



Accident and Procedures

Things to remember:

- **Do your Pre-trip right.**
- **Check for the accident kit before leaving the yard**
- **Make sure you see the Drugs & Alcohol kit in the cab.**
- **If needed, fill all the paperwork inside the kits.**
- **Take pictures, get witnesses statements as soon as possible.**
- **Give the statement ONLY to the police or a Frito Lay representative.**
- **Call the Traffic Center as soon as you are able to.**
- **When you have all the information call 1-800-23FRITO**

What to Do at the Scene of the Accident:

1. **SECURE**
 - A. Secure brake, activate four ways
 - B. Shut off engine
 - C. No smoking
 - D. Set out reflective triangle within 10 minutes (for both breakdown & accident).
 - E. Check on injured
 - F. Check for fuel spill and contain if there is a spill (more than 5 gallons)
Call 1-800-76-SPILL and report the spill to your manager or resource immediately.

2. **NOTIFY**
 - A. **Mayday Situation**
 1. Notify Police
 2. Notify traffic center representative
 3. Call 800-23-Frito immediately

 - B. **Non Mayday Situation**
 1. Notify Police
 2. Notify traffic center representative
 3. Call 800-23-frito after all pertinent information is gathered.

3. DOCUMENT

A. Provide other involved parties with company insurance and vehicle information and license.

B. Make no statements to anyone other than the police or a company representative.

C. Use Camera in Accident Kit:

1. Photograph the accident site property and vehicles.

2. Use all the exposures.

3. Take no photos of injured people or bloody areas.

4. Take pictures of all vehicles involved whether damaged or not.

MAYDAY SITUATION

**Serious Accidents - during business hours and after hours
(Catastrophic Accident Team-CAT)**

All accidents are reported to the Network 24-hour accident reporting center.

Cases involving the following criteria will be immediately reported to the Risk Department (refer to Communication section) regardless if it occurs during business hours or after hours:

Paralysis

Death

Severe Fracture (multiple and/or compound)

