

**STATE DRIVER ACCIDENT REVIEW**

STD. 274 (Rev. 10/2019)

**Supervisor's Review - For Departmental Accident Prevention**


- PURPOSE:** For the supervisor to investigate each 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 all accidents, what property was damaged and who was responsible (SAM 2430/2440).
- WHO:** The supervisor of the driver must prepare this report. Attach the STD 274 to the completed STD 270. Forward the completed forms to the Office of Risk and Insurance Management and your departments Health and Safety Coordinator/Unit. Keep a copy for your records.
- REVIEWING OFFICER:** You are responsible for reviewing the forms to ensure they are accurate and complete.

STATE DRIVER'S NAME	EMPLOYING DEPARTMENT	ACCIDENT DATE
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HOW DID ACCIDENT OCCUR?


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

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

SUPERVISOR NAME (PRINT)	SUPERVISOR TITLE	SUPERVISOR TELEPHONE
SUPERVISOR SIGNATURE 	DATE	

REVIEWING OFFICER EVALUATION AND ACTION TAKEN

☐ I Concur With Supervisor ☐ I Do Not Concur With Supervisor**HOW WAS THE DRIVER INFORMED OF YOUR EVALUATION AND FOLLOW-UP ACTION:**☐ Verbal Discussion ☐ Written Memo ☐ Verbal and Written Date: \_\_\_\_\_

REVIEWER NAME (PRINT)	REVIEWER TITLE	REVIEWER TELEPHONE
REVIEWER SIGNATURE 	DATE	

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**SOURCES OF INFORMATION INVESTIGATED BY SUPERVISOR  
IN ADDITION TO STD. 270 PREPARED 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 - DMV
- ☐ Review driver's file -- Department of Records
- ☐ Ask about any distractions or attention diverters, prior to accident (i.e., cellphone, eating, reaching, talking)
- ☐ Consider, was our driver influenced by fatigue, illness, medicine or alcohol? If checked, explain below

**SOME ACTION SUGGESTIONS AND RECOMMENDATIONS  
(EXPLAIN ON PAGE ONE)**

- ☐ 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

**GIVE DATE OF DEFENSIVE DRIVER TRAINING      DATE**

Orientation - department policies and rules	
Classroom defensive driver training	
Behind-the-wheel training	
Special mobile equipment training	

**SUPERVISOR - CLASSIFY FOR DEPARTMENTAL REPORTING****TYPE OF VEHICLE ACCIDENT:****COLLISION WITH OTHER VEHICLE**

- ☐ 1. Evasive maneuver
- ☐ 2. Lost control
- ☐ 3. Hit other vehicle in rear
- ☐ 4. Hit from rear
- ☐ 5. Proceeding straight
- ☐ 6. Crossed into opposing lanes
- ☐ 7. Changing lanes
- ☐ 8. Making right turn
- ☐ 9. Making left turn
- ☐ 10. Backing
- ☐ 11. Mechanical failure
- ☐ 12. Collision with bicycle

**SOLO ACCIDENT**

- ☐ 13. Evasive maneuver
- ☐ 14. Lost control
- ☐ 15. Collided with stationary object
- ☐ 16. Backing
- ☐ 17. Runaway vehicle
- ☐ 18. Lost load
- ☐ 19. Mechanical failure
- ☐ 20. Struck or was struck by animal

**STRIKING PEDESTRIAN**

- ☐ 21. In a crosswalk
- ☐ 22. Not in a crosswalk
- ☐ 23. While backing

**MISCELLANEOUS ACCIDENT**

- ☐ 24. Explain

WAS ACCIDENT PREVENTABLE BY STATE DRIVER?

Yes      No

☐      ☐