

Section	Administrative Procedure Number
Safety Procedures	RCJTC AP.03.07
Administrative Procedure Title	
Collision/Disruption/Near Hit Reporting Procedure	
Date	Revised
December 20, 2013	

In the event that a vehicle is involved in a collision/disruption/near hit, a series of communications and actions must take place, depending on the seriousness of the collision/disruption/near hit. Our first and foremost priority is the students' well being.

Collision Definition

If anyone is injured or suspected of injury, and/or if the total damage to all the vehicles involved appears to be MORE than \$1,000 (or as amended by the Highway Traffic Act), or if you suspect that any of the other drivers involved are guilty of a *Criminal Code* offence (such as driving under the influence of drugs or alcohol), then call 911.

Disruption Definition

NO bodily injuries, minor fender bender, damage to all the vehicles involved is less than \$1,000 (could be when impact occurs with an animal depending on damage). When in doubt, always respond as collision.

Near Hit Definition

NO bodily injuries, NO minor fender bender, NO damage to the vehicles involved. When in doubt, respond as disruption.

Levels of Collision

- Level 1 – Serious injury(ies) sustained by student(s) and/or passenger vehicle
- Level 2 – Non-serious injury(ies) sustained by student(s) and/or passenger vehicle

Levels of Disruption

- Level 1 – Situation/Circumstance requiring a change of vehicle only (breakdown at side of road)
- Level 2 – Situation/Circumstance causing a delay in vehicle travel time (due to weather conditions/traffic conditions)

Levels of Near Hit

- Level 1 – Occurrence of vehicle that nearly hit a student
- Level 2 – Occurrence of bus that nearly hit another vehicle

...Providing safe, efficient, effective transportation to our students

PROCEDURES

Collision Procedures

Confirm that the Driver:

- verified the passengers' condition;
- ensured that all passengers are safe;
- assisted the students who are injured;
- asked a responsible student on the vehicle to keep the group of students together until the arrival of the emergency teams;
- contacted the dispatcher to report the collision (time, location, etc.);
- requested that emergency teams be dispatched to the scene of the collision;
- assisted the injured students until the arrival of the emergency teams, without moving them, unless it is absolutely necessary;
- kept the students who are not injured away from any source of danger.

Confirm that the Transportation Operator:

- called emergency services, i.e. police and ambulance;
- immediately informed the RCJTC staff as well as the school principal about the details of the collision, including the students' and driver's condition;
- dispatched a replacement vehicle and ask the driver to cover this route in addition to his own, if needed;
- dispatched a person in charge of security to the scene in order to take photographs and record details pertaining to the collision;
- submitted a Collision Report to the RCJTC within twenty-four (24) hours, or sooner, following the collision.

Confirm that School Principal:

- alerted the RCJTC, notified parents/guardians and informed the area superintendent;
- forwarded the instructions of the RCJTC to the school staff;
- designated staff members to respond to questions from the parents/guardians or to meet with them;
- delegated staff members to go to the hospitals;
- distributed to the students the letter and OSBIE Incident Form for parents and guardians.

Staff of the RCJTC:

- record all the pertinent information in writing;
- inform the school principal;
- remind the school principal to send a letter home;
- inform the members of the Administrative Committee of the RCJTC and the Directors of Education if required;
- inform the parents and guardians of the students who were on the vehicle, if the school staff cannot be reached;
- keep a telephone line free for communication, put one line on hold;
- direct the parents' and guardians' phone calls to the school principal;
- send one or more school staff representative(s) to the hospital;
- direct phone calls from the media to the respective Boards;
- confirm a Collision Report was sent to the RCJTC within twenty-four (24) hours after the collision.

Disruption Procedures

Confirm that the Driver:

- verified the passengers' condition;
- ensured that all passengers are safe;
- contacted the dispatcher:
 - a. to inform him/her of the time and location;
 - b. to request a new vehicle, if required;
- comforted the students until the arrival of the replacement vehicle.

Confirm that the Transportation Operator:

- dispatched the appropriate services to the scene;
- dispatched a replacement vehicle to the scene, if required;
- informed the RCJTC and principal;
- sent a Disruption Report to the RCJTC within twenty-four (24) hours after the occurrence.

Confirm that School Principal:

- alerted the RCJTC and area superintendent only if required;
- informed the parents and guardians;
- forwarded the instructions of the RCJTC to the school staff;
- prepared and distributed the letter to parents and guardians.

Staff of the RCJTC:

- record all the pertinent information in writing;
- inform the school principal;
- remind the school principal to send a letter home;
- inform the members of the Administrative Committee of the RCJTC;
- confirm a Disruption Report was sent to the RCJTC within twenty-four (24) hours after the occurrence.

Near Hit Procedures

Confirm that the Driver:

- verified the passengers' condition;
- ensured that all other passengers are safe;
- contacted the dispatcher to inform him/her of the time and location.

Confirm that the Transportation Operator:

- dispatched the appropriate emergency services to the scene;
- informed the RCJTC and principal;
- sent a Near Hit Report to the RCJTC within twenty-four (24) hours.

Confirm that School Principal:

- alerted the RCJTC;
- informed the parents and guardians;
- distributed a letter to parents and guardians if required.

Staff of the RCJTC:

- record all the pertinent information in writing;
- inform the school principal;

- remind the school principal to send a letter home;
- confirm a Near Hit Report was sent to the RCJTC within twenty-four (24) hours after the near hit.

Related RCJTC Policy

P.01 *Transportation Policy*

P.03 *Safety Policy*

Related RCJTC Administrative Procedures

AP.03.07.1 *Collision Preventability Determination Guideline*

Related RCJTC Forms

F.03.07.1 *Collision Report Form*

F.03.07.1.1 *Collision Checklist and Communication Template for RCJTC Staff*

F.03.07.2 *Disruption Report Form*

F.03.07.2.1 *Disruption Checklist and Communication Template for RCJTC Staff*

F.03.07.3 *Near Hit Report Form*

F.03.07.3.1 *Near Hit Checklist and Communication Template for RCJTC Staff*

COLLISION REPORT FORM

1. Call 911. Request appropriate assistance (police &/or ambulance &/or fire).
2. Contact all schools that this vehicle services (principal can contact parents and guardians).
3. Contact RCJTC as soon as possible. Contact the General Manager, via telephone at 613-732-8419 ext. 257, or cell phone 613-635-1691, or fax 613-732-2874.

Level 1 Level 2

Transporting For: RCCDSB RCDSB School(s): _____

Date: _____ Time: _____ a.m. p.m. Location: _____

Route #: _____ CVOR #: _____ Transportation Operator: _____

A: SCHOOL VEHICLE INFORMATION		
Vehicle Make:	Unit #:	Vehicle Size:
Model:	Year:	License Plate #:
Vehicle Identification No.:		
Insurance Company:	Policy No.:	

B: OTHER VEHICLE INFORMATION			
Owner's Name:			
Owner's Address & Telephone #:			
Driver's Name:			
Driver's Address & Telephone #:			
Passenger Information:			
	Name	Address	Telephone #
Vehicle Make:	Model:	Year:	Licence Plate #:
Vehicle Identification No.:			
Insurance Company:	Policy No.:		

C: WITNESSES

Were there any witnesses? Yes No

If yes, Name(s):

Address & Telephone #:

Was the witness(es) involved in the collision? Yes No

D: COLLISION DETAILS

1. Were Emergency Services Called?: Yes No || Fire Ambulance Police Other

2. Type of Run: To or From School Field Trip Late Run || 3. Location: Rural Urban

4. Road Conditions: Gravel Paved || Dry Wet Ice Snow || Hilly Curve Flat

5. Speed: Posted Limit _____ km/hr Approximate Speed of Bus _____ km/hr Direction _____

6. Weather Conditions: Clear Fair Raining Freezing Rain Fog Snowing

7. Type of Collision: Between Motor Vehicles Overturn Pedestrian Cyclist
 Railroad Other (animal, etc.)

8. Manner of Collision: Vehicle Ahead Vehicle Behind Vehicle Passing
 Meeting a Vehicle Intersection Overtaking a Vehicle

9. Direction of Bus: Going Straight Turning Right Turning Left Reversing Stopped

10. Was the collision caused by a defect in the school vehicle? Yes No

Investigating Officer's Name: _____ **Badge Number:** _____

Occurrence Number: _____ *Attach police report if available.*

Booster seats in the vehicle? Yes No **If yes, how many?** _____ (Please contact RCJTC to have seats replaced immediately.)

