

## 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