Snapshot / Incident Report (Page 1)

Date of submission:		TMW - Report ID#	
Nothing to report		**Incident report**	☐

Part I - Preliminary Information

Terminal:		Customer:	
Date:		Customer / Site No.	
Time: (24-hr)		Any Agencies Responsed: Yes / No	
Driver Name & Emp No.		Emergency Personnel Notified: Yes / No	
Truck No.		Clean up contractor needed: Yes / No	
Trailer No.		Property Damage: Yes / No	
On Highway: Yes / No		Cargo Loss: Yes / No	
TRL loaded: Yes / No		Injuries reported: Yes / No	
Claim No.		Reported by:	

Part II - Mixes / Contaminations

Type of Incident:		Customer(s) affected:	
Product affected:		Site number(s):	
Total gallons impacted:		No. of gal / type of prod in ground: (before)	
Manifest No.		No. of gal / type of prod dropped into:	
BOL No.		No. of gal / type of prod in ground: (before)	
Loading Rack name / owner / operator:		No. of gal / type of prod dropped into:	
Site pumps shut down: Yes / No		Pump out & over for downgrade: Yes / No	
Vehicle / Customer Complaints: Yes / No		Retain taken to another customer: Yes / No	
Pump out requested: Yes / No		Transmix: Yes / No	
Additional details / Plan of action to correct contamination / mix			

Part III - Spills

Product spilled:		Customer /Site Number:	
Amount of spill:		Property Damage: Yes / No	
Type of surface impacted by spill:		First responders: (EMS / Fire Dept / Police)	
DOT reportable quanity: Yes / No		Agencies Involved: (TCEQ, DOT, ect.)	
Clean up vendor:		Any Site / Road Closures: Yes / No	
Clean up vendor (additional):		Waterways affected: Yes / No	
Vendor approved by:		Pictures / video taken: Yes / No	
Additional details / Plan of action to correct spill			

Part IV - Accident Information

Other party Insurance Co. & contact info:		Policy No.	
Driver name & contact info:		Make:	
Driver address:		Model:	
Owners Name & Contact info:		Year:	
Owner address:		Color:	
Police Report Number/ Case No:		Vin No.	
Citation(s) Issued Yes / No		Vehicle License plate No. / State:	
Pictures / video taken: Yes / No		Weather conditions: clear / cloudy	
DOT Reportable: (fatality, injury, tow) Yes / No		Road surface: Wet / Dry	
Vehicle Towed: Yes / No (CTCO unit)		Product spill / loss: (list type & quanity)	
Vehicle Towed: Yes / No (other)		Order No. (related to product loss)	
Witness Info & Contact:		Witness info & contact:	
CTCO property damages: Yes / No		Other property damages: Yes / No	
Details on property damages:			

Part V - Incident / Claim / Outages / Loading error, ect.

Details on Incident:			
Report completed by:		Date:	

Incident Report Information (Page 2)

A preventable accident/incident is one in which the driver fails to exercise every reasonable precaution to prevent the accident/incident. Factors to be considered to make this determination will be:

1. Defensive driving techniques by applying the five keys to defensive driving:
A. Key 1-Aim high in steering (look ahead a minimum of 15 seconds);
B. Key 2-Get the big picture (minimum four seconds following distance, scan your mirrors every five to eight seconds);
C. Key 3-Keep your eyes moving (avoid focusing on any object more than two seconds);
D. Key 4-Leave yourself an out (surround yourself with space);
E. Key 5-Make sure they see you (seek eye contact);
2. Compliance and adherence to federal, state, local laws and/or regulations;
3. Compliance and adherence to CTCO policies and procedures.

INFORMATION REPORTING INSTRUCTIONS

Our insurance carrier provides phone number 800-929-0870. This number is monitored 24/7.

First responders notified (police, fire, EMS) Yes / No		Immediate supervisor notified Yes / No	
Local environmental services notified Yes / No		Insurance carrier notified same day Yes / No	
Area safety supervisor Yes / No		Area VP of operations Yes / No	
VP of Safety Yes / No		Fleet Director Yes / No	

SUPPLEMENTAL INFORMATION

Snapshot Form Yes / No		Photographs (when applicable) Yes / No	
Driver statement Yes / No		AER (camera) SD video card and specific video clips Yes / No	
Dispatcher statement (TM, dispatcher on duty) Yes / No		Diagrams (when applicable) Yes / No	
Other witness statement(s) (Other witness(s) Yes / No		Officer's crash/incident report (when applicable) Yes / No	
Terminal manager statement Yes / No		Other information (CTCO, Shipper BOL, billing, etc.) Yes / No	
Vice-President Operations comments (VPO) Yes / No		I Cert Form (Driver) Yes / No	

Employee Drug/Alcohol Testing Performed: Yes / No
If test is not performed, explanation must be written below: **Yes**

TEST TYPE	**Non-DOT level**

All CTCO employees are subject to drug and alcohol testing at any time. In every incident involving the operation of a CMV or non-CMV a DOT level or a non-DOT level drug/alcohol test will be performed. Refer to guidance below to determine the correct testing protocol. DOT reportable crash involving fatality, injury, and/or towaway due to disabling damage will be handled under FMCSR Part 382.303. Refer to the chart for specific DOT level D/A requirements. This is a summary of the chart outlining when a DOT level D/A test is required:

1. Fatality- CMV driver cited- DOT level test required, CMV driver not cited- DOT level test required
2. Injury- CMV driver cited- DOT level test required, CMV driver not cited- non-DOT level test required
3. Towaway-CMV driver cited- DOT level test required, CMV driver not cited-non-DOT level test required

FMCSR 382.303 states that a alcohol test must be performed within two hours following the accident. If the test is not performed, the employer must maintain a written record stating the reasons why the test was not promptly administered. If the test is not performed within eight hours the employer will cease attempts to administer the alcohol test and will prepare and maintain a written record stating the reasons why the test was not performed.
FMCSR 382.303 states that a controlled substance test must be performed within thirty-two hours following the accident. After thirty-two hours, all attempts to administer the controlled substance test will cease. The employer will prepare and maintain a written record stating the reasons why the test was not performed.

The written records required above shall be prepared by the terminal manager with full explanation as to why the regulation was not adhered to. This document will be forwarded to SAO and held for presentation during compliance review audit activity.

A CMV driver subject to DOT level D/A test will not be allowed to return to duty performing a safety sensitive function until a negative test result has been received and documented at SAO. A motor vehicle accident/ crash involving property damage or injury and not subject to DOT level D/A testing requirements will be tested under the Non-DOT level D/A testing protocol. A CMV driver or non-CMV driver subject to a non-DOT D/A test may be allowed to return to duty performing a safety sensitive function immediately after testing provided a disciplinary order has not been issued by CTCO management.

AccuTrace is our preferred vendor for all drug/alcohol testing services. **Call phone numbers 817-496-1600 to schedule and arrange testing services**. The phone numbers are monitored 24/7. Terminal manager will be responsible for assuring that either DOT level or Non-DOT level testing is performed.

Action plan to be implemented:

A. Employee retraining (No. of days)	
B. Verbal warning (date issued)	
C. Written warning (copy attached)	
D. Suspension/Time off (time frame listed)	
E. Discharged (date of release)	
Report Completed by:	
Date Completed:	

This report will be submitted to SAO, area SS and chain of command within five days. This report will include supporting documents: police reports, statements, photos, ect. as a full packet completion on Safety Report.

Employee Statement

Employee Information

Terminal Location:		Employee Name:	
Date:		Employee Classification:	

Summary Statement

SIGNATURE:	