

# STEPS TO FOLLOW WHEN YOU ARE INVOLVED IN AN ACCIDENT

(Place in the cab of truck)

DRIVER'S NAME: \_\_\_\_\_ TERMINAL LOCATION: \_\_\_\_\_

## GENERAL INSTRUCTIONS

1. Use warning devices to protect scene.
2. Assist injured persons, do not move them unless absolutely necessary.
3. Notify police and other emergency personnel.
4. Identify yourself and company. Show your driver's license and registration.
5. Be courteous but make no statements except to police and company representatives. Do not discuss or admit fault.
6. Get names of witnesses. Record their information on the reverse side of this form.
7. Complete the Preliminary Accident Report on the reverse side of this form.
8. **Call your supervisor at once.**

### You must submit to:

1. a post-accident *drug test* (within **2 hours**, but **no later than 32 hours**), **AND**
  2. a post-accident *breath alcohol test* (within **2 hours**, but **no later than 8 hours**)
- **IF** any of the following apply, you must submit to a **DOT** (*Federal*) drug screen:
    - (1) A FATALITY has occurred; **OR**
    - (2) A TRAFFIC CITATION is issued to the CMV driver involved in a nonfatal accident **AND**
      - (a) There is bodily injury to a person who, as a result of the injury, immediately receives medical treatment away from the scene of the accident; **OR**
      - (b) One or more motor vehicles incurs *disabling damage* as a result of the accident, requiring the vehicle to be transported away from the scene by a tow truck or other vehicle.
  - **Otherwise**, you must submit to a **Non-D.O.T.** (*Non-Regulated*) drug screen.

The Post-Accident Drug and Breath Alcohol Testing specimens are to be sent to:

MedTox Laboratories, Inc.  
402 W. County Road D  
St. Paul, MN 55112  
(651) 636-7466 (800) 832-3244

Inform the testing facility that Hiland's Medical Review Officer is:

Paul Teynor, M.D.  
Workforce QA MRO Services  
1430 S Main Street  
Salt Lake City, UT 84115  
*PHONE* (888) 249-4575 *FAX* (801) 994-9953

**PRELIMINARY ACCIDENT REPORT**  
(To Be Completed By Driver At the Scene of the Accident)

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  a.m.  p.m.

ACCIDENT LOCATION ADDRESS: \_\_\_\_\_

**OUR VEHICLE INFORMATION**

DRIVER'S NAME: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_

**If you were required to take a post accident drug and alcohol test as defined on the reverse side of this form, list the name and address where you submitted to the screening:**

Name of Testing Facility: \_\_\_\_\_

Address of Testing Facility: \_\_\_\_\_

Phone Number of Testing Facility: \_\_\_\_\_

***NOTE:** Be sure to tell the lab that you need to take a **FEDERAL D.O.T.** post accident drug screen **AND** a breath alcohol test performed by a Certified Breath Alcohol Technician.*

**OTHER VEHICLE INFORMATION**

Driver's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Driver's License Number and State: \_\_\_\_\_

Owner's Name, (if other than the Driver): \_\_\_\_\_

Address and Phone Number: \_\_\_\_\_

Vehicle Make, Model and Year: \_\_\_\_\_

Vehicle License Plate Number and State: \_\_\_\_\_

Other parties insurance company's name, address, phone number and policy number:

\_\_\_\_\_  
\_\_\_\_\_

Damage Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Witnesses names, addresses and phone numbers: \_\_\_\_\_

\_\_\_\_\_