

STATE DRIVER ACCIDENT REVIEW

STD. 274 (Rev. 10/2019)

Supervisor's Review - For Departmental Accident Prevention

- PURPOSE:** For the supervisor to investigate each accident, report facts and circumstances, confirm that the State vehicle was used on State business, and initiate or recommend action to achieve accident prevention.
- HOW:** Use sources of information listed on the back of this form. Report all accidents, what property was damaged and who was responsible (SAM 2430/2440).
- WHO:** The supervisor of the driver must prepare this report. Attach the STD 274 to the completed STD 270. Forward the completed forms to the Office of Risk and Insurance Management and your departments Health and Safety Coordinator/Unit. Keep a copy for your records.
- REVIEWING OFFICER:** You are responsible for reviewing the forms to ensure they are accurate and complete.

STATE DRIVER'S NAME	EMPLOYING DEPARTMENT	ACCIDENT DATE
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HOW DID ACCIDENT OCCUR?

WHAT DRIVING RULES, VEHICLE LAWS OR VIOLATIONS CONTRIBUTED TO THE CAUSE OF THE ACCIDENT?

SUPERVISOR'S ACTION TAKEN, OR RECOMMENDATION FOR SUPERIORS TO PUT INTO EFFECT. (SEE LAST PAGE FOR SUGGESTIONS)

SUPERVISOR NAME (PRINT)	SUPERVISOR TITLE	SUPERVISOR TELEPHONE
SUPERVISOR SIGNATURE	DATE	

REVIEWING OFFICER EVALUATION AND ACTION TAKEN

 I Concur With Supervisor I Do Not Concur With Supervisor
HOW WAS THE DRIVER INFORMED OF YOUR EVALUATION AND FOLLOW-UP ACTION:
 Verbal Discussion Written Memo Verbal and Written Date: _____

REVIEWER NAME (PRINT)	REVIEWER TITLE	REVIEWER TELEPHONE
REVIEWER SIGNATURE	DATE	

