

FMCSA Post-Accident Documentation Form

Date of accident/incident: _____ Time of accident/incident: _____

Location of accident/incident: _____

Description of accident/incident: _____

Employees (other people) involved in the accident/incident: _____

Did the accident meet FMCSA criteria for performing post-accident alcohol and drug testing:

1. Was there a fatality associated with the accident?
 - Yes – **DOT post-accident drug and breath alcohol tests are required.**
 - No – go to next question.

2. Was the employee issued a citation for a moving violation as a result of the accident?
 - Yes – go to next question.
 - No – DOT testing is not required. If you test the employee, it should be a non-DOT test under your own authority.

3. Was a vehicle towed away from the scene of the accident?
 - Yes – **DOT post-accident drug and breath alcohol tests are required.**
 - No – go to next question.

4. Was there immediate medical treatment away from the scene?
 - Yes – **DOT post-accident drug and breath alcohol tests are required.**
 - No – DOT testing is not required. If you test the employee, it should be a non-DOT test under your own authority.

Check any that apply:

- Alcohol test was not administered within 2 hours after the accident, indicate reason below.
- Alcohol test was not administered within 8 hours after the accident, indicate reason below.
- Drug test was not administered within 32 hours after the accident, indicate reason below.

Reason why test was not administered within time limits, if applicable: _____

Other comments: _____

Supervisor (Print & Sign)

Date

Attachments: Drug test results (chain of custody & result signed by MRO)
 Alcohol test results