

Driver Instructions for vehicle accident:

1. Remain calm and call 911 immediately
2. Contact the Transportation Supervisor or Campus Director immediately. The Transportation Supervisor will immediately go to the accident/emergency scene
3. The driver should care for the immediate needs for his/her passengers within his/her abilities
4. The driver should care for the needs of non-passengers involved in the accident within his/her abilities
5. Obtain witness contact information
6. The driver should cooperate with and assist emergency responder personnel (fire, EMS, District Staff and police)
7. Preserve the accident scene within his/her abilities
8. The driver may not authorize any passenger to leave or be taken from the accident scene. Document
9. **Remain Calm.** Help is on the way.

Northeast Technology Center Accident Report

Vehicle Make			Fleet Number		
Driver Name		Driver License No.		Model Year	
Location (County)		Date of Accident		Citation Issued	
				Yes	No

PART 1-VEHICLE PHYSICALLY INVOLVED

1. Type of Accident (Enter only one response):

<input type="checkbox"/> Between Motor Vehicles	<input type="checkbox"/> Train	<input type="checkbox"/> Animal/Animal drawn vehicle
<input type="checkbox"/> Non-collision	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Tractor
<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Fixed Object (complete question 2	<input type="checkbox"/> Other Collision, specify _____

2. Complete if fixed Object Accident(enter the one response which caused the most damage):

<input type="checkbox"/> Embankment	<input type="checkbox"/> Sign	<input type="checkbox"/> Fence	<input type="checkbox"/> Curb or Wall
<input type="checkbox"/> Utility Pole	<input type="checkbox"/> Guardrail	<input type="checkbox"/> Median Barrier	<input type="checkbox"/> Culvert or Headwall
<input type="checkbox"/> Tree	<input type="checkbox"/> Bridge rail	<input type="checkbox"/> Fire Hydrant	<input type="checkbox"/> Other, specify _____

3. Did Accident result in? (enter all that apply):

<input type="checkbox"/> Fatality	<input type="checkbox"/> Non-incapacitating Injury(Moderate)	<input type="checkbox"/> No Injuries
<input type="checkbox"/> Incapacitating Injury (Serious)	<input type="checkbox"/> Possible injury (Minor)	

3a. Property Damage only:

<input type="checkbox"/> More than \$500.00	<input type="checkbox"/> Less than \$500.00
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4. Number Injured? (See part 4)

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5. Manner of collision between vehicles or objects:


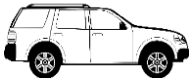
<input type="checkbox"/> Angle	<input type="checkbox"/> Rear-end	<input type="checkbox"/> Head-on	<input type="checkbox"/> Other: _____
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6. Vehicle direction (enter only one response):

Collision with pedestrian				Collision with other vehicle			
Intersection		Non-intersection		Intersection		Non-intersection	
<input type="checkbox"/> Going straight	<input type="checkbox"/> Going straight	<input type="checkbox"/> Going straight	<input type="checkbox"/> Going straight	<input type="checkbox"/> Going straight	<input type="checkbox"/> Going straight	<input type="checkbox"/> Going straight	<input type="checkbox"/> Going straight
<input type="checkbox"/> Turning left	<input type="checkbox"/> Turning left	<input type="checkbox"/> Turning left	<input type="checkbox"/> Turning left	<input type="checkbox"/> Turning left	<input type="checkbox"/> Turning left	<input type="checkbox"/> Turning left	<input type="checkbox"/> Turning left
<input type="checkbox"/> Turning right	<input type="checkbox"/> Turning right	<input type="checkbox"/> Turning right	<input type="checkbox"/> Turning right	<input type="checkbox"/> Turning right	<input type="checkbox"/> Turning right	<input type="checkbox"/> Turning right	<input type="checkbox"/> Turning right
<input type="checkbox"/> Backing	<input type="checkbox"/> Backing	<input type="checkbox"/> Backing	<input type="checkbox"/> Backing	<input type="checkbox"/> Backing	<input type="checkbox"/> Backing	<input type="checkbox"/> Backing	<input type="checkbox"/> Backing
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Specify: _____	Specify: _____	Specify: _____	Specify: _____	Specify: _____	Specify: _____	Specify: _____	Specify: _____
All other collisions				Non-collision			
Intersection		Non-intersection		Intersection		Non-intersection	
<input type="checkbox"/> Fixed object	<input type="checkbox"/> Fixed object	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn	<input type="checkbox"/> Overturn
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
Specify _____	Specify _____	Specify _____	Specify _____	Specify _____	Specify _____	Specify _____	Specify _____

