



# TRANSIT INSPECTION FORM

This form is to be submitted by the driver to the Dispatcher at the end of the week. If a defect is found, it is to be reported verbally to the Mechanics, and a Vehicle Defect Form filled out at that time. Defect shall also be circled on this sheet.

Odometer - start of week \_\_\_\_\_ Odometer - end of week \_\_\_\_\_  
 Bus # \_\_\_\_\_ Driver \_\_\_\_\_ Date Submitted \_\_\_\_\_

Satisfactory

S	M	T	W	T	F	S

**OVERVIEW**

- A. Damage to bus
- B. Leaning to one side
- C. Fresh oil, grease, coolant or fuel leaks
- D. Hazards around the bus

Satisfactory

S	M	T	W	T	F	S

**ENGINE COMPARTMENT**

- A. Moisture
- B. Oil level
- C. Coolant level
- D. Steering system/power steering fluid
- E. Washer fluid
- F. Hoses
- G. Water pump & belt
- H. Alternator & belt
- I. Wiring
- J. Air compressor & belt
- K. Turbo charger
- L. Hood & hinges

Satisfactory

S	M	T	W	T	F	S

**INSIDE CAB**

- A. Safety Equipment
  - Entry check
  - Windshield, mirrors & visor
  - Fire extinguisher
  - Fuses & reflective triangles
  - First aid kit/emergency assistance cards
  - Electrical fuses
  - Flashlight
- B. Gauges & Brake Check
  - Oil Pressure
  - Air Pressure
  - Fuel
  - Ammeter/voltmeter
  - Temperature
  - CDL Brake Check
    - Air storage tank
    - Service brake leaks
    - Low pressure light/buzzer
    - Emergency brake
- C. Control Panel
  - Indicator lights/hi-beams/instrument panel
  - Windshield wipers and washers
  - Heater fans
  - Defroster fans
  - Dome lights
  - Master warning light switch
  - Warning light override switch
  - Stepwell light & service door
  - Horn
  - Back-up beeper (in reverse)
  - 2-way radio check

Satisfactory

S	M	T	W	T	F	S

**WALK-AROUND**

- A. Dents, scratches & vandalism
- B. Mirror brackets
- C. Low beam headlights
- D. Hazards / Turn signals (F, R, S)
- E. Warning lights (red) & stop arm
- F. Clearance lights
- G. Steering system
- H. Front axle
  - Air chambers, lines, slack adjusters, drum
  - Tires, rims, lug nuts, oil seals, splash guards
  - Springs, mounts, shocks
- I. Battery box
- J. Reflectors
- K. Frame & air storage tanks
- L. Drive shaft
- M. Exhaust system
- N. Rear axle
  - Air chambers, lines, slack adjusters, drum
  - Tires, rims, lug nuts, oil seals, splash guards, spacer
  - Springs, mounts, shocks, torque rod
- O. Tail lights
- P. Strobe light
- Q. Emergency door & floor cleanliness
- R. Open lift door (if equipped)
- S. Fuel tank, line, cage & cap

Satisfactory

S	M	T	W	T	F	S

**INSIDE - WALK BACK**

- A. Warning lights (amber)
- B. Brake lights (helper or device on pedal)
- C. Seats
- D. Emergency exits
- E. Open emergency door
  - Check lights
  - Door locks open
- F. Back-up lights
- G. Operate lift - up/down (if equipped)

Satisfactory

S	M	T	W	T	F	S

**OPERATION INSPECTION**

- A. Seatbelt
- B. Steering
- C. Parking Brake
- D. Service Brakes
- E. Engine
- F. Transmission
- G. Suspension

Satisfactory

S	M	T	W	T	F	S

**POST TRIP INSPECTION**

- A. Set parking brake
- B. Put in neutral
- C. Turn off all switches
- D. Check for students
- E. Check seats for damage/interior for cleanliness
- F. Check automatic transmission weekly
- G. Complete reports

