



**Substance Abuse
and Alcohol Misuse
Compliance Report
Form 1050**

POST ACCIDENT

Federal Motor Carrier
Safety Administration
FMCSA

For compliance with the
Department of
Transportation Title 49
Code of Federal
Regulations Part 382

No. of employees involved	No. of employees injured	No. of employees killed	CITY	COUNTY	STATE	
No. of Non-employees involved	No. of Non-employees injured	No. of Non-employees killed	DISTRICT	NAME OF PROGRAM ADMINISTRATOR	NAME OF PERSON COMPLETING THIS REPORT	
EMPLOYEE INFORMATION	NAME OF EMPLOYEE INVOLVED:		JOB FUNCTION:		NAME OF IMMEDIATE SUPERVISOR:	
	EMPLOYEE'S DRIVER LICENSE NUMBER:	STATE	CLASS	EMPLOYEE'S SOCIAL SECURITY NUMBER:	VEHICLE NUMBER:	
	WAS ABOVE EMPLOYEE INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TYPE OF INJURY <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> NONE		(INJURED ONLY) TRANSPORTED BY:	TAKEN TO:
	DESCRIBE INJURIES (IF ANY):					
REQUIRED TEST INFORMATION	A		B		C	
	WAS THE ABOVE EMPLOYEE TESTED FOR ALCOHOL DETECTION WITH AN APPROVED EVIDENTIAL BREATH TESTING (EBT) DEVICE WITHIN TWO (2) HOURS AFTER THE ACCIDENT OCCURRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THE ABOVE EMPLOYEE TESTED FOR ALCOHOL DETECTION WITH AN APPROVED EVIDENTIAL BREATH TESTING (EBT) DEVICE WITHIN EIGHT (8) HOURS AFTER THE ACCIDENT OCCURRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		WAS THE ABOVE EMPLOYEE TESTED FOR DRUGS WITHIN THIRTY-TWO (32) HOURS AFTER THE ACCIDENT OCCURRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST WITHIN TWO (2) HOURS AFTER THE ACCIDENT OCCURRED		IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST WITHIN EIGHT (8) HOURS AFTER THE ACCIDENT OCCURRED		IF NO, PLEASE EXPLAIN IN DETAIL ON THE REVERSE SIDE OF THIS FORM, WHY THE ABOVE EMPLOYEE DID NOT TEST WITHIN THIRTY-TWO (32) HOURS AFTER THE ACCIDENT OCCURRED	
LOCATION	ACCIDENT OCCURRED ON			MO. DAY YEAR	TIME (2400)	
	NEAREST CROSS STREET OR HIGHWAY			DIRECTION OF TRAVEL N S E W NE NW SE SW		
CONDITIONS	WEATHER	LIGHTING	ROADWAY SURFACE	ROADWAY CONDITIONS	OTHER ASSOCIATED FACTOR(S)	
	CLEAR	DAYLIGHT	DRY	HOLES, DEEP RUT	VISION OBSCUREMENT	
	CLOUDY	DUSK-DAWN	WET	LOOSE MATERIAL ON ROAD	INATTENTION	
	RAINING	DARK-STREET LIGHTS	FLOODED	OBSTRUCTION ON ROADWAY	STOP & GO TRAFFIC	
	SNOWING	DARK-NO STREET LIGHTS	SNOWY	CONSTRUCTION-REPAIR ZONE	UNFAMILIAR WITH ROAD	
	FOG/VISIBILITY FT.	DARK-STREET LIGHTS NOT FUNCTIONING	ICY	REDUCED ROADWAY WIDTH	RUNAWAY VEHICLE	
	WIND	OTHER:	SLIPPERY (MUDDY, OILY, ETC.)	OTHER:	OTHER:	
OTHER:	OTHER:	OTHER:	NO UNUSUAL CONDITIONS	NONE APPARENT		
OTHER INFORMATION	TYPE OF VEHICLE	MOTOR VEHICLE INVOLVED WITH	MOVEMENT PRECEDING COLLISION	TYPE OF COLLISION		
	SCHOOL BUS	NON-COLLISION	STOPPED	HEAD - ON		
	OTHER BUS	PEDESTRIAN	PROCEEDING STRAIGHT	SIDESWIPE		
	TRUCK OR TRUCK TRACTOR	OTHER MOTOR VEHICLE	RAN OFF ROAD	REAR END		
	TRUCK/TRUCK TRACTOR WITH TRAILER	MOTOR VEHICLE ON OTHER ROADWAY	MAKING RIGHT TURN	BROADSIDE		
	OTHER VEHICLE	PARKED MOTOR VEHICLE	MAKING LEFT TURN	HIT OBJECT		
	PEDESTRIANS INVOLVED	BICYCLE ANIMAL:	TRAIN	MAKING U TURN	OVERTURNED	
			NO PEDESTRIAN INVOLVED	BACKING	VEHICLE/PEDESTRIAN	
			CROSSING CROSSWALK	SLOWING/STOPPING	OTHER:	
	CROSSING - NOT IN CROSSWALK	FIXED OBJECT:	PASSING OTHER VEHICLE	SPEED	APPROXIMATE SPEED OF VEHICLE: _____/MPH	
	CROSSING AT INTERSECTION		CHANGING LANES			
	IN ROAD OR SHOULDER		ENTERING TRAFFIC			
	NOT IN ROAD		OTHER UNSAFE TURNING			
	APPROACHING SCHOOL BUS	OTHER OBJECT:	PARKING MANEUVER	D	WAS EMPLOYEE CITED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	LEAVING SCHOOL BUS		CROSSING INTO OPPOSING LANE			
	PARKED					
		MERGING				
		TRAVELING WRONG WAY				
		OTHER:		IF YES, PLEASE EXPLAIN ON REVERSE SIDE OF THIS FORM.		