E: DRIVER INFORMATION

Name: _____ Licence #: _____

Address: _____ Telephone #: _____

Years driving a school vehicle: _____ Years || Years driving a vehicle of this size: _____ Years

Preventable collisions in the last 3 years: _____

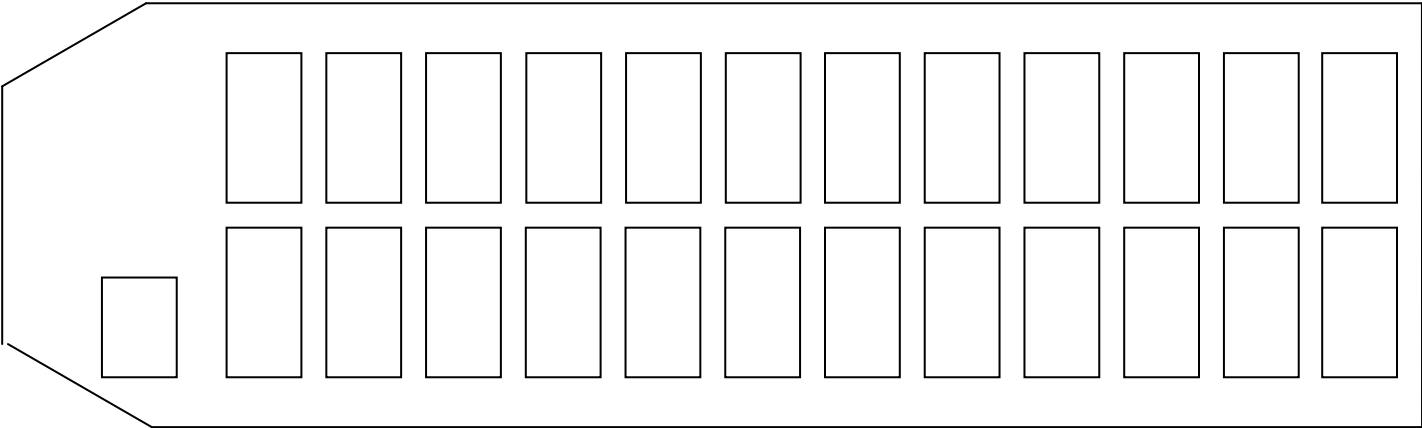
Was the Daily Inspection completed? Yes No || Were you injured? Yes No

If yes, please provide details:

F: INJURIES					
Anyone injured? If no , proceed to Section G.					
1. Was the driver and/or passenger(s) in the other vehicle injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Hit by: <input type="checkbox"/> bus <input type="checkbox"/> other vehicle		
2. Were pedestrians injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Hit by: <input type="checkbox"/> bus <input type="checkbox"/> other vehicle		
3. Were there any students injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		Hit by: <input type="checkbox"/> bus <input type="checkbox"/> other vehicle		
If yes to # 3, please complete	INSIDE OF BUS		OUTSIDE OF BUS		
	Grade	Fatalities	Injuries	Fatalities	Injuries
Elementary JK – 8					
Secondary 9 – 12					

Attach a complete list of students, identify on the list those students that were either injured or fatally injured.

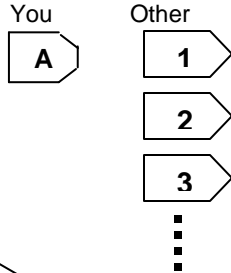
Please show on the diagram provided below, where any injured or fatally injured students were seated on the bus.



