

Transportation Policy Addendums

Vehicle Accident Procedures

Emergency Numbers:

[Home Office]

Police

Passengers

If you are in an accident while transporting passengers:

1. Ensure that everyone in your care is safe and not injured
2. Your primary responsibility is for safety and security of passengers
3. They should remain buckled in seat belts unless, in your judgment or the judgment of a police officer or emergency personnel, they are in danger and should be moved
4. Never leave youth alone under any circumstances
5. Assess the situation. Is the vehicle in a dangerous spot?
6. If you are in traffic, pull well off the road onto grass or a parking lot
7. Place reflectors and/or flares in front and behind the vehicle to warn traffic

Notification

Notify the police. Notify the [Home Office] immediately and inform them you were in an accident and the status of the situation. Provide the [Home Office] with information such as if there were any injuries, names of the injured and/or those uninjured, if you need other transportation for any passengers, where exactly the accident happened, and what can be done to assist.

Reporting

Provide other party in any accident or the police with the vehicle, contact and insurance information located in the vehicle. Obtain this information from other parties involved and a report or accident registration number from the police. Take pictures of the accident scene with the disposable camera supplied in the vehicle. File this information and a completed accident report form with your supervisor immediately.

Vehicle Use Log

Organization: _____ Completed by: _____ Mileage: _____ Date: _____

Vehicle Year: _____ Make: _____ Model: _____ Plate #: _____

Date	Trip Destination	Driver's Name (Printed)	Beginning Gas Level [% of tank]	Ending Gas Level [% of tank]	Starting Mileage	Ending Mileage	Repair Needs or Vehicle Malfunctions

Daily Vehicle Checklist

Week of: _____ Vehicle: _____ Supervisor's Initials _____

<i>Complete each items by initialing in box</i>	Mon	Tues	Wed	Thurs	Fri	Sat/Sun
Engine Oil and Coolant Levels						
Windshield & Mirrors						
Doors and Windows						
Emergency Brake						
Tires – wear and pressure (spare)						
Inspection and License Plate Stickers						
Check Ground under Vehicle for Fluid Leaks						
Emergency Equipment						
First aid kit						
Fire extinguisher						
Warning reflectors and flares						
Flashlight						
Jack, lug-wrench and spare tire						
Communication device						
Documentation						
Insurance card						
Registration						
Check for Cleanliness & Damages [interior and exterior]						
Fuel Level, Gauges, and Dash Warning Lights						
Windshield Wipers						
Horn						
Head Lights, Tail Lights, Turn Signals, Flashers, Warning Lights						
Defrosters, Heaters and Air Conditioner [when applicable]						
Seat Belts						

Notes:

Maintenance Schedule and Log

Organization: _____ Completed by: _____ Mileage: _____ Date: _____

Vehicle Year: _____ Make: _____ Model: _____ Plate #: _____

Every 3-6,000 Miles	Completed	Date	Odometer	Completed	Comments
Oil Change and Filter, Lubricate					
Replace Air Filter					
Clean Battery Terminals					
Check Belts and Hoses					
Check Coolant					
Check Steering, Transmission, and Differential					

Every 12,000 Miles	Completed	Date	Odometer	Completed	Comments
Engine Tune Up, Mechanical Check Up					
Front End Alignment					
Rotate and Balance Tires					

Every 24,000 Miles	Completed	Date	Odometer	Completed	Comments
Flush Coolant					
Change Transmission and Differential Oil					
Pack Front Wheel Bearings					
Replace Belts and Hoses					