Severe Burns

Severe head injury

Amputation

Pedestrian

Known Hospitalization

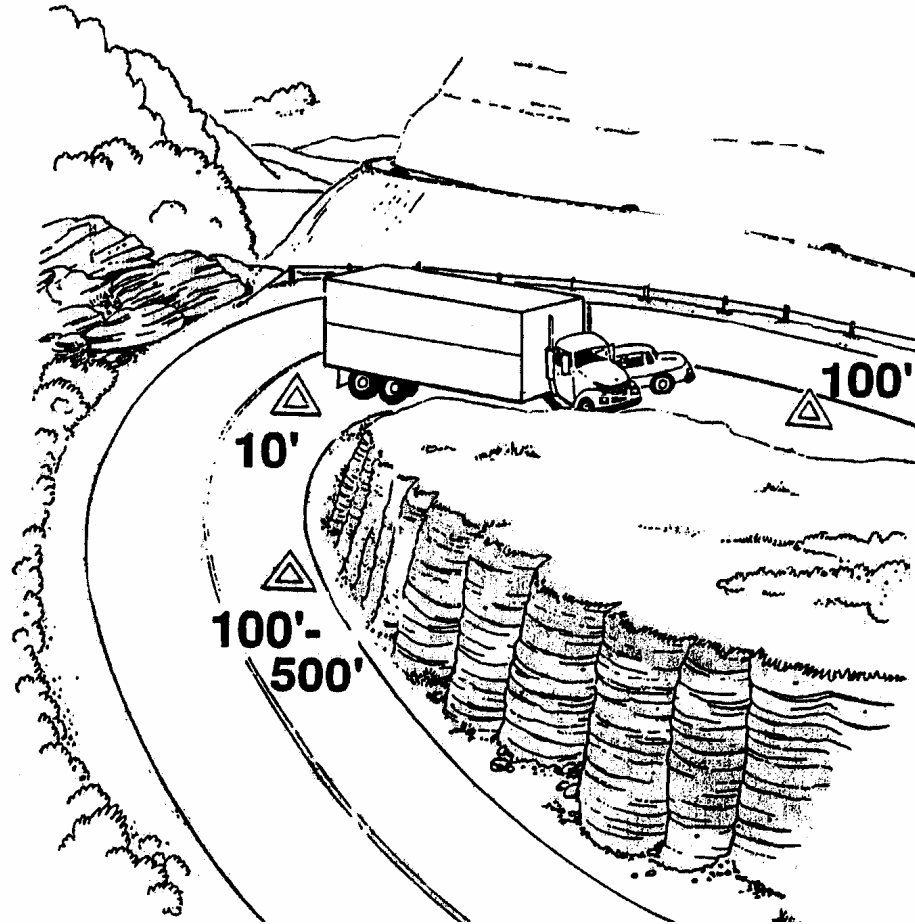
Transported by Air

Heart Attack



Emergency Warning Devices Curve or Hill

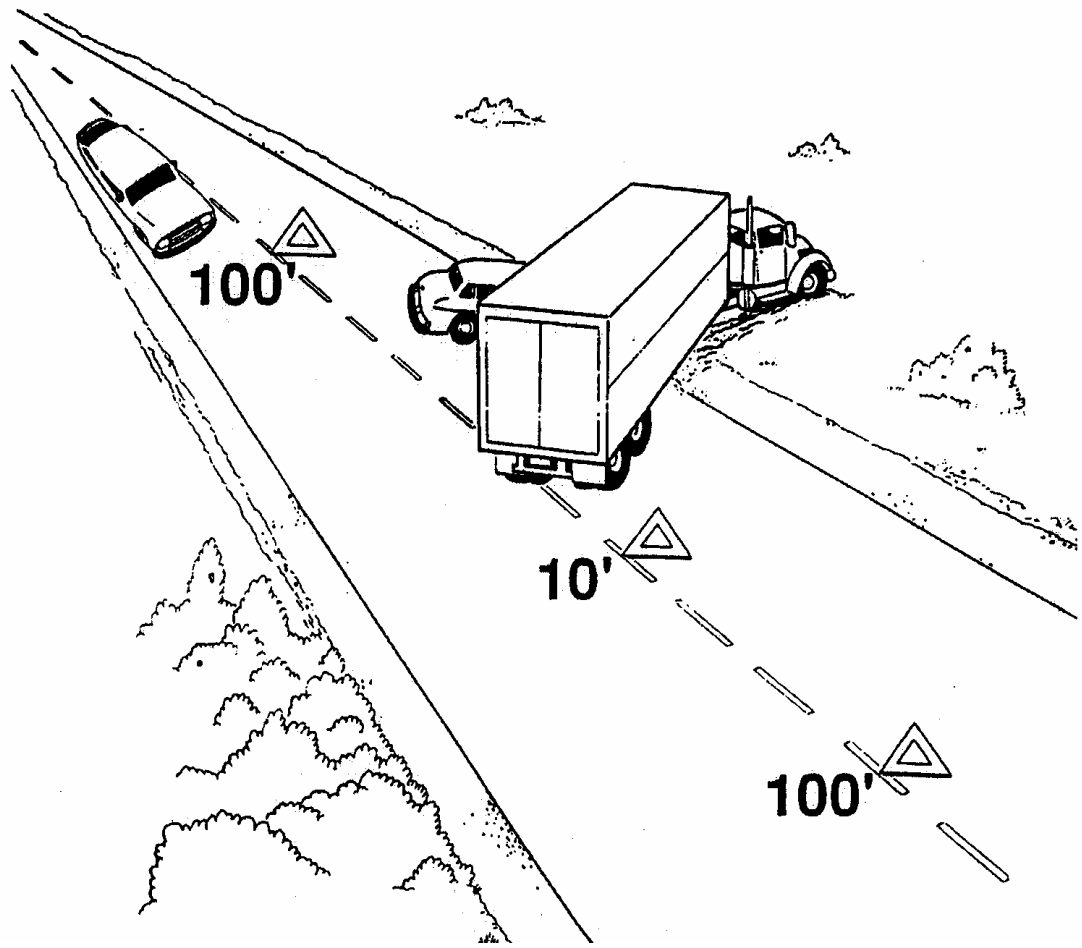
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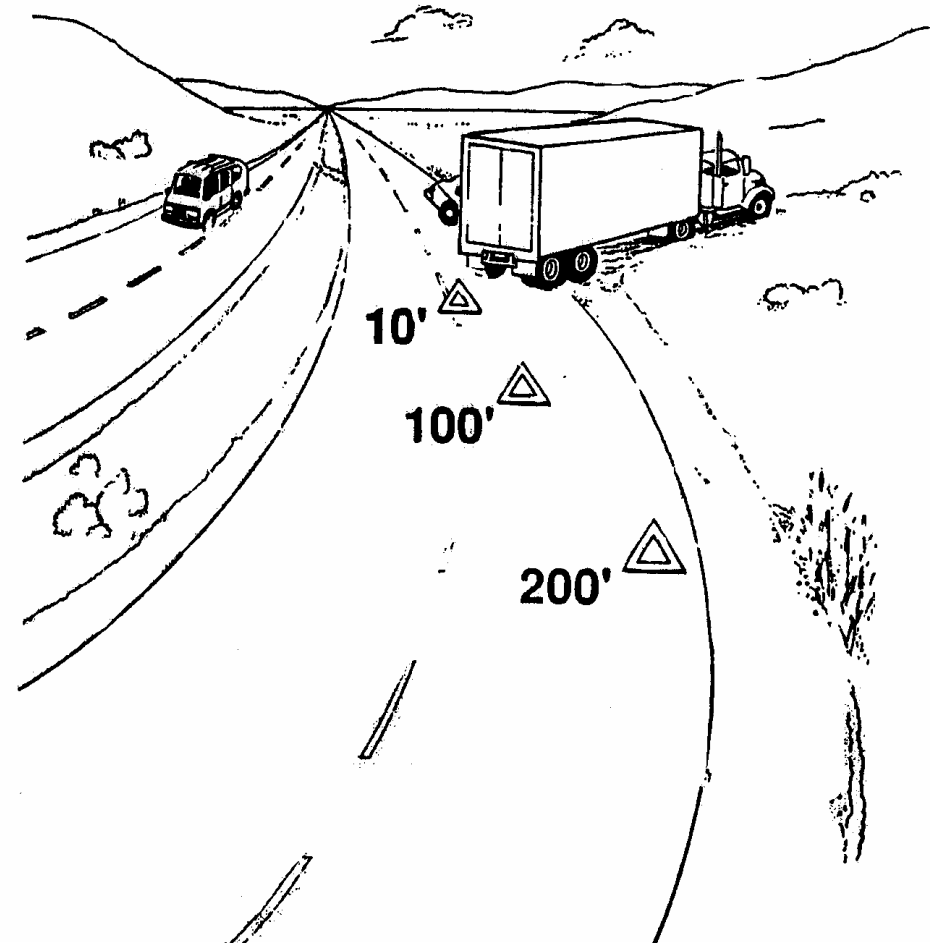
Emergency Warning Devices