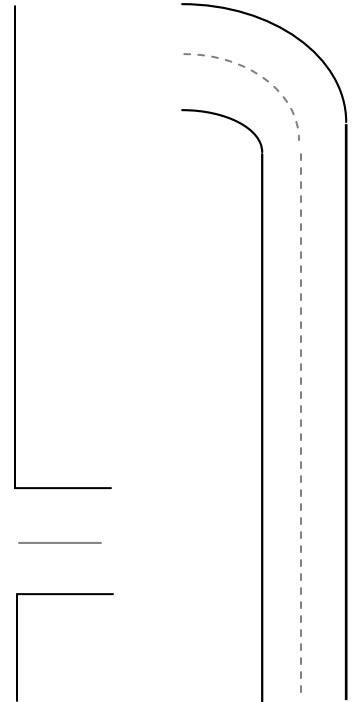
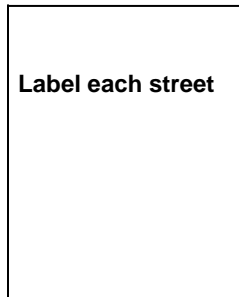
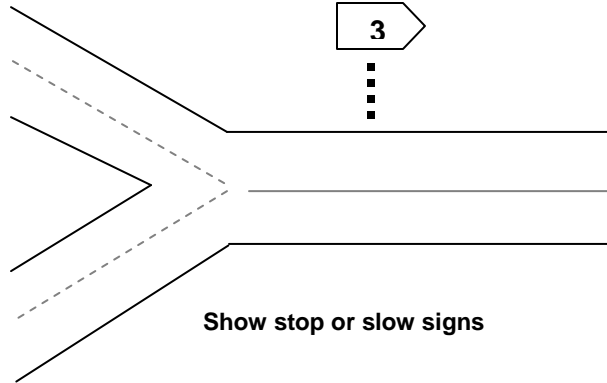
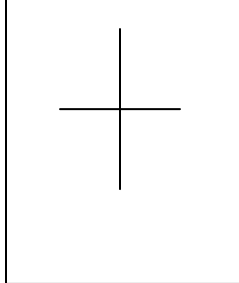
H: Description of Collision

Illustrate position of cars at time of collision. Show skid marks.
 (If any street is more than two lanes or is one way only, please indicate.)

Indicate cars as follows:



Indicate Direction:



Check One:

- I was Driver of Vehicle A Driver/Passenger in Vehicle 1
 Driver/Passenger in Vehicle 2
 Driver/Passenger in Vehicle 3

Date: _____

Driver's Signature: _____

Transportation Operator
 Representative: _____

Signature: _____

For RCJTC Use Only		
<input type="checkbox"/> Preventable	<input type="checkbox"/> Non-preventable	RCJTC File #: _____
Failed to Inform: <input type="checkbox"/> Yes <input type="checkbox"/> No		

~ S A M P L E ~

**COLLISION CHECKLIST AND COMMUNICATION TEMPLATE
FOR RCJTC STAFF**

In the event of a collision, RCJTC staff is to record the following pertinent information in writing:

1. Date and Time	
2. Route # and Transportation Operator	
3. Exact Location	
4. Are there students aboard?	
5. Anyone hurt?	
6. 911 been called?	
7. Sending another vehicle? Determine how long the run will be delayed Tier 1 and 2.	
8. Description of what occurred	
9. Students should not be released/transferred to other vehicle without police authority; actual riders on the vehicle should be confirmed and any students who left by ambulance.	
10. Email: RCJTC General Manager & RCJTC Staff Superintendent of Education (both Boards) School(s) Principal/Secretary Superintendent of Business (both Boards) Director of Education (both Boards) if required Time permitting and if details known include in email; otherwise email as soon as possible and follow up later with details.	

Email example:

To:...	RCJTC General Manager; RCJTC Staff; Superintendent of Education (both Boards), School(s) Principal/Secretary
cc:...	Superintendent of Business (both Boards), Director of Education (both Boards)
Subject:	COLLISION <insert route number here>
Attach:	Route Manifest
<p>Today <insert date here> at around <insert time here>, it was reported from <insert Transportation Operator name here> that <insert route number here> was <insert details here, such as> <i>involved in a head on collision on Hwy. 17 at Wylie Rd. (between Deep River and Chalk River). The driver of the vehicle that struck the bus was taken way by ambulance; the children on the bus were loaded onto a spare vehicle and taken to Deep River Hospital for evaluation.</i> Please find attached a copy of the route manifest of who should have been on from each respective Board.</p> <p>Special Note: Principals are reminded that a letter should be sent home with students regarding the collision, informing parents/guardians what occurred, and ask them to complete an OSBIE Incident Report.</p> <p>(Always cover off: When. Who. Where. What Outcome)</p>	

11. Get student list (manifest) out and ready in the event of a call out (use Edulog Reports, Student Transportation, MASTER Collision/Incident Manifest).	
12. Follow up immediately with a phone call and fax to the school, and then to the Superintendents and Directors of Education as required.	
13. Usually the RCJTC General Manager will go immediately to the site; up to the Boards to send an official out to the site and if applicable, to the hospital.	
14. Phone calls to parents/guardians may be required; school's responsibility with assistance from RCJTC if required.	
15. If required, student and route information can be released to fire, police, ambulance (get badge #'s).	
16. Transportation operator completes Collision Report within 24 hours or sooner.	
17. Clearly document, with times, all conversations, calls, emails, etc.	
18. Print all emails, keep all documents/logs together, file.	

