

999 Cecelia Street, Pembroke, ON K8B 1A4

Telephone: 613.732.8419

Website: <u>www.onthebus.ca</u> Email: <u>trans@onthebus.ca</u>



F.03.07.1

## **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 email <a href="mailto:trans@onthebus.ca">trans@onthebus.ca</a>.

| Transporting For:             | RCCDSB<br>  RCDSB | School(s):     | Le                 | evel 1           |  |  |  |
|-------------------------------|-------------------|----------------|--------------------|------------------|--|--|--|
| Date:                         | Time:             | a.m. p.m.      | Location:          |                  |  |  |  |
| Route #:                      | CVOR #:           | Trans<br>Opera | portation<br>itor: |                  |  |  |  |
| A: SCHOOL VEHICLE INFORMATION |                   |                |                    |                  |  |  |  |
| Vehicle Make:                 |                   | Unit #:        |                    | Vehicle Size:    |  |  |  |
| Model:                        |                   | Year:          |                    | License Plate #: |  |  |  |
| Vehicle Identification No.:   |                   |                |                    |                  |  |  |  |
| Insurance Company:            |                   |                | Policy No.:        |                  |  |  |  |
|                               |                   |                |                    |                  |  |  |  |
|                               | B: OTH            | ER VEHICLE II  | NFORMATIC          | DN               |  |  |  |
| Owner's Name:                 |                   |                |                    |                  |  |  |  |
| Owner's Address & Teleph      | none #:           |                |                    |                  |  |  |  |
| Driver's Name:                |                   |                |                    |                  |  |  |  |
| Driver's Address & Teleph     | one #:            |                |                    |                  |  |  |  |
| Passenger Information:        |                   |                |                    |                  |  |  |  |
|                               | Name              |                | Address            | Telephone #      |  |  |  |
| Vehicle Make:                 | Model:            |                | Year:              | Licence Plate #: |  |  |  |
| Vehicle Identification No.:   |                   |                |                    |                  |  |  |  |
| Insurance Company:            |                   |                | Policy No.:        |                  |  |  |  |

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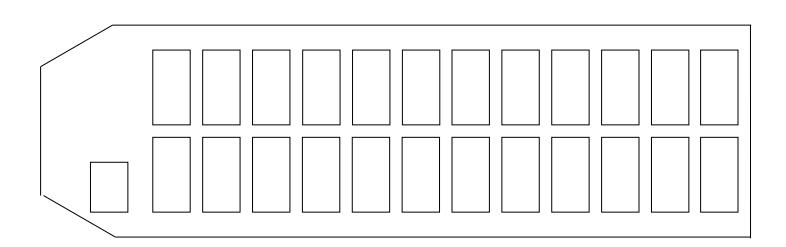
| C: WITNESSES   |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Were there any witnesses?  |  |  |  |  |  |  |
| If yes, Name(s):   |  |  |  |  |  |  |
| Address & Telephone #:   |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Was the witness(es) involved in the collision? ☐ Yes ☐ No  |  |  |  |  |  |  |
| 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   |  |  |  |  |  |  |
| <b>10.</b> 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 Vears driving a vehicle of this size: Years  |  |  |  |  |  |  |
| Preventable collisions in the last 3 years:  |  |  |  |  |  |  |
| Was the Daily Inspection completed?  |  |  |  |  |  |  |
| If yes, please provide details:  |  |  |  |  |  |  |

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



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| G: In your own words, please describe the collision with as much detail as possible, leading up to, during, and after the collision. Use more paper if necessary. |  |  |  |  |
|---|--|--|--|--|
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| Illustrate position of cars at time of collision. Show (If any street is more than two lanes or is one way of |                     |
|---|---------------------|
| Indicate cars as follows:  You Other  2 3   | Indicate Direction: |
| Show stop or slow signs   | Label each street   |
| Check One:  |                     |
| I was  Driver of Vehicle A Driver/Passenger in Driver/Passenger in Driver/Passenger in                        | Vehicle 2           |
| Date: Driver'   | s Signature:        |
| Transportation Operator Representative:   | Signature:          |
|   |                     |

**H:** Description of Collision

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For RCJTC Use Only

☐ No

RCJTC File #:

■ Non-preventable

☐ Yes

☐ Preventable

Failed to Inform: