

VEHICLE EMERGENCY PROCEDURES

_____ REMAIN CALM

_____ SURVEY SCENE FOR SAFETY

_____ NOTIFY EMERGENCY SERVICES - Police - Fire - Ambulance

_____ ADDRESS THE HEALTH OF ALL THE INDIVIDUALS INVOLVED

_____ SET OUT WARNING DEVICES - Flares - Reflective Devices

IF ANOTHER DRIVER(S) WAS INVOLVED, FILL OUT THIS SECTION

Driver: _____ Address: _____

Vehicle License#: _____ Year ____ Make _____ Type _____ Color _____

Driver: _____ Address _____

Vehicle License#: _____ Year ____ Make _____ Type _____ Color _____

1st) Name/Address of insurance company of other _____
_____ Phone _____ Policy# _____

2nd) Name/Address of insurance of company of other car: _____
_____ Phone _____ Policy# _____

Drivers license # of other driver _____, State of Issue _____

Does the photograph on the license match the driver: YES/NO

DOES IT APPEAR HE/SHE HAS BEEN DRINKING: YES/NO

Odor of alcohol: Yes/No EYES: bloodshot, watery or sleepy Yes/No

 Swaying: Yes/No Slurred speech: Yes/No

Any verbal statement made by other driver as to the cause of the accident:

Passengers in other vehicle: (RF, FM, LF, LR, MR, RR)

Name _____ Seat ____ Address _____ Ph) _____

Name _____ Seat ____ Address _____ Ph) _____

Name _____ Seat ____ Address _____ Ph) _____

Name _____ Seat ____ Address _____ Ph) _____

NAME _____ SEAT _____ ADDRESS _____ PH) _____
NAME _____ SEAT _____ ADDRESS _____ PH) _____

Names and Addresses of All Possible Witnesses to Accident

Name: _____ Address: _____ Phone _____
Name: _____ Address: _____ Phone _____
Name: _____ Address: _____ Phone _____
Name: _____ Address: _____ Phone _____

Special Conditions to Note Immediately Following Accident

Date of Accident _____ Time _____ Location _____

Direction of your car: _____ Direction of other car: _____

Direction and position of your car after accident _____

Road conditions _____ Traffic conditions _____

Weather conditions _____

Traffic controls (traffic lights, stop signs, etc.) _____ Working Y/N

Were you or the other driver turning? _____

If at night, were car lights on? Y /N

Did the driver signal properly (arm, horn, lights etc.)? _____

Place of impact on vehicle: _____

Name /address of any wrecker that removed other car

Police Officers at Scene _____

Case # _____

Nature and extent of damages and injuries:

Other conditions or pertinent facts that might have bearing on the accident:

EMERGENCY PHONE NUMBERS

YOUR CENTER _____

HOSPITAL _____

SUPERVISOR _____

MAIN OFFICE 541-564-6878 Or 1-800-559-5878

OREGON POISON CONTROL CENTER 1-800-222-1212

ADDITIONAL INSTRUCTIONS

If the child's injuries are "life threatening", Collect the child's "Emergency Notification and Bus Policy" Form and provide this document to Emergency Medical Services personnel when they arrive.

Supervisors will be responsible for contacting Parents, Human Resources Director, and Transportation Manager. They will also coordinate with staff on transportation back to center.

Complete the Umatilla-Morrow Head Start - Incident Report Form. Staff completing the incident report form must do so before the end of their regular duty shift. Staff will file the white copy of the completed incident report form in the child's file, provide parents with the yellow copy and send the pink copy to the Human Resources Director for review.

Name of your passengers:

Name _____ Injuries or soreness _____
Parent/Guardian: _____ Address: _____ Phone #H) _____
W) _____ Cell) _____ Notified: Y/N By who: _____

Name _____ Injuries or soreness _____
Parent/Guardian: _____ Address: _____ Phone #H) _____
W) _____ Cell) _____ Notified: Y/N By who: _____

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W) _____ Cell) _____ Notified: Y/N By who: _____

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Name _____ Injuries or soreness _____
Parent/Guardian: _____ Address: _____ Phone #H) _____
W) _____ Cell) _____ Notified: Y/N By who: _____

Seating Chart for Bus

(Note all WC positions as WC 1, WC 2, etc.)

| Seat A | Seat B | Seat C | | Seat D | Seat E | Seat F |
|--------|--------|--------|-----------------------------|--------|--------|--------|
| | | | <u>AISLE</u> § | | | |
| | | | Row 1 | | | |
| | | | Row 2 | | | |
| | | | Row 3 | | | |
| | | | Row 4 | | | |
| | | | Row 5 | | | |
| | | | Row 6 | | | |
| | | | Row 7 | | | |
| | | | Row 8 | | | |
| | | | Row 9 | | | |
| | | | Row 10 | | | |
| | | | Row 11 ‡ <u>AISLE</u> | | | |

Seat A

Seat B

Seat C

Seat D

Seat E

Seat F

SIGNED: _____