DISRUPTION REPORT FORM

- 1. Call dispatcher. Request appropriate assistance.
- 2. Contact RCJTC as soon as possible via telephone 613-732-8419 or fax 613-732-2874.

Level 1 Level 2

Transporting For: RCCDSB RCDSB School(s): _____

Date: _____ Time: _____ a.m. p.m. Location: _____

Route #: _____ Transportation Operator: _____

A: SCHOOL VEHICLE INFORMATION		
Vehicle Make:	Unit #:	Vehicle Size:
Model:	Year:	License Plate #:
Vehicle Identification No.:		
Insurance Company:	Policy No.:	

B: DISRUPTION DETAILS	
1. Type of Run: <input type="checkbox"/> To or From School <input type="checkbox"/> Field Trip <input type="checkbox"/> Late Run	2. Location: <input type="checkbox"/> Rural <input type="checkbox"/> Urban
3. Road Conditions: <input type="checkbox"/> Gravel <input type="checkbox"/> Paved <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Ice <input type="checkbox"/> Snow	<input type="checkbox"/> Hilly <input type="checkbox"/> Curve <input type="checkbox"/> Flat
4. Speed: Posted Limit _____ km/hr Approximate Speed of Bus _____ km/hr Direction _____	
5. Weather Conditions: <input type="checkbox"/> Clear <input type="checkbox"/> Fair <input type="checkbox"/> Raining <input type="checkbox"/> Freezing Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snowing	
6. Direction of Bus: <input type="checkbox"/> Going Straight <input type="checkbox"/> Turning Right <input type="checkbox"/> Turning Left <input type="checkbox"/> Reversing <input type="checkbox"/> Stopped	
7. Was the disruption caused by a defect in the school vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Booster seats in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many?	(Please contact RCJTC to have seats replaced immediately.)

~ S A M P L E ~

**DISRUPTION CHECKLIST AND COMMUNICATION TEMPLATE
FOR RCJTC STAFF**

In the event of a disruption, RCJTC staff is to record the following pertinent information in writing:

1. Date and Time	
2. Route # and Transportation Operator	
3. Exact Location	
4. Are there students aboard?	
5. Appropriate assistance has been called?	
6. Sending another vehicle? Determine how long the run will be delayed Tier 1 and 2.	
7. Email: RCJTC General Manager & RCJTC Staff Superintendent of Education (effected) (if required) School(s) Principal/Secretary (effected) Superintendent of Business (both Boards) Time permitting and if details known include in email; otherwise email as soon as possible and follow up later with details.	

To:... ple:

cc:... RCJTC General Manager; RCJTC Staff; Effected School(s) Principal/Secretary
 Effected Superintendent of Education, Superintendent of Business (both Boards)

Subject: DISRUPTION <insert route number here>

Today <insert date here> at around <insert time here>, it was reported from <insert Transportation Operator name here> that <insert route number here> was <insert details here, such as> *unable to continue its run due to* <insert details here, such as> *an engine malfunction*. *The children on the bus were loaded onto a spare vehicle and* <insert what happened to children, such as> *delivered home/to school as normal*. Please find attached a copy of the route manifest of who should have been on from each respective Board.

Special Note:
Principals are reminded that a letter should be sent home with students regarding the disruption, informing parents/guardians what occurred.

(Always cover off: When. Who. Where. What Outcome)

8. Get student list (manifest) out and ready in the event of a call out (use Edulog Reports, Student Transportation, MASTER Collision/Incident Manifest).	
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<p>9. Follow up immediately with a phone call and fax to the school, and then to the effected Superintendents if required.</p>	
<p>10. The RCJTC General Manager and/or designate may go immediately to the site.</p>	
<p>11. Phone calls to parents/guardians may be required; school's responsibility with assistance from RCJTC if required.</p>	
<p>12. Transportation operator completes Disruption Report within 24 hours or sooner.</p>	
<p>13. Clearly document, with times, all conversations, calls, emails, etc.</p>	
<p>14. Print all emails, keep all documents/logs together, file.</p>	

