

Driver Response

to Accident Preventability Notification

Date: _____

Driver: _____
First Name, M.I., Last Name

Address

City, State, Zip

RE: Accident File No.: _____

Date of Accident: _____

Location of Accident: _____

Initial Determination: Preventable
 Non-Preventable

I agree with the above determination.

I disagree with the determination. Please submit the accident information to the Accident Review Committee for review. The reason I disagree is as follows:

Sincerely,

Driver's Signature

