Alberta Transportation

Request for Collision Evaluation

Under the Carrier Service's monitoring program, carriers may request that a collision be evaluated to determine if it was non-preventable. Collisions evaluated through an approved process and deemed to be "non-preventable" will be displayed as a "non-preventable" collision on their carrier profile.

Evaluating driver collisions is a critical part of every carrier's safety program. Without a proper evaluation carriers cannot determine the root cause of the collision so that remedial action can be taken to ensure future collisions do not occur. In addition, a thorough internal evaluation may reduce a carrier's liability.

Alberta Transportation has entered into an agreement with the Alberta Motor Transport Association (AMTA) to perform collision evaluations. Carrier Services will send applications they feel may be "preventable" to the AMTA for evaluation. A committee administered by AMTA, comprised of trained motor transport industry personnel, will review the application and evaluate the collision for "preventability". The evaluation will be subject to an administrative fee assessed by the AMTA.

Carriers wishing to have a collision evaluated for preventability under Alberta's NSC program must complete this form and submit all other information requested to the Manager of National Safety Code and Operating Authority.

For more information contact Carrier Services at (403) 340-5430. For further information regarding the National Safety Code program visit our website at www.transportation.alberta.ca select "Commercial Transportation", then "Bus/Truck Certificates and Monitoring".

Manager of National Safety Code & Operating Authority
Alberta Transportation
Room 401, Provincial Building
4920 – 51 Street
Red Deer, Alberta T4N 6K8

Fax - (403) 340-4806
Email – carrier.services@gov.ab.ca

Alberta Transportation

Request for Collision Evaluation

Print Form

Collision Document Number : _____
(located on the Carrier Profile)

Applicant's Name *(name of the registered owner of the vehicle in the collision):*	
Contact Person:	Title:
Mailing Address:	
Phone Number:	Fax:
Email Address:	
National Safety Code (NSC) Number *(located on Safety Fitness Certificate):*	

Section 1 – General Collision Information

Date of Collision:	Time of Collision:

Location (*be specific and list city/town, province, or nearest city/town):*

Collision Type:
Property ☐ Another Vehicle ☐ Person ☐ Animal ☐ Single Vehicle ☐

Was an internal investigation completed within your organization to determine the cause of the collision?

Yes ☐ *(if yes, supply a copy of the final report along with pictures of the scene)* No ☐

Was there a co-driver or any passengers in the vehicle? If yes, explain what they were doing at the time of the collision.

Yes ☐ No ☐ Explanation: _____

Detailed witness statements may be submitted to support your collision evaluation.

Was a mechanical inspection completed by a police agency?

Yes ☐ *(if yes, supply a copy the report)* No ☐

Road Type
*(Note: This section **must** be accompanied by a drawing of the collision scene map. See page 5. Clearly display all lanes, vehicle(s) and direction of travel, as well as the location of any witness(es) and traffic control devices.)*

Description of road:

☐ Two Lane Undivided ☐ One Way Highway ☐ Six Lane Divided ☐ Merge Lane
☐ Four Lane Undivided ☐ Two Lane Divided ☐ Intersection ☐ Parking Lot
☐ Six Lane Undivided ☐ Four Lane Divided

Was the road: Uphill ☐ Downhill ☐ Level ☐ Curved ☐

Description of road surface: *(check all appropriate boxes)*

☐ Paved (asphalt)	☐ Brick	☐ Ice Covered	☐ Railway Crossing
☐ Dry Road	☐ Gravel	☐ Snow Covered	☐ Under Construction
☐ Concrete	☐ Muddy	☐ Holes/Ruts	☐ Off Highway
☐ Oiled	☐ Wet	☐ Bridge Deck	

Environmental conditions: *(check all appropriate boxes)*

☐ Dusk/Dawn	☐ Mixed Sun/Cloud	☐ Freezing Rain	☐ Hail
☐ Sunny and Clear	☐ Dark	☐ Heavy Snow	☐ Smoke
☐ Sun Glare	☐ Light Rain	☐ Fog	☐ Dust
☐ Low Light	☐ Heavy Rain	☐ Smog	☐ Strong Wind
☐ Artificial Light			

Was the intersection controlled by a traffic control device?