~ S A M P L E ~

NEAR HIT REPORT FORM - LEVEL 1

Authorized By
Renfrew County Ontario Provincial Police Departments
Deep River, Renfrew & Pembroke Municipal Police Forces
Renfrew County Catholic District School Board
Renfrew County District School Board

A: SCHOOL VEHICLE INFORMATION

Driver's Name:		
Transportation Operator:	Unit #:	Route #:
Telephone #:	Business:	Residence:

B: OFFENCE INFORMATION

Location of Offence:		
Date of Offence:	Time of Offence:	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

C: CULPRIT VEHICLE

Licence #:	Make:	Model:
Driver: <input type="checkbox"/> Male <input type="checkbox"/> Female	Estimated Age:	
Description:		
Can you identify the driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Children crossing? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Offence:		

ATTENTION BUS OPERATORS:

Drivers should fill out the form and forward it to their supervisor at the end of their shift. Upon receipt, bus operators should fax the form to the Police agency that has jurisdiction in the area where the offence occurred. A copy shall also be forwarded to the RCJTC.

OPP DETACHMENTS			MUNICIPAL POLICE FORCES		
	Telephone	Fax		Telephone	Fax
Arnprior	613-623-3131	613-623-3131	Deep River	613-584-3500	613-584-1736
Deep River	613-584-9456	613-584-9456	Pembroke	613-732-9975	613-732-2321
Killaloe	613-757-2600	613-757-2173	Renfrew	613-432-3644	613-432-7810
Pembroke	613-735-0188	613-735-0188			
Renfrew	613-432-5811	613-432-5811			

POLICE USE ONLY: CHARGE	CAUTION:
SEC:	LETTER OF CAUTION:

NEAR HIT REPORT FORM - LEVEL 2

Complaint Registered By

- School
 Parent
 Bus Driver
 Other

A: SCHOOL VEHICLE INFORMATION		
Driver's Name:		
Transportation Operator:	Unit #:	Route #:
Telephone #: Business:	Residence:	

B: OCCURRENCE INFORMATION	
Location of Occurrence:	
Date of Offence:	Time of Offence: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
What happened?	
What lesson did you learn from this occurrence that could help other drivers avoid a near hit in a similar situation?	

~ Please send completed form to RCJTC at above address. ~

For RCJTC Use Only	
<input type="checkbox"/> Preventable	<input type="checkbox"/> Non-preventable RCJTC File #: _____
Failed to Inform: <input type="checkbox"/> Yes <input type="checkbox"/> No	

~ S A M P L E ~

**NEAR HIT CHECKLIST AND COMMUNICATION TEMPLATE
FOR RCJTC STAFF**

In the event of a near hit, RCJTC staff is to record the following pertinent information in writing:

1. Date and Time	
2. Route # and Transportation Operator	
3. Exact Location	
4. Are there students aboard?	
5. Appropriate assistance has been called?	
6. Email: RCJTC General Manager & RCJTC Staff School(s) Principal/Secretary (effected) Time permitting and if details known include in email; otherwise email as soon as possible and follow up later with details.	

Email example:

To:...	RCJTC General Manager; RCJTC Staff; Effected School(s) Principal/Secretary
cc:...	
Subject:	NEAR HIT <insert route number here>
Attach:	Route Manifest
<p>Today <insert date here> at around <insert time here>, it was reported from <insert Transportation Operator name here> that <insert route number here> was <insert details here, such as> <i>in a near hit with a vehicle at the intersection of Hwy. 17 and Paul Martin Drive. No children were injured and the bus proceeded to deliver the students home as normal.</i> Please find attached a copy of the route manifest of who should have been on from each respective Board.</p> <p>Special Note: Principals are reminded that a letter should be sent home with students regarding the near hit, informing parents/guardians what occurred.</p> <p>(Always cover off: When, Who, Where, What Outcome)</p>	

7. Get student list (manifest) out and ready in the event of a call out (use Edulog Reports, Student Transportation, MASTER Collision/Incident Manifest).	
8. Follow up immediately with a phone call and fax to the school.	
9. The RCJTC General Manager and/or designate may go immediately to the site.	
10. Phone calls to parents/guardians may be required; school's responsibility with assistance from RCJTC if required.	
11. Transportation operator completes Near Hit Report within 24 hours or sooner.	
12. Clearly document, with times, all conversations, calls, emails, etc.	
13. Print all emails, keep all documents/logs together, file.	