# WESTLAKE CITY SCHOOLS

## APPLICATION FOR SICK LEAVE

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

School Building Assigned \_\_\_\_\_

Sick leave will be used for one of the following:

- \_\_\_\_\_ 1. Personal illness
- \_\_\_\_\_ 2. Personal injury
- \_\_\_\_\_ 3. Illness or injury in immediate family: \_\_\_\_\_  

Name

\_\_\_\_\_

Relationship
- \_\_\_\_\_ 4. Death in the family: \_\_\_\_\_  

Name

\_\_\_\_\_

Relationship
- \_\_\_\_\_ 5. Other: \_\_\_\_\_

Dates Requested	Start Time	Stop Time	Total Days Used*

\*WTA: Sick leave can be taken in half-day (1/2) increments (Article XVI, Section B-2)

\*OAPSE: Sick leave can be taken in quarter-day (1/4) increments for full time staff (Article IX, Section 9.2)

\_\_\_\_\_  
Signature of Employee

*Falsification of a statement is grounds for suspension or termination of employment under Section 3319.08 and 3319.081 of the Ohio Revised Code.*





## Custodial Care Information

Transportation Department  
1097 Bassett Road  
Westlake, OH 44145  
440-835-6313  
Fax 440-835-6363

Dear Parents/Guardian:

The Westlake Board of Education realizes that it may be necessary to provide an alternate transportation location for students that require childcare providers. The service must be practical, cost effective and meet the needs of both the parents and the school district.

Based on Board policy, transportation to and from a childcare provider will be provided based on the following criteria:

1. **For service to start at the beginning of the school year, the completed Custodial Care Form must be received by the Transportation Department prior to July 31<sup>st</sup> (BOE code #EEA-R).** Forms received after July 31<sup>st</sup> will not go into effect until September 7, 2010.  
*Forms received after September 1, 2010 will take a minimum of 5 working days to go into effect.*
2. **The service must be for five (5) days per week.** Service is for the entire school year or until permanently changed in writing. This will reduce the possibility of your child being taken to the wrong destination.
3. The location of the childcare provider to or from which the student is to be transported must be located in an area designated by the Board as eligible for bus transportation to the school of attendance. Should the Superintendent place a student at a building other than their home school of attendance, transportation would be provided to childcare providers to/from either the school of attendance or home school area.
4. The provisions of transportation for such students must not cause the district to incur any additional costs or require the establishment of new bus routes. Such transportation shall be provided only if there is sufficient space for pupils on the appropriate bus after space has been made available for all other students qualified for transportation.
5. All students must have a Custodial Care Form on file prior to transportation service to begin.

**Custodial Care Forms are effective for the current school year only and must be completed on a yearly basis.**

Custodial Care Forms can be obtained from the Westlake Board of Education, 27200 Hilliard, between 8:00-3:30, Monday through Friday, after May 1<sup>st</sup>, at the Transportation Department or via mail.

Completed forms are to be returned to the Westlake City Schools Transportation Department, 1097 Bassett Road. Should you have any questions regarding this matter, please contact the Transportation Department at (440) 835-6313.

Thanking you in advance for your cooperation.



# Custodial Care Form

Transportation Department  
1097 Bassett Road  
Westlake, OH 44145  
440-835-6313

Dear Parent/Guardian:

Date: \_\_\_\_\_

In order for the Westlake City Schools Transportation Department to provide transportation to and from a location other than their home address, this form must be completed. The Transportation Department will transport the child if the following criteria are met.

1. The childcare provider is within the designated area for transportation to/from the school of attendance.
2. The child must be transported to/from the childcare provider 5 days a week.

