



5311 & 5307 Accident Reporting Procedures

- All sub-recipients are required to notify the TPM immediately by e-mail of any accident
- Subrecipient will complete the Post-accident Drug and Alcohol Testing Decision Tree and decide to test or not test accordingly.
- The Subrecipient will complete the “Accident Report” form and submit the form to their TPM with the following:
 - A. Police Accident Report
 - B. Decision to Test Form
 - C. Accident Report Form
 - D. Witness Statements (if applicable)

Replacing a Totaled Vehicle

- An insurance claim is filed, and payment made to the GDOT Fleet Dept. The manager will process the insurance check and initiate the replacement of the totaled transit vehicle.
- The Fleet Manager notifies the sub-recipient of vehicle replacement and copies the TPM when notifying the sub-recipient.

FTA Reportable Incidents Thresholds for NTD Reporting: Any incidents with fatalities, disabling vehicle damage, or anyone needing medical attention away from the scene of the accident that involves a transit revenue vehicle. All FTA reportable incidents will be shared with the individual in charge of reporting NTD data to FTA.





5307/5311 Transit Accident and Incident Reporting Form

The 5307/5311 Subrecipient and Third-Party Operator (TPO), if applicable, completes this form to provide information on all accidents and FTA reportable incidents reported to their assigned GDOT Project Manager (PM) and or human service providers (HSP) or Coordinated Transportation System providers.

Vehicle Accident FTA Reportable Incident Illness Observation Other*

*If Other, please explain: _____

Date and Time of Occurrence: _____ GDOT District: _____

Date Reported by Subrecipient: _____ Date submitted to GDOT Project Manager: _____

Subrecipient Name: _____

TPO Name (if applicable): _____

Human Service Provider (HSP) (if applicable): _____

Vehicle Owner: _____

Vehicle Number and/or Tag Number: _____

Location of Accident or Incident: _____

Number of Passengers: _____

Name(s) of Passengers: _____

Were any passengers injured? If so, provide details, including any EMS treatment or transport to hospital:

911 Notified?

Yes
No**

Citation Issued?

Yes
No**

**Provide Details:

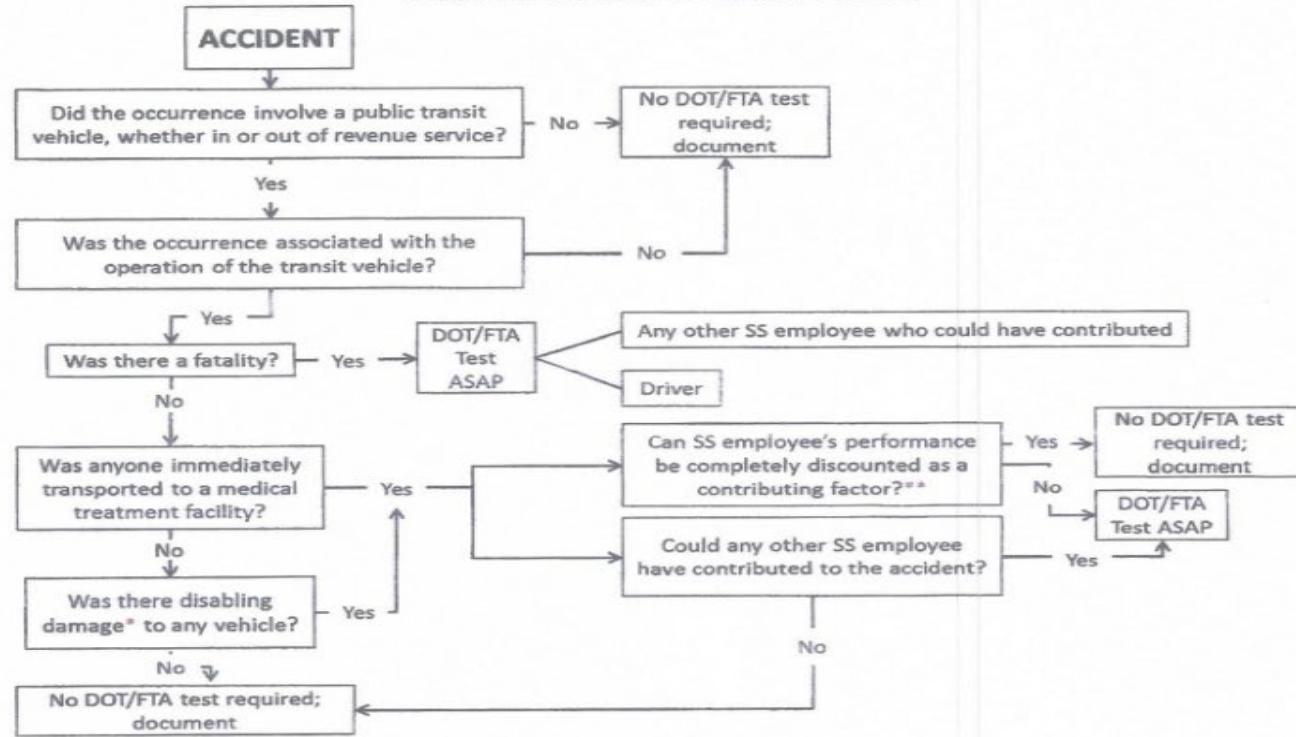
Brief summary of accident/incident; attach additional pages as needed:

Attach a copy of the Drug and Alcohol **“POST ACCIDENT TESTING DECISION REPORT”**

Signature: _____

Date: _____

Post Accident Decision Tree



* **Disabling Damage:** Damage that precludes departure of a motor vehicle from the scene of the accident in its usual manner in daylight after simple repairs.

(1) **Inclusion:** Damage to a motor vehicle, where the vehicle could have been driven, but would have been further damaged if so driven.

(2) **Exclusions:**

A. Damage that can be remedied temporarily at the scene of the accident without special tools or parts.

B. Tire replacement without other damage even if no spare tire is available.

C. Headlamp or tail light damage.

D. Damage to turn signals, horn, or windshield wiper, which makes the vehicle inoperable.

** **Contributing Factor:** The determination of whether or not a safety-sensitive employee's performance was a contributing factor should be the decision of the company official investigating the accident; not based on the police officer's accident fault determination. This decision should not be made hastily. The company official's determination must be based on the best available information at the time of the accident.