**DRIVER INTERVIEW QUESTIONNAIRE:**

1. Full name Tamene Habte
2. Age and DOB 10/11/1984
3. Address 2908 buttonbush DR Royse city TX 75189
4. Phone 2153036561
5. Email tamenegeberetsadik@yahoo.com
6. How long with company 4 years
7. When was CDL obtained? Ever held license in any other state?
8. Ever suspended or revoked? no
9. Truck driving school? How did you learn? Yes
10. Any training by this company? By any other companies? Yes over the road diving with mentor
11. When was last training on issues related to the accident?
12. Any regular safety meetings? Did you have to sign in? When was last one?
13. Any criminal history – felonies or misdemeanors? No
14. Any other accidents? (details, if so) No
15. Any traffic citations / any of those in CMV? No
16. Driving alone or with co driver? Alon
    1. Co driver name
    2. Co driver age/ DOB
    3. Co driver address, phone number
    4. Where was co-driver when accident occurred (seat v. sleeper)
    5. Always driver together? For how long as driving team?
17. Any daily medications? No
18. Alcohol in 24 hours prior to the accident? No
19. Corrective lenses? When was last prescription? Eye doc? No
20. Ever tested or treated for sleep apnea? No
21. Personal or company cell phone? On it at time of accident? No
22. Does he use phone while driving for Bluetooth or radio? No
23. Any GPS device or use of phone as GPS? No
24. When was last call/text prior to accident?
25. Can we get screen shots of call and message logs to show times?
26. Can you get us your cell phone bill for month of accident?
27. Who owned tractor and trailer? somebody
28. Did you do your pre-trip? Any deficiencies? No deficiences
29. Was trailer loaded? How heavy? With what? yes
30. Did tractor have any collision mitigation devices? Beeping? Cameras? No
31. How long on duty that day – what time did you start? 4 hours
32. What time did you wake up and what did you do before getting in the truck? 10 am eat breakfast and drink tea
33. Accident
    1. What time? I’m not Shure long time mor than one year
    2. Where? Irving Tx
    3. What happened?
    4. Use signals? Look in mirrors? Etc.
    5. When did you first see claimant vehicle?
    6. Was the driver of that vehicle doing anything wrong?
    7. Where did vehicles come to a rest?
34. Post accident
    1. Did emergency personnel arrive? Police/fire/EMTs?
    2. Who arrived first? How long did it take?
    3. How many officers?
    4. Speak to claimant driver/passengers?
    5. Know name of officers?
    6. Get a crash report number?
    7. Were the people in the other car out of the car before emergency arrived?
    8. Did you see them out walking around at scene?
    9. See them on phone or doing anything?
    10. Anyone transported via ambulance?
    11. Did police tell you who they thought was at fault?
    12. Citations issued?
    13. Vehicles towed?
    14. Where is your tractor? Trailer?
35. Did you take any photos or videos at the scene?
36. Were you injured? Seek any medical treatment?
37. Did you report to your employer? When? To whom?
38. Sent for post accident drug/alcohol test? Where?
39. Know anything about the other driver?
40. Do you have any company disciplinary history we need to know about?
41. Any disciplinary history at any other companies in the past?
42. How is maintenance handled on your rig? Do you just report it?