**For service to start at the beginning of the school year, the completed form must be received by the Transportation Department prior to July 31<sup>st</sup>. Forms received after July 31<sup>st</sup> will not go into effect until September 7, 2010. Forms received after September 1, 2010 will take a minimum of 5 working days to go into effect.**

(Please Print)

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Childcare Provider's Name \_\_\_\_\_

Childcare Provider's Address \_\_\_\_\_

Childcare Provider's Signature \_\_\_\_\_ Phone \_\_\_\_\_

When will your child be at the childcare provider? **CIRCLE ONE**

Before & After School

Before school ONLY

After school ONLY

Mother's Name \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work or Cell Phone \_\_\_\_\_

For any changes or cancellation during the school year, please notify the Transportation Department in writing prior to the change and/or cancellation.

**Forms are effective for the current school year only.**

Please complete the entire form and return to the Transportation Department.

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

\*\*\*\*\*DEPARTMENT USE ONLY\*\*\*\*\*

Received \_\_\_\_\_ Start date \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Bus Information \_\_\_\_\_

Parent Notified \_\_\_\_\_

TRANSPORTATION DEPARTMENT  
SPACE AVAILABLE REQUEST FORM



(Please Print)

STUDENT'S NAME \_\_\_\_\_

STUDENT'S ADDRESS \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PHONE NUMBER (H) \_\_\_\_\_ (W) \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

I understand that under the current Board of Education policy, my child/children do not meet the eligibility requirements for transportation services, however I am requesting that if there is space available on the bus route closest to my residence, that my child/children are transported to/from their school of attendance via school transportation.

**I understand that, if this request is approved, my child/children must go to an already established bus stop on an existing route, and that a bus will not be rerouted nor a stop added for my child/children.**

I understand that this request is valid for the current school year only.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Return completed and signed form to:

Westlake City Schools  
Transportation Department  
1097 Bassett Road  
Westlake, OH 44145

Space available request forms will be reviewed after September 15, in the order in which they were received.  
\*\*\*\*\*

FOR DEPARTMENT USE ONLY

Date Received \_\_\_\_\_ APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_

Bus Number & Stop Location: AM \_\_\_\_\_  
PM \_\_\_\_\_

Driver(s) Notified \_\_\_\_\_ Parent(s) Notified \_\_\_\_\_ School Notified \_\_\_\_\_

Transportation Director's Signature/Initials \_\_\_\_\_



TRANSPORTATION DEPARTMENT  
BUS STOP CHANGE REQUEST

Date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

(PLEASE PRINT)

Student(s) Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Current Bus Number: AM \_\_\_\_\_ PM \_\_\_\_\_

Assigned Bus Stop Location \_\_\_\_\_

Requested New Bus Stop Location \_\_\_\_\_

Reason for this request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: Bus stop change requests will not be considered until after October 1<sup>st</sup>. Your child must continue to use his/her assigned bus stop until notified, by the Transportation Department, of a change in bus stop location.

Parent/Guardian Signature \_\_\_\_\_

Return completed and signed form to: Westlake City Schools  
Transportation Department  
1097 Bassett Road  
Westlake, OH 44145

\*\*\*\*\*

TRANSPORTATION DEPARTMENT USE ONLY

Date Received \_\_\_\_\_  Approved  Disapproved

Rationale \_\_\_\_\_

Start date (if applicable) \_\_\_\_\_ Director's initials \_\_\_\_\_

Driver(s) notified \_\_\_\_\_ Parent(s) notified \_\_\_\_\_ School notified \_\_\_\_\_



Transportation Department
Field Trip Request Form



Important Information – please read prior to filling out:

- > Request must be filed 10 days prior to trip
> Bus capacity – 44 (2 per seat); 66 (3 per seat)
> Tolls, parking, etc. are the responsibility of the teacher
> A teacher or chaperone must accompany each bus
> Changes are to be submitted in writing
> Passengers must be participants in the activity

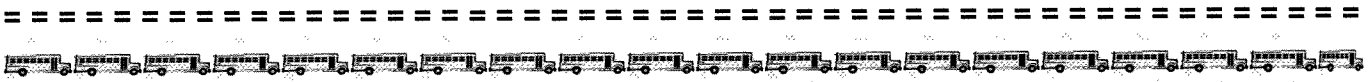
SECTION 1 (To be completed by Teacher or Principal) – please print

Form with fields: Date of Trip, Building, Group/Team, Meal Stop Requested, DESTINATION, ADDRESS, DEPARTURE TIME, RETURN TIME TO BUILDING, SPECIAL EQUIPMENT (wheelchair lift, car seats, seatbelts), Special Needs Bus Needed.