Yes ☐ (*If yes, identify the type of device and identify it on the collision scene map on page 5)* No ☐

Traffic Device Not Working ☐	Traffic Control Device Missing ☐

Vehicle Speeds: Posted Limit: _____

Speed Prior to Collision: _____

Vehicle Speed at Time of Collision: _____

Vehicle Parked and Driver not in Care and Control of the Vehicle ☐

Section 2 – Vehicle Information

Vehicle #1 *(Your vehicle – identify as vehicle #1 on collision scene map, page 5)*

Power unit license plate number: _____

Type of Vehicle: *(check all appropriate boxes)*

☐ Truck	☐ A-Train	☐ Triple Trailer (LCV)	☐ Transit Bus
☐ Truck Trailer	☐ B-Train	☐ School Bus	☐ 11 – 15 Person Van
☐ Tractor Trailer	☐ C-Train	☐ Motor Coach	☐ Other Bus
☐ Tractor Semi-Trailer			

If a jeep, booster or other specialized equipment was used in the vehicle configuration, describe the equipment.

_____

Load Description: *(check all appropriate boxes)*

Trailer 1	Empty ☐	Loaded ☐	Commodity(s): _____
Trailer 2	Empty ☐	Loaded ☐	Commodity(s): _____
Trailer 3	Empty ☐	Loaded ☐	Commodity(s): _____

Was the vehicle operating under the authority of a special permit? *(include permits for weights, dimensions, licensing, hours of service, etc.)*

Yes ☐ No ☐ Permit Number(s): _____

Section 3 – Driver Section

Driver's Name:	
Driver's License Number:	Province/State of License:

Every collision evaluation starts with a detailed driver statement. Without an adequate driver's statement no credible internal evaluation can be conducted. It is critical that drivers complete their statement as soon as possible after the collision occurred.

Ensure you have a driver's statement that will meet minimum requirements. Incomplete statements will be returned to applicant.

The following information is required:

- ✓ Date, time, and place (highway number, street address, etc.).
- ✓ External factors (weather, light, road type and condition, and visibility).
- ✓ Speed limits and if highway/intersection was controlled by traffic control devices.
- ✓ Vehicle speed before and at the time of the collision.
- ✓ Detailed account of the driver's actions and observations. A good statement, as a minimum, starts at the beginning of the driver's shift. The statement becomes much more detailed starting minutes before the collision occurred.
- ✓ What action the driver took to avoid the collision. **This is critical in determining preventability.**
- ✓ If the driver's hand writing is difficult to read, the statement must be typed.
- ✓ It is recommended that if the driver has difficulty communicating in English, a 3rd party must write/type the driver's statement and the driver must sign the statement.
- ✓ Statement signed by the driver.
- ✓ A detailed diagram of the collision scene. The diagram must clearly show the direction of all vehicle(s) during the collision and their final resting location. A well-drawn collision scene diagram is a valuable asset.
- ✓ Have the driver's logs been retained and reviewed to identify potential fatigue issues? A detailed review should always be conducted.

Driver's Hours of Service

Carrier **must** submit a copy of the driver's daily logbook for the collision event day and;

- If Federally regulated, the driver's daily logs for the preceding 14 days;
- If Provincially regulated, the driver's daily logs for the preceding 7 days.

If records have been destroyed, as they are past the 6-month retention period as set out in regulation, the carrier shall submit their **detailed internal review** report which evaluates the driver's compliance to hours of service legislation at the time of the collision.

Was the driver a local driver taking advantage of the 160 kilometer radius exemption? Yes ☐ No ☐

If yes, submit:

If Provincially regulated; the driver's start and end times as per Section 12 of the Provincial Drivers' Hours of Service Regulation AR 317/2002. For the purpose of this evaluation, 7 days of records will be required.

or if Federally regulated; 14 days of records as outlined in Section 81. (2)(c) of the Federal Commercial Vehicle Drivers Hours of Service Regulation.

Driver's Hours of Service Review

From the time of the collision, how many hours has it been since the driver had 8 consecutive hours off? _____.

From the time of the collision, how many hours has the driver worked in the previous (complete **one** of the following):

7 days, if Provincially Regulated: _____
7 days, if Federal on Cycle 1: _____
14 days, if Federal on Cycle 2: _____

Did your internal review of the driver's logs identify any violations? Yes ☐ No ☐

If yes, what violations were identified? A review of the driver's logs will be conducted during this evaluation.

