaving

❒ Intersection ❒ Other:

❒ Entering traffic from shoulder, median, parking strip, private drive

**Cargo damage: Estimated amount $**

**Total damage to property: Specify damages**

**Number of prior PREVENTABLES:**

**Number of prior NON-PREVENTABLES:**

**Check appropriate boxes (mechanical defects or failures):**

❒ None ❒ Lights

❒ Brakes ❒ Steering System

❒ Coupling ❒ Suspension

❒ Driveline ❒ Transmission

❒ Engine ❒ Wheels and Tires

❒ Fuel System ❒ Other (specify)

**Signature of supervisor submitting reports:**

Name and Title Date

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