



Date: \_\_\_\_\_

**PREVENTABILITY DETERMINATION – CARRIER STATEMENT**

Driver Name	Company
Accident Location	
Accident Date	Accident Time

**Instructions:** Describe why it is your belief the crash was not preventable. Your statement will be used to assist in determining the preventability of the crash in question. Please use additional sheets of paper if more room is needed.

Were you aware of any vehicle defects at the time of the crash (including anytime before and/or after)? ☐ Yes ☐ No If yes, please explain below.

The above statement is true, accurate, and complete to the best of my knowledge. I sign this statement under penalty of perjury.

Carrier Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You should include the following information related to the crash in question, if available, in support of this preventability determination request.**

- ☐ Police Report(s) ☐ Photograph(s) ☐ Insurance Report(s) ☐ Driver Statement(s)  
☐ Company Crash Report(s) ☐ Witness Statements



Date: \_\_\_\_\_

**PREVENTABILITY DETERMINATION – DRIVER STATEMENT**

Driver Name	Company
Accident Location	
Accident Date	Accident Time

**Instructions:** In your own words, describe the crash, including the events leading up to and after it. Ensure the details are as complete and descriptive as possible. You should include the distance at which you first saw the danger, the speed you were traveling, the posted speed limit, and the speed you were traveling at impact. Your statement will be used to assist in determining the preventability of the crash in question. Please use additional sheets of paper if more room is needed.

Were you aware of any vehicle defects at the time of the crash (including anytime before and/or after)? ☐ Yes ☐ No If yes, please explain below.

The above statement is true, accurate, and complete to the best of my knowledge. I sign this statement under penalty of perjury.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_