Two-Way Highway





Emergency Warning Devices One-Way or Divided Highway



ACCIDENT REPORTING

1. Emergency response and accident reporting kit.

*Sealed kit should be available inside truck at all times.

*Order through Recognition Concepts, Inc.
(RCI) at 1-800-588-4525.

*Emergency response and accident reporting kit contents:

- A. Accident Report
- B. Accident Reporting camera (1 year shelf life identified with sticker on outside of accident reporting kit – expiration of camera should be reviewed periodically.)
- C. One witness information card (pre-postage, self addressed).
- D. Emergency Response & Reporting Instructions:
 - Vehicle accident response & reporting
 - Spill response & reporting
 - Worker's Compensation response & reporting.

2. Notify

A. Mayday Situation

- 1. Notify Police**
- 2. Notify traffic center representative**
- 3. Call 800-23-Frito immediately**

B. Non Mayday Situation

- 1. Notify Police**
- 2. Notify traffic center representative**
- 3. Call 800-23-frito after all pertinent information is gathered.**

Complete the “accident report” in its’ entirety.

Contact Sedgwick CMS

(888-899-4694 / 469-524-4400) for accident reporting cameras and witness information card protocol.

Emergency Response & Reporting Envelope



ACCIDENT PACKET

If you are involved in an accident,
complete the following information
before Giving Accident Packet
to your Resource:

DATE OF ACCIDENT _____

DRIVER'S NAME _____

LOCATION OF ACCIDENT _____

DRIVER'S SOCIAL SECURITY # _____

DRIVER'S DIV. LOC. # _____

*Please give this completed packet to your
Supervisor upon return to your work location.*

Thank you!



WITNESS INFORMATION CARD

TO BE COMPLETED BY WITNESS ONLY

Please complete this card. We are concerned about safety and your comments will help us evaluate this accident.

WITNESS NAME _____

ADDRESS _____

CITY AND STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

LOCATION OF ACCIDENT (STREET, HIGHWAY, CITY/STATE) _____

DATE OF ACCIDENT REQUIRED _____ FRITO-LAY DRIVER: (NAME) _____

WERE YOU INVOLVED IN THE ACCIDENT
 YES NO

WAS ANYONE INJURED? IF YES, NAME OF INJURED:
 YES NO

DID YOU SEE THE ACCIDENT? IF YES, PLEASE DESCRIBE:
 YES NO

SIGNATURE _____ DATE _____



**ACCIDENT
REPORT**
Call
1-800-23-FRITO
Immediately!

FRITO-LAY DRIVER		SS#	
WORK LOCATION		WORK NUMBER	
JOB TITLE			
TYPE OF VEHICLE			
<input type="checkbox"/> Passenger Vehicle	<input type="checkbox"/> Pick-Up	<input type="checkbox"/> Tractor Trailer	<input type="checkbox"/> Mobile Maintenance
<input type="checkbox"/> Route Van	<input type="checkbox"/> Straight Truck/Box24	<input type="checkbox"/> Yard Tractor	<input type="checkbox"/> Other:
VEHICLE NUMBERS			
DESCRIBE VEHICLE DAMAGE			
FUEL SPILL? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, FOLLOW SPILL REPORTING PROCESS ON ENVELOPE	DATE OF ACCIDENT (REQUIRED)	TIME OF ACCIDENT <input type="checkbox"/> am <input type="checkbox"/> pm
NEAREST CITY, STATE AND LOCATION OF ACCIDENT			
1. DID A FATALITY OCCUR? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. DID AN INJURY OCCUR THAT RESULTED IN EITHER IMMEDIATE MEDICAL ATTENTION OR PERSONS TRANSPORTED FOR MEDICAL ATTENTION? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. WERE ANY OTHER VEHICLES INVOLVED IN THE ACCIDENT TOWED FROM THE SCENE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

FOR DOT-REGULATED VEHICLES

(Over 26,000 Pounds)

If you answered "Yes" to #1 above, you must proceed immediately to a collection site for drug and alcohol testing.

If you answered "Yes" to #2 or #3 above, and were charged with a moving violation, you must proceed immediately to a collection site for drug and alcohol testing.

See Blue Collection Kit and call 1-800-732-3784 for information about the nearest collection site.