

## **Accident Register**

Federal Motor Carrier Safety Regulation (FMCSR) 390.15 requires that motor carriers maintain an accident register and accident files on all accidents. FMCSR (390.5) defines an accident as an occurrence resulting in:

- 1. A fatality;
- 2. Bodily injury to a person who, as a result of the injury, <u>immediately</u> receives medical treatment <u>away</u> from the scene of the accident; or
- 3. One or more motor vehicles incurring disabling damage as a result of the accident, requiring the motor vehicle(s) to be transported away from the scene by a tow truck or other motor vehicle.

## "Accident" does not include:

- 1. An occurrence involving only boarding and alighting from a stationary motor vehicle; or
- 2. An occurrence involving only the loading or unloading of cargo.

The accident register must be maintained for a period of three years after the date of each accident. Information placed on the register must contain at least the following:

- 1. Date of accident.
- 2. City or town, or most near, where the accident occurred and the State where the accident occurred.
- 3. Driver Name.
- 4. Number of injuries.
- 5. Number of fatalities.
- 6. Whether hazardous materials, other than fuel spilled from the fuel tanks of motor vehicle involved in the accident, were released.
- 7. Copies of all accident reports required by State or other governmental entities or insurers (this requirement necessitates the need for a folder to place these reports. A best practice is to maintain a separate file for each accident).

## Post-Accident Drug & Alcohol Testing (382)

FMCSR requires post-accident drug and alcohol testing. The following indicates conditions in which testing is required. Refer to your own drug and alcohol policy and FMCSR regulations regarding complete testing requirements.

As soon as practical following an accident involving a commercial motor vehicle operating on a public road in commerce, each employer shall test for alcohol (2/8 hours\*) and controlled substances (32 hours\*\*). This applies to drivers with commercial driving licenses (CDL) and only if the accident meets the following criteria:



Type of accident involved	Citation issued to CMV driver*	Test must be performed by employer		
Human fatalitu	Yes	Yes		
Human fatality	No	Yes		
	Yes	Yes		
Bodily injury with immediate medical treatment away from the scene	No	No		
	Yes	Yes		
Disabling damage to any motor vehicle requiring tow away	No	No		

<sup>\*</sup>Alcohol tests. If a test required by this section <u>is not administered within two hours</u> following the accident, the employer shall prepare and maintain on file a record stating the reasons the test was not promptly administered. If a test required by this section <u>is not administered within eight hours</u> following the accident, the employer shall cease attempts to administer an alcohol test, and shall prepare and maintain the same record. Records shall be submitted to the FMCSA upon request.

\*\*Controlled substance tests. If a test required by this section is not administered within 32 hours following the accident, the employer shall cease attempts to administer a controlled substances test, and prepare and maintain on file a record stating the reasons the test was not promptly administered.

**Exceptions:** Testing is not required for the following accidents:

- 1. An occurrence involving only boarding or alighting from a stationary motor vehicle; or
- 2. An occurrence involving only the loading or unloading of cargo; or
- 3. An occurrence in the course of the operation of a passenger car or a multipurpose passenger vehicle (as defined in §571.3 of this title) by an employer unless the motor vehicle is transporting passengers for hire or hazardous materials of a type and quantity that require the motor vehicle to be marked or placarded in accordance with §177.823 of this title.

## For additional information:

FMCSR - 390.15 Assistance in investigations and special studies

FMCSR - 382.303 Post-accident testing



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Accident Register												
From/ to/												
Date and Time of Accident Time		Accident Location		[		Hazardous Materials Released?		State or Insurance				
Date	(AM/PM)	Street	City	State	es of	es al of	(Yes/No)	<b>Driver Name</b>	Report No.			