

Request for Collision Evaluation

Alberta Transportation

Alberta Motor Transport Association

Under the National Safety Code (NSC), each jurisdiction is responsible for monitoring truck and bus carriers' base plated in their jurisdiction. Under Alberta's NSC program each carrier is issued a safety fitness certificate with a safety fitness rating. Carriers must maintain a valid safety fitness certificate and an acceptable safety fitness rating to register and operate an NSC vehicle.

To determine a carrier's safety fitness rating, Alberta Transportation monitors a carrier's convictions, Commercial Vehicle Safety Alliance inspections, and collision records. Facility Audit information is also used to measure a carrier's level of compliance.

When a carrier exceeds the prescribed limit under the department's monitoring program, Alberta Transportation will intervene with the carrier in a progressive manner with the intent to create positive change in their performance. Carriers who do not respond to the department's progressive discipline program, and who present an unacceptable risk to the public, will be issued an "Unsatisfactory" safety fitness rating. Carriers with an "Unsatisfactory" safety fitness rating may not register or operate an NSC vehicle.

Under the department'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 not be held against a carrier and will be displayed as a "non-preventable" collision on their carrier profile.

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

A carrier may request a collision evaluation at any time. No collision will be displayed on a carrier's profile until 45 days after the collision occurred. This allows carriers the option to have all collisions evaluated prior to the event being displayed on their Carrier Profile. **In all cases it is the carrier's responsibility to request an evaluation.**

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. AMTA will contact applicants directly if an application fee is required. For more information contact Carrier Services at (403) 340-5430. For further information regarding the National Safety Code program visit our web site 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 St
Red Deer, Alberta T4N 6K8 Fax (403) 340-4806

Collision Document No. _____

1. Applicant's Name (Name of registered owner of the vehicle in the collision):

Address: _____

Phone Number: _____ Fax: _____

NSC Number (Located on Safety Fitness Certificate): _____

2. Contact Person: _____

Title: _____

Mailing Address: _____

Phone Number: _____ Fax: _____

E-mail Address: _____

Section 1 – General Collision Information

3. Date of Collision: _____

Time of Day: _____

Location (be specific): City/Town, Province, Nearest City/Town (describe how close):

4. Collision type:
Property Another Vehicle Person Animal Single Vehicle

5. Was an internal investigation completed within your organization to determine the cause of the collision and supply remedial action?
Yes If yes, supply a copy of final report. No

Supply pictures of the scene and vehicles involved at the collision site, or any property damage.

6. As a “carrier” it is your responsibility to train and ensure drivers are properly qualified to operate the vehicle driven. Please indicate what training/qualifications your driver has to operate this vehicle.

<input type="checkbox"/> PDIC	<input type="checkbox"/> Fatigue Training
<input type="checkbox"/> Cargo Securement	<input type="checkbox"/> TDG
<input type="checkbox"/> Daily Trip Inspection	<input type="checkbox"/> Hours of Service
<input type="checkbox"/> LCV	<input type="checkbox"/> CVSA Criteria
<input type="checkbox"/> School Bus “E” Endorsement	<input type="checkbox"/> N/A

Others:

7. Was there a co-driver or any passengers in the vehicle? If yes, explain what they were doing at the time of the collision. **Supply co-driver logs.**
Yes No

8. Was a mechanical inspection completed by a Police agency (not warranted in all cases) Yes If Yes, supply copy of report and Police agency involved. No

9. Road Type (on the highway in which the collision occurred):

NOTE: This section must be accompanied by a drawing of the collision scene map. See page 9. Maps should clearly display all lanes, vehicle(s), and direction of travel, location of any witness(s) and traffic control devices.

Description of road where collision occurred.

- | | |
|--|--|
| <input type="checkbox"/> Two Lane Undivided | <input type="checkbox"/> Two Lane Divided |
| <input type="checkbox"/> Four Lane Undivided | <input type="checkbox"/> Four Lane Divided |
| <input type="checkbox"/> Six Lane Undivided | <input type="checkbox"/> Six Lane Divided |
| <input type="checkbox"/> One Way Highway | <input type="checkbox"/> Merge Lane |
| <input type="checkbox"/> Intersection | <input type="checkbox"/> Parking Lot |

One way highway, how many lanes? 1 2 3 4 5

Was the road: Uphill Downhill Level Curve

Other - explain:

Road Surface (Check off appropriate boxes)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Paved (asphalt) | <input type="checkbox"/> Gravel | <input type="checkbox"/> Oiled |
| <input type="checkbox"/> Off-Highway | <input type="checkbox"/> Clear Road | <input type="checkbox"/> Muddy Road |
| <input type="checkbox"/> Snow Covered | <input type="checkbox"/> Ice Covered | <input type="checkbox"/> Holes/Ruts |
| <input type="checkbox"/> Railway Crossing | <input type="checkbox"/> Road/Bridge Closed | <input type="checkbox"/> Wet Road |
| <input type="checkbox"/> Under Construction | <input type="checkbox"/> Cement | <input type="checkbox"/> Brick |

