



# National Safety Council Preventability Review Request Form

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

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



**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:**

- |   |  |
|---|--|
| <input type="checkbox"/> General freight                                | <input type="checkbox"/> Liquids in bulk     |
| <input type="checkbox"/> Household goods or uncrated furniture/fixtures | <input type="checkbox"/> Explosives          |
| <input type="checkbox"/> Metal: Coils, sheets, rods, plates, etc.       | <input type="checkbox"/> Logs, poles, lumber |
| <input type="checkbox"/> Heavy machinery or other large objects         | <input type="checkbox"/> Empty               |
| <input type="checkbox"/> Motor vehicles                                 | <input type="checkbox"/> Refrigerated foods  |
| <input type="checkbox"/> Driveaway-towaway                              | <input type="checkbox"/> Mobile home         |
| <input type="checkbox"/> Gases in bulk                                  | <input type="checkbox"/> Farm products       |
| <input type="checkbox"/> Solids in bulk                                 | <input type="checkbox"/> Other (Specify)     |

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

- |   |   |
|---|---|
| <input type="checkbox"/> Slowing-stopping   | <input type="checkbox"/> Passing                          |
| <input type="checkbox"/> Stopped  | <input type="checkbox"/> Changing lanes                   |
| <input type="checkbox"/> Parked   | <input type="checkbox"/> Sideswipe-opposite directions    |
| <input type="checkbox"/> Rear end   | <input type="checkbox"/> Head-on crossed in opposing lane |
| <input type="checkbox"/> Backing  | <input type="checkbox"/> Skidding                         |
| <input type="checkbox"/> Making right turn  | <input type="checkbox"/> Vehicle out-of control           |
| <input type="checkbox"/> Making left turn   | <input type="checkbox"/> Roll-away                        |
| <input type="checkbox"/> Making "U" turn  | <input type="checkbox"/> Controlled railroad crossing     |
| <input type="checkbox"/> Proceeding straight  | <input type="checkbox"/> Uncontrolled railroad crossing   |
| <input type="checkbox"/> Merging  | <input type="checkbox"/> Weaving                          |
| <input type="checkbox"/> Intersection   | <input type="checkbox"/> Other:                           |
| <input type="checkbox"/> 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):**

- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> None        | <input type="checkbox"/> Lights           |
| <input type="checkbox"/> Brakes      | <input type="checkbox"/> Steering System  |
| <input type="checkbox"/> Coupling    | <input type="checkbox"/> Suspension       |
| <input type="checkbox"/> Driveline   | <input type="checkbox"/> Transmission     |
| <input type="checkbox"/> Engine      | <input type="checkbox"/> Wheels and Tires |
| <input type="checkbox"/> Fuel System | <input type="checkbox"/> Other (specify)  |

**Signature of supervisor submitting reports:**

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Name and Title Date