Special Instructions:

Requested by: Print name Signature Date:

Principal/Athletic Director Signature: Date:



SECTION 2 (To be completed by the Transportation Department)

Director of Transportation Signature: Date:

SECTION 3 (To be completed by the Driver)

Driver: Bus #

TIME start Total Hours: MILEAGE start Total Miles: end

I certify that a Pre-Trip Inspection has been completed in accordance with the Ohio Law & the Ohio Department of Education.

Driver's Signature:

OFFICE USE ONLY

Driver rate Mileage cost Driver cost TOTAL COST

# WESTLAKE CITY SCHOOLS STUDENT ACCIDENT REPORT FORM

Report ALL **Student** Accidents Occurring at School or at School Sponsored Events

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F

Time accident occurred: Hour \_\_\_\_\_ AM / PM Date: \_\_\_\_\_

<b>Nature of Injury</b>		Abrasion	Cut	Scratch	<b>Description of the accident</b> How did the accident happen? What was the student doing? Where was the student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.
		Amputation	Dislocation	Shock (el.)	
		Asphyxiation	Fracture	Sprain/Strain	
		Bite	Laceration	Other/Specify	
		Bruise	Poisoning		
		Concussion	Scalds		
<b>Part of Body Injured</b>		Abdomen	Face	Neck	
		Ankle	Finger	Nose	
		Arm	Foot	Scalp	
		Back	Hand	Toe	
		Chest	Head	Tooth	
		Ear	Knee	Wrist	
		Elbow	Leg	Other/Specify	
		Eye	Mouth		

### Additional Information on School Jurisdiction Accidents

Staff member in charge when accident occurred: \_\_\_\_\_ Present at scene of accident: YES NO

<b>Immediate Action Taken</b>		First-aid treatment	By (Name)
		Sent to School Nurse	By (Name)
		Sent back to class	By (Name)
		Sent home	By (Name)
		Sent to Physician	By (Name)
		Sent to Hospital	By (Name)

Was a parent or other individual notified? No \_\_\_ Yes \_\_\_ If yes, When: \_\_\_\_\_ How: \_\_\_\_\_

Name of individual notified \_\_\_\_\_ By whom? (Enter Name) \_\_\_\_\_

REMARKS					
<b>Location of Accident</b>	LOCATION	Specific Activity	LOCATION	Specific Activity	
		Athletic Field		Laboratory	
		Auditorium/PAC		Locker Room	
		Bus # / Van #		Parking Lot	
		Cafeteria		Restroom	
		Classroom		School Grounds	
		Field Trip		Showers	
		Gymnasium		Stairs	
		Hallway		Weight Room	
		Home Economics		Other/Specify	

Signature of Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

**WESTLAKE CITY SCHOOLS  
TRANSPORTATION DEPARTMENT  
TIME RECORD**

Position:  
 **Regular Driver**  
 Relief Driver  
 Monitor  
 Substitute  
 Hours also submitted to:  
 Lunchroom  
 Custodial/Maintenance  
 Teacher Assistant/Clerical

