

Did the accident involve a Department Commercial Motor Vehicle?



Yes



No



No Test

Did the accident occur on a public road?



Yes



No



No Test

Did the accident involve a fatality?



Yes



No

Test



Was **any** vehicle involved in the accident required to be towed from the scene **AND** was the MDT employee **cited** for a moving traffic violation?



Yes



No

Test



Did any person involved in the accident require immediate medical treatment **away from the scene** of the accident **AND** was the MDT employee **cited** for a moving traffic violation by law enforcement?



Yes



No

Test

