

RISK COMMUNIQUÉ

SCHOOL BUS ACCIDENT SCENE CHECKLIST

DATE: _____ TIME NOTIFIED: _____ TIME ARRIVED: _____

LOCATION: _____

PASSENGERS ON BUS (yes/no): _____ HOW MANY: _____ (attach seating chart)

INJURIES (yes/no): _____ HOW MANY INJURED: _____

SUMMARIZE INJURIES: (On a separate sheet, list all passengers injured, nature of injuries, and hospital taken to)

LAW ENFORCEMENT AT SCENE (yes/no): _____ AGENCY(S): _____

COMMANDING OFFICER: _____ BADGE #: _____ REPORT #: _____

AMBULANCE(S) AT SCENE (yes/no): _____ COMPANY(S): _____

AMBULANCE #(S): _____ WARNING DEVICES PLACED AT SCENE UPON ARRIVAL (yes/no): _____

BUS DRIVER NAME: _____ BUS#: _____ ROUTE: _____

SCHOOL(S): _____

REGULAR DRIVER (yes/no): _____ SUB (yes/no): _____ HOW LONG ON RUN: _____

OTHER VEHICLE DRIVER NAME: _____ INJURIES (yes/no): _____

ADDRESS: _____ PHONE: _____

DRIVER ID#: _____ PHYSICAL APPEARANCE: _____

OTHER VEHICLE PASSENGER(S) NAME(S): _____

VEHICLE REGISTERED TO: _____ VEHICLE PLATE #: _____

VEHICLE ID#: _____ VEHICLE YEAR/MAKE/MODEL/COLOR: _____

INSURANCE COMPANY/CODE/AGENT: _____

WEATHER CONDITIONS: _____

ROAD CONDITIONS: _____

LIGHT CONDITIONS: _____

BUS DRIVER ON APPROVED ROUTE (yes/no): _____ EARLY OR LATE: _____

ATTENDANT ON BUS (yes/no): _____ NAME: _____

LIST NAME/PHONE OF ALL WITNESSES ON A SEPARATE SHEET AND ATTACH.

This is a sample guideline furnished to you by Glatfelter Public Practice. Your organization should review it and make the necessary modifications to meet the needs of your organization. The intent of this guideline is to assist you in reducing risk exposure to the public, personnel and property. For additional information on this topic, you may contact your GPP Risk Control Representative. www.glatfelterpublicpractice.com

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SCHOOL BUS DAMAGE: _____

FIRE INCIDENT (explain): _____

BUS DRIVER SEAT/CONTROLS AREA –DESCRIBE CLEANLINESS AND POSSIBLE DISTRACTIONS: _____

BUS DRIVER SEAT BELT USED (yes/no): _____

POSSIBLE BUS MECHANICAL PROBLEMS (explain): _____

OTHER VEHICLE DAMAGE (explain): _____

FIRE INCIDENT (explain): _____

PREVIOUS DAMAGE TO THE VEHICLE (yes/no): _IF SO, DESCRIBE _____

DRIVER SEAT/CONTROLS AREA-DESCRIBE CLEANLINESS AND POSSIBLE DISTRACTIONS: _____

DRIVER SEAT BELT USED (yes/no): _____

POSSIBLE OTHER VEHICLE DEFECTS (describe): _____

CURRENT INSPECTION STICKER (yes/no): _____ DATE: _____

DESCRIBE WHAT HAPPENED: _____

PHOTOS TAKEN AT SCENE (yes/no): _____ ATTACH FIELD SKETCH ON SEPARATE SHEET

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ATTACH FIELD NOTES ON A SEPARATE SHEET

COMMENTS: _____

NAMES OF ALL DISTRICT/COMPANY PERSONNEL ON SCENE: _____

SIGNED: _____ DATE: _____