



# KENSTON S C H O O L S

## Kenston Transportation Bus/Vehicle Accident Checklist

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Vehicle #: \_\_\_\_\_

Steps to start and complete within 24 hours or as noted	Date & Time Completed	Initials
<p><b>Driver on the road or with other vehicle:</b></p> <ol style="list-style-type: none"> <li>1) Check to ensure bus is in a safe environment and check for injuries. If not follow ER protocols as needed.</li> <li>2) Push red button for 911 if in Geauga County (For students present or driver injury request EMS as well as police), outside the county call 911 via cell phone</li> <li>3) Call (weekends and after hours)/Radio office w/ location and injury status</li> <li>4) Tend to injuries until EMS arrive if able to do so.</li> </ol> <p style="color: blue;">Minor Damage with no other vehicle/ student: Call Supervisor 1st</p> <p><b>Other Drivers:</b> Radio silence unless there is an emergency or assigned tasks in connection with the accident</p>		
<p><b>Trans Admin:</b></p> <ol style="list-style-type: none"> <li>1) Take down information and Instruct driver to press the red button if vehicle is in Geauga County if not so done so already, or call 911 via their cell phone</li> <li>2) Advise driver to send over the Student Passenger List verifying students on board as soon as they can</li> <li>3) Notify the Director of Transportation</li> </ol>		
<p><b>Driver:</b> Go through Student Passenger List and verify riders. Take a picture and send it to Trans Admin</p>		
<p><b>EMS/Fire Department:</b> Decision to return to reunification site: _____ Location: _____ or continue home: _____</p>		
<p><b>Trans Admin:</b> Distribute list to Director of Trans., Asst. Superintendent and Public Relations Director  <span style="color: blue;">DT: Melody Coniglio</span>  <span style="color: blue;">AS: Jeremy McDevitt</span>  <span style="color: blue;">PRD: Katy McGrath</span></p>		
<p><b>Public Relations:</b> Send out All Call to families of students on the bus and other bus effected.</p> <p style="color: blue;">Bus Routes: _____</p>		

<p><b>Driver:</b> Fill out police report Get Information from Driver &amp; Police Report number, if applicable</p> <p>Report Number: _____</p> <p>Agency: _____</p>																											
<p><b>DT:</b> Notify Mechanic on Duty, Asst. Superintendent and Building Administrator</p>																											
<p><b>DT &amp; Mechanic:</b> Determine the needs of for the accident. Go to the scene.</p> <ol style="list-style-type: none"> <li>1) When students present send a new bus to transport students.</li> <li>2) Once arrive at the seen determine the need for a tow.</li> </ol>																											
<p><b>Mechanic:</b> If needed call for tow. F&amp;S Towing: 330-274-8525</p>																											
<p><b>Trans Admin:</b> Give driver Incident/Accident Infor. Sheet to fill out</p>																											
<p><b>Trans Admin:</b> Call for post incident/accident D/A test USA Mobile: 440-420-1892</p> <p>Time called: _____</p> <p>Appox. Time of arrival: _____</p> <p><b>Use the chart below to determine type of post accident drug alcohol test.</b></p> <table border="1" data-bbox="284 1060 1015 1648"> <thead> <tr> <th>Type of Accident</th> <th>Citation Issued to CMV Driver</th> <th>DOT Test must be performed by employer</th> <th>Non-DOT test performed by employer</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Human Fatality</td> <td>Yes</td> <td>Yes</td> <td>Refer to DOT test</td> </tr> <tr> <td>No</td> <td>Yes</td> <td>Refer to DOT test</td> </tr> <tr> <td rowspan="2">Bodily injury with immediate medical treatment away from the scene</td> <td>Yes</td> <td>Yes</td> <td>Refer to DOT test</td> </tr> <tr> <td>No</td> <td>No</td> <td>Yes Non-DOT</td> </tr> <tr> <td rowspan="2">Disabling damage to any motor vehicle requiring tow away</td> <td>Yes</td> <td>Yes</td> <td>Refer to DOT test</td> </tr> <tr> <td>No</td> <td>No</td> <td>Yes Non-Dot</td> </tr> </tbody> </table>	Type of Accident	Citation Issued to CMV Driver	DOT Test must be performed by employer	Non-DOT test performed by employer	Human Fatality	Yes	Yes	Refer to DOT test	No	Yes	Refer to DOT test	Bodily injury with immediate medical treatment away from the scene	Yes	Yes	Refer to DOT test	No	No	Yes Non-DOT	Disabling damage to any motor vehicle requiring tow away	Yes	Yes	Refer to DOT test	No	No	Yes Non-Dot		
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<p><b>Driver:</b> Drug &amp; Alcohol</p> <p>Time of Test: _____</p>																											
<p><b>Driver:</b> Fill Out Incident Report/ Accident Info Sheets, paperwork from drug test, workman comp paperwork (if needed) and Student Passenger List must be turned in for accident file.</p>																											

<p><b>DT:</b> Fill out follow-up supervisory accident report if employee injuries exists</p>		
<p><b>DT:</b> email Accident Information sheet to  <a href="mailto:jamie.hudak@kenstonapps.org">jamie.hudak@kenstonapps.org</a>  <a href="mailto:DTewksbury@mcgowaninsurance.com">DTewksbury@mcgowaninsurance.com</a>  <a href="mailto:phil.butto@kenstonapps.org">phil.butto@kenstonapps.org</a>  <a href="mailto:shari.bean@kenstonapps.org">shari.bean@kenstonapps.org</a></p>		
<p><b>Mechanic:</b> Contact State Highway Patrol, if applicable</p> <p>Date arrived: _____</p> <p>Time arrived: _____</p> <p>Bus Out of Service: Yes No</p> <p>Date of reinspection: _____</p>		
<p><b>Mechanic:</b> Email to DT damage report (include pictures) and parts list</p>		
<p><b>DT:</b> Fill out ODE accident form on the Safe Account if over \$1,000.00 damage, injury and/or fatality. SAFE Account T-10</p>		
<p><b>Trans Admin:</b> Get police Report within 3-4 business days from agency that took the report.  Geauga Co: <a href="mailto:dmpeterson@co.geauga.oh.us">dmpeterson@co.geauga.oh.us</a>  Bainbridge: 440-543-8252</p>		
<p><b>Trans Admin:</b> Print the driver out a new passenger list to replace the one they turn over at the time of the accident.</p>		
<p><b>DT:</b> Follow up with insurance for repairs and compensation of those repairs.</p>		