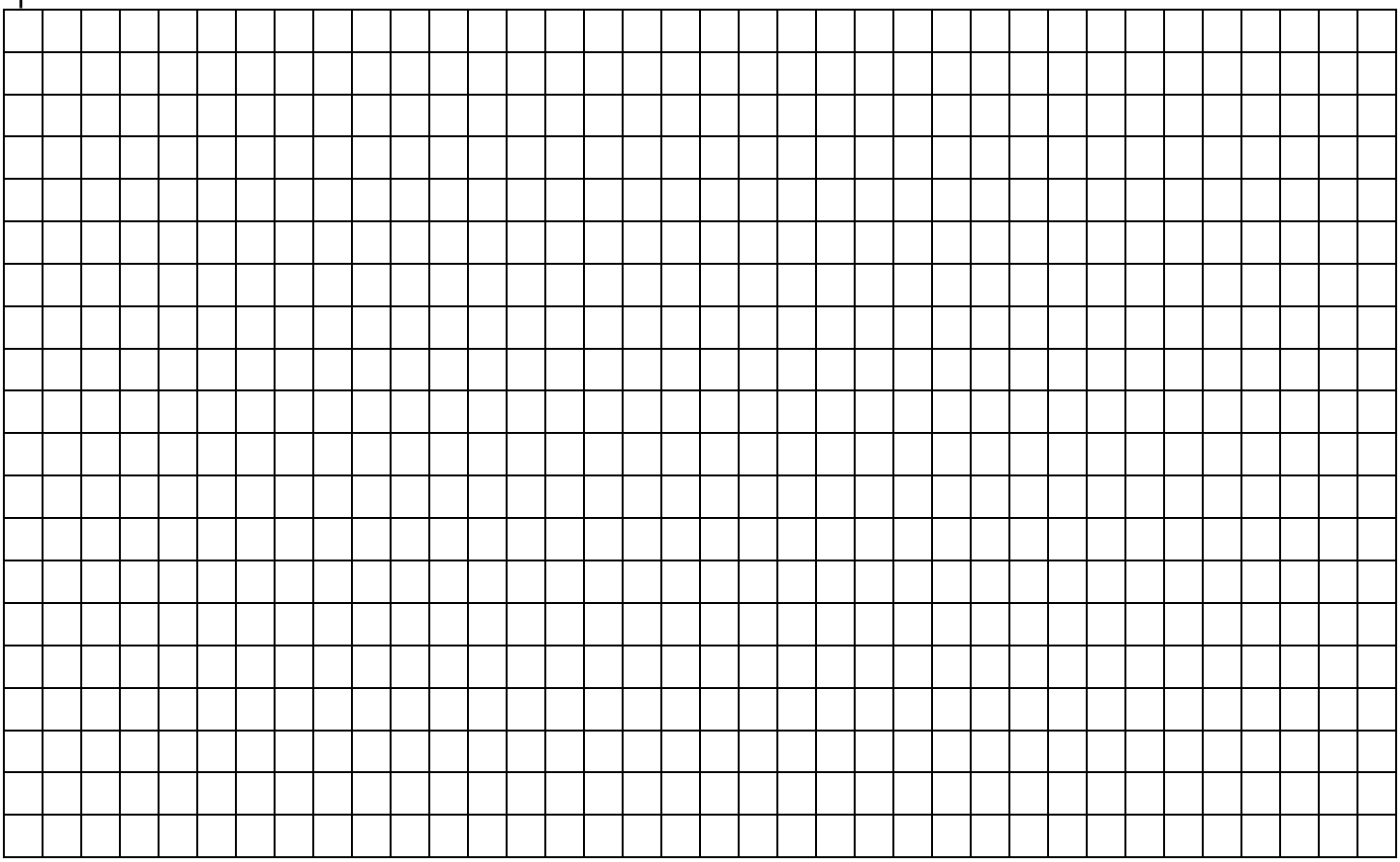
_____

Section 4 – Declaration

I certify that the information contained in this application is, to the best of my knowledge, true and accurate:

(Printed Name of Carrier Representative)	*(Date Signed)*	*(Signature of Carrier Representative)*

Collision Scene Map

Show your vehicle as vehicle #1 - the vehicle in which the collision evaluation is based on. Explain how all other vehicles are identified. Clearly display all lanes, vehicle(s) and direction of travel, as well as the location of any witness(es) and traffic control devices.

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