STATE DRIVER ACCIDENT REVIEW

STD. 274 (REV. 1/2003)

SUPERVISOR'S REVIEW - FOR DEPARTMENTAL ACCIDENT PREVENTION

PLEASE PRINT OR TYPE

PURPOSE: To have supervisor investigate each driver accident, report facts and circumstances, confirm that the State vehicle was used on State business, and initiate or recommend action to achieve accident prevention.

HOW: Use sources of information listed on the back of this form. Report on all accidents, regardless of who was hurt, what property was damaged, or who was responsible. (SAM 2430)

WHO: SUPERVISOR who authorized the employee to drive on State business must prepare this report, code the type of accident, and forward it to the reviewing officer/safety coordinator within five days from the date of the accident. Attach STD. 274 to the departmental copies of STD. 270 (if applicable). If STD. 270 is not required, send a copy of STD. 274 to the Office of Risk and Insurance Management, Health and Safety Unit.

REVIEWING OFFICER: You are responsible for the quality (accuracy and completeness) of the supervisor's report and to initiate follow-up action.

1. DRIVER'S NAME

2. ORGANIZATION UNIT AND DEPARTMENT

3. DATE OF ACCIDENT

4. HOW DID ACCIDENT OCCUR?

5. WHAT DRIVING RULES, VEHICLE LAWS OR VIOLATIONS CONTRIBUTED TO THE CAUSE OF THE ACCIDENT?

6. SUPERVISOR'S ACTION TAKEN, OR RECOMMENDATION FOR SUPERIORS TO PUT INTO EFFECT. (SEE BACK FOR SUGGESTIONS)

7. SIGNATURE AND TITLE OF SUPERVISOR

8. REVIEWING OFFICER:
   I CONCUR [ ] OR I DO NOT CONCUR [ ] WITH SUPERVISOR
   MY EVALUATION AND ACTION TAKEN:

9. HOW WAS THE DRIVER INFORMED OF YOUR EVALUATION AND FOLLOW-UP ACTION:
   VERBAL DISCUSSION [ ] WRITTEN MEMO [ ] VERBAL AND WRITTEN [ ]

10. SIGNATURE AND TITLE OF REVIEWER

   DATE

   DATE
STATE OF CALIFORNIA - GENERAL SERVICES - RISK AND INSURANCE MANAGEMENT

STATE DRIVER ACCIDENT REVIEW
STD. 274 (REV. 1/2003) (REVERSE)

SOURCES OF INFORMATION INVESTIGATED BY SUPERVISOR
IN ADDITION TO STD. 270 PREPAID BY DRIVER

DID YOU?

☒ QUESTION STATE DRIVER
☒ GO TO SCENE OF ACCIDENT
☒ CLOSELY EXAMINE SEAT BELTS AND SAFETY EQUIPMENT
☒ EXAMINE MECHANICAL DEFECTS
☒ READ POLICE REPORT AND CITATIONS
☒ REVIEW DL-254, ABSTRACT OF LICENSE RECORDS DEPARTMENT OF MOTOR VEHICLES
☒ REVIEW DRIVER'S FILE -- DEPARTMENT RECORDS
☒ ASK ABOUT ANY DISTRACTIONS OR ATTENTION DIVERS, PRIOR TO ACCIDENT (i.e., cellphone, eating, reaching, talking)
☒ CONSIDER, WAS OUR DRIVER INFLUENCED BY FATIGUE, ILLNESS, MEDICINE OR ALCOHOL?
IF YES, EXPLAIN

GIVE DATE OF DEFENSIVE DRIVER TRAINING

☒ ORIENTATION - DEPARTMENT POLICIES AND RULES
☒ CLASSROOM DEFENSIVE DRIVER TRAINING
☒ BEHIND-THE-WHEEL TRAINING
☒ SPECIAL MOBILE EQUIPMENT TRAINING

SOME ACTION SUGGESTIONS AND RECOMMENDATIONS
(Explain on other side)

☐ DRIVER HABITS NEED TO BE OBSERVED IN TRAFFIC
☐ OUR DRIVER WAS A CONTRIBUTING FACTOR (memo to driver)
☐ FURTHER TRAINING BE PROVIDED (when, by whom and type)
☐ DEPARTMENTAL POLICY OR LOCAL RULES BE MODIFIED
☐ DRIVER BE DISCIPLINED (special action suggested)
☐ ASK ACCIDENT REVIEW BOARD TO ADVISE SUPERVISOR
☐ NO FURTHER PERSONNEL ACTION BE TAKEN
☐ RECOMMEND REMOVAL FROM DRIVING STATUS
☐ DISCUSS CUMULATIVE DRIVER RECORD
☐ RECOMMEND NEW OR CHANGE OF TRAFFIC FLOW
☐ CHANGE OR IMPROVE EQUIPMENT
☐ ASK FOR EXPERT CONSULTATION

SUPERVISOR -- CLASSIFY FOR DEPARTMENTAL REPORTING

TYPE OF VEHICLE ACCIDENT:

<table>
<thead>
<tr>
<th>COLLISION WITH OTHER VEHICLE</th>
<th>SOLO ACCIDENT</th>
<th>STRIKING PEDESTRIAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Lost control</td>
<td>14. Lost control</td>
<td>22. Not in a crosswalk</td>
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<tr>
<td>3. Hit other vehicle in rear</td>
<td>15. Collided with stationary object</td>
<td>23. While backing</td>
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<td>4. Hit from rear</td>
<td>16. Backing</td>
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<tr>
<td>5. Proceeding straight</td>
<td>17. Runaway vehicle</td>
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<td>6. Crossed into opposing lanes</td>
<td>18. Lost load</td>
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<tr>
<td>7. Changing lanes</td>
<td>19. Mechanical failure</td>
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</tr>
<tr>
<td>8. Making right turn</td>
<td>20. Struck or was struck by animal</td>
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<tr>
<td>9. Making left turn</td>
<td>24. Explain</td>
<td></td>
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<tr>
<td>10. Backing</td>
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<tr>
<td>11. Mechanical failure</td>
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<tr>
<td>12. Collision with bicycle</td>
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MISCELLANEOUS ACCIDENT

☐ 24. Explain

WAS ACCIDENT PREVENTABLE BY STATE DRIVER?
☐ Yes ☐ No