7. First point of impact

Enter all that apply

		<input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Left side <input type="checkbox"/> Right side <input type="checkbox"/> Front <input type="checkbox"/> Rear
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8. Contributing circumstances (enter all that apply)											
			Driver action			Other vehicle action			Roadway		
<input type="checkbox"/> Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Defective surface (e.g., potholes)
<input type="checkbox"/> Right of way-failure to yield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slippery
<input type="checkbox"/> Ran stop sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inoperative traffic signal
<input type="checkbox"/> Disregarded signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View obstructed (e.g. tree, fence, shrubbery etc.)
<input type="checkbox"/> Drove left of center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Improper passing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle defect
<input type="checkbox"/> Made improper turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tires
<input type="checkbox"/> Followed too closely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brakes
<input type="checkbox"/> Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lights
<input type="checkbox"/> Sudden movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steering
<input type="checkbox"/> No improper action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No vehicle defect
<input type="checkbox"/> Other action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other specify _____
9. Total number of lanes on roadway						10. Posted speed limit					
11. Approximate speed				12. Date of Birth				13. Driver			
								<input type="checkbox"/> Male		<input type="checkbox"/> Female	
14. Drivers experience in driving a school bus											
<input type="checkbox"/> Less than 6 months						<input type="checkbox"/> 1 Year or less					
<input type="checkbox"/> 2-5 Years		<input type="checkbox"/> 5-10 Years		<input type="checkbox"/> Over 10 years							
15. In the last three years , how many accidents has the driver had?											
16. Did the driver receive a pre-service school bus driver training course?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
17. Did the driver receive in-service training in the last 12 months?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
18. Was the seat belt in use at the time of accident?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
19. Type of vehicle				20. Total number of passengers (excluding driver)				21. Rated seating capacity			
<input type="checkbox"/> Type A	<input type="checkbox"/>	<input type="checkbox"/> Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type B	<input type="checkbox"/>	<input type="checkbox"/> Truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type C	<input type="checkbox"/>	<input type="checkbox"/> SUV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Type D	<input type="checkbox"/>	<input type="checkbox"/> other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. vehicle use at time of accident						23. Road conditions at time of accident (enter all that apply)					
<input type="checkbox"/> Regular route	<input type="checkbox"/>	<input type="checkbox"/> Field/Activity (school related use)	<input type="checkbox"/>	<input type="checkbox"/> Special Education use	<input type="checkbox"/>	<input type="checkbox"/> Dry	<input type="checkbox"/>	<input type="checkbox"/> Wet	<input type="checkbox"/>	<input type="checkbox"/> Icy	<input type="checkbox"/>
<input type="checkbox"/> Other use	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/> Snow packed	<input type="checkbox"/>	<input type="checkbox"/> Under repair	<input type="checkbox"/>	<input type="checkbox"/> Paved	<input type="checkbox"/>
								<input type="checkbox"/> Gravel	<input type="checkbox"/>	<input type="checkbox"/> Other _____	<input type="checkbox"/>

Part 2- LOADING/UNLOADING ZONE ACCIDENTS

1. At the time of the accident, where was the vehicle?											
<input type="checkbox"/> Approaching the zone			<input type="checkbox"/> Stopped in the zone			<input type="checkbox"/> Leaving the zone			<input type="checkbox"/> Not in sight		
2. Were the students						<input type="checkbox"/> Hit by Bus			<input type="checkbox"/> Hit by other vehicle		
3. Where did injuries occur											
<input type="checkbox"/> On side of road			<input type="checkbox"/> In roadway			<input type="checkbox"/> On sidewalk			<input type="checkbox"/> Other specify _____		

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PART 3- ACCIDENT DESCRIPTION

Description of accident: (please describe behavior of student/s in loading zone in this section)

Complete the following diagram showing direction and positions of vehicles involved, designating clearly the point of impact.
(IF THIS DIAGRAM WILL NOT SERVE FOR THE ACCIDENT IN QUESTION ATTACH DRAWING TO THIS FORM)

