



**TDC & SVDC Eligibility Request Form**  
**National Truck Driving Championships Program**  
**National Step Van Driving Championships Program**



Please fill out this form for committee members to rule on an eligibility case for the State and National Truck Driving Championships programs.

- **If Company deems accident non-preventable, they must submit this form to the ATA Safety Management Council / NTDC Eligibility Review Committee for review and approval.**
- **The case must be submitted by a company safety executive.**
- **The submission must be accompanied by third party statements (i.e. police officers/unrelated witnesses/other drivers) or supporting documentation.**

| FOR ENTERING COMPANY USE   |                          |                          |                          |                    |  |
|--|--------------------------|--------------------------|--------------------------|--------------------|--|
| <b>Decision:</b>   | <input type="checkbox"/> | <b>Non-Preventable</b>   | <input type="checkbox"/> | <b>Preventable</b> |  |
| <b>Reason*</b>   |                          |                          |                          |                    |  |
| <b>Date:</b>   |                          | <b>Company Official:</b> |                          | <b>Company:</b>    |  |
| *Based on Industry Guidelines for Recording Fleet Motor Vehicle Accidents and Determining Preventability |                          |                          |                          |                    |  |

**SUBMISSION**

**(Submission must be submitted by company representative, not driver)**

|                    |  |               |  |
|--------------------|--|---------------|--|
| <b>Name/Title:</b> |  | <b>Email</b>  |  |
| <b>Company:</b>    |  | <b>Phone</b>  |  |
| <b>Address:</b>    |  |               |  |
| <b>City:</b>       |  | <b>State:</b> |  |
|                    |  | <b>Zip:</b>   |  |

|    |  |  |   |                                       |  |
|----|--|--|---|---------------------------------------|--|
| 1. | Date of Accident:                                      |  | <b>Time</b>                                 |                                       | <b>AM/PM</b>                           |
| 2. | Place Accident Occurred (Nearest Town or City, State): |  |   |                                       |  |
| 3. | Street or Highway (Route or Name):                     |  |   |                                       |  |
| 4. | Location if Off Highway:                               |  |   |                                       |  |
| 5. | Driver's Name:   |  |   |                                       |  |
| 6. | Company Name:  |  |   |                                       |  |
| 7. | State in which driver is competing:                    |  |   |                                       |  |
| 8. | Type of District:                                      | <input type="checkbox"/> <b>Primary Business</b> | <input type="checkbox"/> <b>Residential</b> | <input type="checkbox"/> <b>Rural</b> | <input type="checkbox"/> <b>Other:</b> |

**Accident Description (Briefly Describe What Happened)**

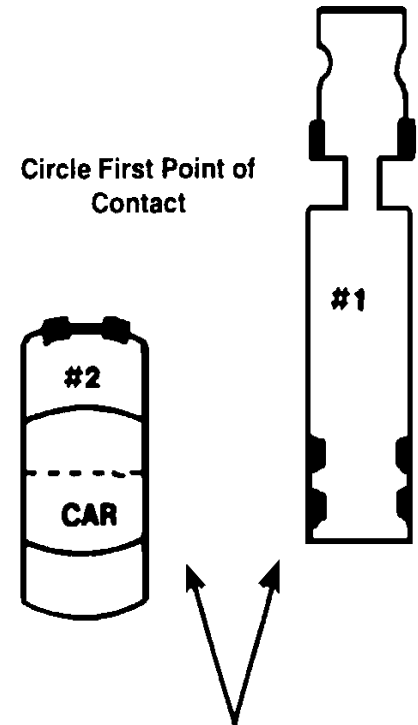
**V1=Your Vehicle**

**V2=Other Vehicle**

A large empty rectangular box with a black border, intended for the user to provide a detailed description of the accident.

Please complete an accurate diagram of the accident below.

### ACCIDENT DIAGRAM — Please draw carefully



Mark "Xs" showing damage area to vehicles. Circle first point of contact.

Draw complete diagram showing position of all involved vehicles at time of collision and final position, showing direction of travel, both before and after collision. Draw diagram with appropriate streets. Use the following symbols:



V1  
Your vehicle



V2  
Other vehicle



Street



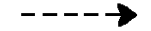
Skid marks

X Point of collision of vehicles

⊕ Witnesses at time of accident use letter "A-B-C" to identify



Indicates travel prior to collision



Indicates travel after collision

If necessary, please add additional pages for further explanation.

Please mail or email completed forms to: ATA Safety Management Council, 80 M Street SE, Washington D.C., 20003 -- Email: [SMC@trucking.org](mailto:SMC@trucking.org)  
Questions: 703-838-1931