

THE RISK OBSERVER

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:



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SCHOOL BUS DAMAGE: _____

FIRE INCIDENT (explain): _____

BUS DRIVERSEAT/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: _____



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