



Date: February 10, 2016

To: Questar III Building Principals

From: Craig J. Hansen, Director of Health and Safety

Re: Bus Accident Report Forms

Please review the attached forms. The Bus Accident Report packet will assist in documenting and managing a bus accident involving students on a Questar contracted bus. Original documents should be retained at your office and a copy of the forms are to be sent to the Health and Safety Office.

Please contact me if there are any questions.



BUS ACCIDENT REPORTING FORM

Date of Accident: _____ Time of Accident: _____

Time Notified: _____ Notified by: _____

Location of Accident:

(Street Address, Crossroads, Landmark, etc.)

Name of Transportation Company: _____ Phone Number: _____

Transportation Company Contact: _____

Bus Number: _____ Driver Name: _____ Number of Students on Board: _____

Injuries: N Y (how many) _____ Number of Students Transported to Hospital: _____

EMS Agency: _____ Hospital: _____

Law Enforcement Agency: _____

Details of Accident:

Questar Program Served: _____

Sending Districts: _____

Questar Administrator in Charge: _____

Responded to Scene: Y N

Questar Nurse: _____

Responded to Scene: Y N

NOTIFICATIONS MADE: (X)

Executive Office: _____ Director of Health and Safety: _____ Director of Communications: _____

STUDENT CONTACTS

Student Name	Parent/Guardian	Contact Made Y /N	Time	Reason No Contact Made

DISTRICT CONTACTS

Principal: _____
Principal: _____
Principal: _____
Principal: _____
Principal: _____
Principal: _____
Principal: _____
Principal: _____
Principal: _____
Principal: _____

District: _____
District: _____
District: _____
District: _____
District: _____
District: _____
District: _____
District: _____
District: _____
District: _____

The bus cannot be moved at an accident scene until the students have been evaluated by the building nurse or EMS. The driver would be subject to drug and alcohol testing if any of the conditions are met:

- *Human fatality*
- *Bodily injury with immediate medical treatment away from the scene*
- *Disabling damage to any motor vehicle requiring a vehicle to be towed away*

SCHOOL BUS ACCIDENT PASSENGER POSITION CHART

BUS #: _____ DRIVER: _____ DATE: _____

DRIVER SIDE (FRONT OF BUS)
 (If possible, note whether seat belt was worn)
 (Note all WC positions as WC 1, WC 2, etc.)

SEAT A	SEAT B	SEAT C		SEAT D	SEAT E	SEAT F
			AISLE			
			ROW 1			
			ROW 2			
			ROW 3			
			ROW 4			
			ROW 5			
			ROW 6			
			ROW 7			
			ROW 8			
			ROW 9			
			ROW 10			
			ROW 11			

SEAT A SEAT B SEAT C SEAT D SEAT E SEAT F

(Next Page for Injured Passenger List)

SIGNED: _____

SCHOOL BUS ACCIDENT PASSENGER INJURY LIST

BUS #: _____

DRIVER: _____

DATE: _____

[illegible]

Sketch of Accident Scene