

## **Snohomish School District**

**1601 Avenue D  
Snohomish, Washington 98290**

# **Motor Vehicle Accident Report**

**Policy 6605F1**



**District Contact:**

Risk Management  
1601 Avenue  
Snohomish, WA 98290  
(360) 563-7332

**Insurance Contact:**

Clear Risk Solutions  
451 Diamond Drive  
Ephrata, W 98823  
(800) 407-2027 (24 hour response)

# Bus Driver Guidelines

## Immediately after an accident

- ❑ Stop the vehicle----keep calm.
- ❑ Check each student's health and safety – **First Priority**
- ❑ Notify dispatch of the accident – they will call 911
  - ◆ Seriousness of the accident
  - ◆ Location of bus, give specifics
  - ◆ Names of students on board and their injury status
- ❑ Secure the accident scene (flashers, reflectors, etc)
- ❑ Check for damage and injuries in the other vehicle(s)
- ❑ **Do not argue, accuse or make any admission of blame for the accident**

## While you are waiting for assistance

- ❑ Record locations of each student and their status (i.e., ok or injured with status, etc) on the Vehicle Accident Report.
- ❑ Dispatch will call 911 and send a district administrator to assist at the accident scene.
- ❑ Do not move the bus, as a general rule - There are a few exceptions:
  - ✓ If you are involved in a minor fender bender on a busy street, move to the side of the roadway and remain at the scene to allow the police to gather information.
  - ✓ If there is potential for another accident or if leaving the bus would compound the situation, chalk the location of the tires (if safe to do so) and move the bus to a safer location.
- ❑ **Do not discuss the accident with anyone except law enforcement and district responder**
- ❑ **Do not get involved with who is at fault.** Do not argue, accuse or make any admission of blame for the accident.
- ❑ When police arrive, do not let your responsibility to the students be impaired because of questioning. If you have injured students needing first aid, they are your first priority.
- ❑ Do not evacuate students from the bus unless there is eminent danger to them by remaining on the bus (i.e., fire, roll-over, further collision potential, fuel spill)
- ❑ If you vacate a bus, do not move it! Do not leave the students unattended.
- ❑ Should the need arise to evacuate students:
  - ◆ Offload in an orderly manner from the least hazardous exit
  - ◆ Give exact location of and require a control walk to the student meeting area
  - ◆ Ensure all students stay in the meeting area
- ❑ Provide for supervision/direction for students (i.e., assign an older student to “supervise”). This should be the student you selected at the beginning of the year.
- ❑ Ensure the student meeting area is appropriate:
  - ◆ Use an open area, i.e., parking lot or grassy area
  - ◆ If needed, use an appropriate sheltered area (i.e., lobby, church)
  - ◆ **Do not** unload into a median, construction area or other unsafe area
- ❑ Allow for emergency response to control the accident scene. They may need to move students, the bus or make other decisions to ensure the safety of all involved. **Remember, the students are your first priority.**
- ❑ Fill out the accident report – be sure to fill it out in its entirety (see insurance card for insurance information)

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## Motor Vehicle Accident Report

Please fill out the entire form below. If an item is not applicable, please indicate so with N/A

Accident Details	SSD Driver Name		SSD Driver's License No.	
	Home Address		Phone Number	
	Accident Date:	Accident Time:	Your Speed	Other Vehicle Speed
	Accident Street Address		City/State	Mile Post:
	Describe the accident (room for additional comments and statement on the last page of packet)			
SSD Vehicle	Year	Make	Model	
	VIN #	District Vehicle #	License #	
	Describe the damage to your vehicle			
Vehicle # 2 Information	Driver's Full Name	Age	Sex	Phone No.
	Street Address	City/State/Zip		Drivers License #
	Make and Model of Vehicle		Year	Vehicle License No.
	Insurance Company	Insurance Policy No.		Insurance Phone No.
	Describe the damage to vehicle #2			
Occupant Information	Full Name	Age	Sex	Phone No.
	Address	City/State/Zip		Injured? Describe
	Full Name	Age	Sex	Phone No.
	Address	City/State/Zip		Injured? Describe
	Taken to:			

Vehicle # 3 Information	Driver's Full Name		Age	Sex	Phone No.
	Street Address		City/State/Zip		Drivers License #
	Make and Model of Vehicle			Year	Vehicle License No.
	Insurance Company		Insurance Policy No.		Insurance Phone No.
	Describe the damage to vehicle # 3				
Occupant Information	Full Name		Age	Sex	Phone No.
	Address		City/State/Zip		Injured? Describe
	Full Name		Age	Sex	Phone No.
	Address		City/State/Zip		Injured? Describe
	Taken To:				
Witnesses	Full Name		Telephone No.		Age
	Address		City/State/Zip		Available for Statement Y / N
	Full Name		Telephone No.		Age
	Address		City/State/Zip		Available for Statement Y / N
Law Enforcement	Officer's Name			Jurisdiction (local, state patrol, sheriff)	
	Badge No.	Report No.		Citation (ticket) given to You      Vehicle 2      Vehicle 3	
	Other Information:				
Misc	Additional Incident Information				

**\* If possible, please obtain a copy of the accident report and a business card from the officer at the scene.**

Show names of highways, points of compass (N., E., S., W.,) and direction of travel of the vehicles involved		Please list all passengers, their location on the bus and their injury status. Use additional paper if necessary to describe any injuries. Please print first and last names!			
		Driver: _____		Injured? Y / N	
		Injured	Passengers (Left)	Injured	Passengers (Right)
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Y N		Y N	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Y N		Y N	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Y N		Y N	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Y N		Y N	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Y N		Y N	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Y N		Y N	
		<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
		Y N		Y N	
		Road Character	Road Surface	<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Straight Road	<input type="checkbox"/> Dry	Y N		Y N	
<input type="checkbox"/> Curve	<input type="checkbox"/> Wet	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Level	<input type="checkbox"/> Muddy	Y N		Y N	
<input type="checkbox"/> On Grade	<input type="checkbox"/> Snowy	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Hill Crest	<input type="checkbox"/> Icy	Y N		Y N	
Road Defects	Traffic Control	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Defective Shoulder	<input type="checkbox"/> Stop Sign	Y N		Y N	
<input type="checkbox"/> Holes, ruts, bumps	<input type="checkbox"/> Stop and Go Signal	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Loose material	<input type="checkbox"/> Officer or Flagman	Y N		Y N	
<input type="checkbox"/> _____ Other	<input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> No defects	<input type="checkbox"/> No Traffic Control	Y N		Y N	
Light	Weather	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Daylight	<input type="checkbox"/> Clear	Y N		Y N	
<input type="checkbox"/> Dusk	<input type="checkbox"/> Raining	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Dawn	<input type="checkbox"/> Snowing	Y N		Y N	
<input type="checkbox"/> Darkness-Streetlight	<input type="checkbox"/> Fog	<input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Darkness-No Streetlight	<input type="checkbox"/> _____ other	Y N		Y N	

### Additional Comments:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**If you have any questions or concerns about this process, please contact Risk Management at (360) 563-7332.**