A	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN TWO (2) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303

B	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN EIGHT (8) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303

C	EXPLAIN THE REASON(S) WHY THE EMPLOYEE DID NOT TEST FOR ALCOHOL WITHIN THIRTY-TWO (32) HOURS AFTER THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303

D	EXPLAIN THE REASON(S) THE EMPLOYEE WAS CITED FOR THE ACCIDENT AS REQUIRED BY THE DEPARTMENT OF TRANSPORTATION TITLE 49 CODE OF FEDERAL REGULATIONS PART 382.303

COLLECTION INFORMATION	COLLECTION SITE:	NAME OF COLLECTOR:	NAME OF BREATH ALCOHOL TECHNICIAN (BAT):
	WAS EMERGENCY DRUG TESTING KIT USED? <input type="checkbox"/> YES <input type="checkbox"/> NO	OTHER INFORMATION CONCERNING COLLECTION:	

ADDITIONAL INFORMATION	NAME OF SUPERVISOR(S) AT THE SCENE OF THE ACCIDENT:	NAME OF OTHER WITNESS(ES) AT THE SCENE OF THE ACCIDENT:	PROPERTY DAMAGE: EXPLAIN: <input type="checkbox"/> NONE <input type="checkbox"/> MINOR <input type="checkbox"/> MAJOR
	ADDITIONAL COMMENTS:		

EMPLOYEE: I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.			
EMPLOYEE'S SIGNATURE _____		DATE: _____	
PREPARER: I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT	PROGRAM ADMINISTRATOR: I THE UNDERSIGNED, STATE TO THE BEST OF MY KNOWLEDGE, THAT THE ABOVE INFORMATION IS TRUE AND CORRECT	CDS USE ONLY	
NAME OF PREPARER _____	NAME OF PROGRAM ADMINISTRATOR: _____	RECEIVED BY: _____	DATE: _____
PREPARER'S SIGNATURE _____ DATE _____	PROGRAM ADMINISTRATOR'S SIGNATURE _____ DATE _____	FILE DATE: _____	

(10/1/10)

Please forward completed form, marked **CONFIDENTIAL** to Human Resources.