



TUSCARORA SCHOOL DISTRICT

Where every child is known by name

100 W SEMINARY STREET
MERCERSBURG, PA 17236

Standard Accident Procedure

This procedure is designed to help you gather information when you are involved in an accident.

Primary Objectives:

1. Move vehicle from roadway, if able. Set parking brake and remove keys from ignition.
2. Evaluate student safety and determine any injuries.
3. NOTIFY AUTHORITIES – **Call 911.**
4. Radio to the Transportation office and report the accident.
5. Keep students in bus unless it's dangerous to do so.
6. If evacuation is necessary, take students to a safe location that is a safe distance away.
7. While waiting for help to arrive, give immediate care to injured individuals, giving attention first to the most seriously injured.
8. Place a safety reflector or flare 100 feet to the front and rear of the bus and a third one along the side of the bus. Utilize passerby help when possible.
9. Protect the scene until emergency personnel arrive.
10. Do not discuss the facts of the accident with anyone other than the police or school officials.
11. Keep a record of all injured students.
12. In cases involving another vehicle:
 - a) Collect information necessary to fill out the accident report form, including the name, address, telephone number, license plate number and insurance information of the other driver.
 - b) Collect names, addresses and telephone numbers of any witnesses.
 - c) Remain courteous and do not lose patience or argue.
13. Do not make any statement concerning the assumption of liability. Give out only that information required by authorities. DO NOT sign any statement except for your authorized insurance claims representative.
14. Complete and submit a district School Bus Accident Information Form (on the back of this form) and a state School Bus Accident Report to the Transportation Director one (1) day or as soon as possible after the accident. The Transportation Director will assist with completing and submitting the required reports.

Capture the Details

WHO:

Bus/Van Number
How Many Students
Type of Vehicles Involved

WHERE: Location of vehicle or directions to the scene.

WHAT: What kind of help is needed, nature of problems.

FACTS ABOUT YOUR VEHICLE:

Date of Accident: _____

Time of Accident: _____

Location of Accident: _____

Vehicle Make & Year: _____

License Number: _____

Driver's Name: _____

Driver's Address: _____

Driver's Phone #: _____

FACTS ABOUT OTHER VEHICLE(S):

Driver's Name: _____

Driver's Address: _____

Driver's Phone #: _____

Vehicle Make & Year: _____

License Number: _____

Registration Number: _____

Insurance Company: _____

Nature of Damage: _____