Environmental Conditions (Check off all appropriate boxes)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fog | <input type="checkbox"/> Smoke | <input type="checkbox"/> Dust |
| <input type="checkbox"/> Smog | <input type="checkbox"/> Sun Glare | <input type="checkbox"/> Freezing Rain |
| <input type="checkbox"/> Heavy Rain | <input type="checkbox"/> Light Rain | <input type="checkbox"/> Blizzard |
| <input type="checkbox"/> Light Snow | <input type="checkbox"/> Hail | <input type="checkbox"/> Sleet |
| <input type="checkbox"/> Low Light | <input type="checkbox"/> Dark | <input type="checkbox"/> Dusk/Dawn |
| <input type="checkbox"/> Sunny and Clear | <input type="checkbox"/> Mixed Sun/Cloud | <input type="checkbox"/> Clouded Over |
| <input type="checkbox"/> Artificial Light | <input type="checkbox"/> Strong Wind | <input type="checkbox"/> Light Wind |
| | <input type="checkbox"/> No Wind | |

10. Was the intersection controlled by a traffic control device? Yes No N/A
Explain below and identify on collision scene map (Page 9).

11. Traffic Control Device Not Working Traffic Control Device Missing
Other (identify traffic control device) N/A

12. Speed: Posted Limit: _____
Speed Prior to Incident: _____
Vehicle Speed at Time of Collision: _____
N/A

Section 2 – Vehicle Information

13. Vehicle #1 (Your vehicle – identify as vehicle #1 on collision scene map, page 9)

Power unit licence plate number: _____ Jurisdiction: _____

Power Unit
Number of Axles: _____ Number of Wheels: _____

Lead trailer
Number of Axles: _____ Number of Wheels: _____

Second Trailer
Number of Axles: _____ Number of Wheels: _____

Third Trailer
Number of Axles: _____ Number of Wheels: _____

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

Type of Vehicle (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> School Bus | <input type="checkbox"/> Truck-Single Trailer | <input type="checkbox"/> B - Train |
| <input type="checkbox"/> Motor Coach | <input type="checkbox"/> Truck – Two Trailers | <input type="checkbox"/> C - Train |
| <input type="checkbox"/> 11 – 15 Person Van | <input type="checkbox"/> Tractor - Trailer | <input type="checkbox"/> Triple Trailer |
| <input type="checkbox"/> Truck (No Trailer) | <input type="checkbox"/> A - Train | <input type="checkbox"/> Super "B" |
| <input type="checkbox"/> Transit Bus | <input type="checkbox"/> Other Bus | |

Other: _____

Load Description:

Trailer 1	Empty <input type="checkbox"/>	Loaded <input type="checkbox"/>	Commodity(s) _____
Trailer 2	Empty <input type="checkbox"/>	Loaded <input type="checkbox"/>	Commodity(s) _____
Trailer 3	Empty <input type="checkbox"/>	Loaded <input type="checkbox"/>	Commodity(s) _____

14. Was the vehicle operating under the authority of a special permit (example- weights, dimensions, licensing, driver's hours of service)? Yes No

Permit #(s): _____

Section 3 – Driver Section

15. Driver Name: _____
Driver's Licence #: _____ Province/State of Licence: _____

16. 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.

Was the driver a local driver taking advantage of the 160 kilometer radius exception?

Yes if yes submit:

If Provincially regulated;

- 1) the driver's start and end times as per Section 12 of the Provincial Driver's Hours of Service Regulation AR 317/2002. For the purpose of this evaluation, 7 days of records will be required.

or if Federally regulated;

- 2) 14 days of records as outlined in Section 81.(2)(c) of the Federal Commercial Vehicle Driver's Hours of Service Regulation.

If the driver was a team driver at the time of the collision, provide copies of Driver's logs from the team driver for the same period in time.

Driver's logs must be submitted with each evaluation. 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.

17. Driver's Hours of Service Review

Ensure that the hours documented in this section correspond with the driver's daily logs or other records provided.

During the work shift in which the collision occurred, provide the total number of hours from the beginning of the driver's shift to the time of the collision.

From the time of the collision, how many hours had it been since the driver last 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

Driver Statement

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, if required, to ensure future collisions do not occur. In addition, a proper conducted internal evaluation may reduce a carrier's liability.

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

Check off the following to ensure you have a driver's statement that will meet minimum requirements for this evaluation process. Incomplete statements will be returned to applicant.

- 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 a traffic control device.
- 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 can not adequately command the English language, a 3rd party must write/type the driver's statement and the driver 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.**

Witness Statements

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

Collision Scene Map

Show your vehicle as vehicle #1 (The vehicle in which the collision evaluated is based on).
Explain how all other vehicles are identified.

↑N