Week Ending: \_\_\_\_\_

Employee Name: **RO** [REDACTED] **IB**

**CONTRACTED HOURS 7.75**

Route	Date	Bus No.	Regular Time		Extra Time		Total Hours	Explanation
			Start	Stop	Start	Stop		
Mon AM		47	6:00	9:00			3	St. Bren/ St. Ang/ HL/ Burneson
Mon Mid		47	10:45	12:45			2	St. Bern/Airpt Marr
Mon PM		47	1:30	4:15			2.75	Holy Trin/St. Chris
Tues AM		47	6:00	9:00			3	St. Bren/ St. Ang/ HL/ Burneson
Tues Mid		47	10:45	12:45			2	St. Bern/Airpt Marr
Tues PM		47	1:30	4:15			2.75	Holy Trin/St. Chris
Wed AM		47	6:00	9:00			3	St. Bren/ St. Ang/ HL/ Burneson
Wed Mid		47	10:45	12:45			2	St. Bern/Airpt Marr
Wed PM		47	1:30	4:15			2.75	Holy Trin/St. Chris
Thurs AM		47	6:00	9:00			3	St. Bren/ St. Ang/ HL/ Burneson
Thurs Mid		47	10:45	12:45			2	St. Bern/Airpt Marr
Thurs PM		47	1:30	4:15			2.75	Holy Trin/St. Chris
Fri AM		47	6:00	9:00			3	St. Bren/ St. Ang/ HL/ Burneson
Fri Mid		47	10:45	12:45			2	St. Bern/Airpt Marr
Fri PM		47	1:30	4:15			2.75	Holy Trin/St. Chris

**Total for Week: 38.75**

**FIELD TRIPS/EXTRA ROUTES**

Date	Bus No.	Description	Please Circle Route Time	Time		Hours
				Start	Stop	
			AM Mid PM			
			AM Mid PM			
			AM Mid PM			
			AM Mid PM			
			AM Mid PM			
			AM Mid PM			
			AM Mid PM			
			AM Mid PM			

**Total for Week: \_\_\_\_\_**

**Employee Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

Office use only:  
 Total Reg \_\_\_\_\_ Other \_\_\_\_\_ O/T \_\_\_\_\_ Activity \_\_\_\_\_ Grand Total \_\_\_\_\_



Transportation Department  
VEHICLE REPAIR FORM

Bus/Van/Truck # \_\_\_\_\_ Date \_\_\_\_\_

MILEAGE \_\_\_\_\_

Problems:

Cost:

- 1) \_\_\_\_\_
- \_\_\_\_\_
- 2) \_\_\_\_\_
- \_\_\_\_\_
- 3) \_\_\_\_\_
- \_\_\_\_\_
- 4) \_\_\_\_\_
- \_\_\_\_\_

Driver Signature \_\_\_\_\_

MECHANIC'S REPORT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mechanic Signature \_\_\_\_\_  
5/09



Transportation Department  
VEHICLE REPAIR FORM

Bus/Van/Truck # \_\_\_\_\_ Date \_\_\_\_\_

MILEAGE \_\_\_\_\_

Problems:

Cost:

- 1) \_\_\_\_\_
- \_\_\_\_\_
- 2) \_\_\_\_\_
- \_\_\_\_\_
- 3) \_\_\_\_\_
- \_\_\_\_\_
- 4) \_\_\_\_\_
- \_\_\_\_\_

Driver Signature \_\_\_\_\_

MECHANIC'S REPORT:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mechanic Signature \_\_\_\_\_  
5/09



Accident Report  
Passenger Information

Transportation Department

1/08

**DOOR**

**DRIVER**

Driver Name: \_\_\_\_\_

Bus/Van #: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

School: \_\_\_\_\_

<b>Seat # 2</b>	Name: _____
	Address: _____ <b>Westlake, OH 44145</b>
	Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____	
Address: _____ <b>Westlake, OH 44145</b>	
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____	
Name: _____	
Address: _____ <b>Westlake, OH 44145</b>	
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____	

window

middle

aisle

<b>Seat # 4</b>	Name: _____
	Address: _____ <b>Westlake, OH 44145</b>
	Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____	
Address: _____ <b>Westlake, OH 44145</b>	
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____	
Name: _____	
Address: _____ <b>Westlake, OH 44145</b>	
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____	

window

middle

aisle

<b>Seat # 6</b>	Name: _____
	Address: _____ <b>Westlake, OH 44145</b>
	Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____	
Address: _____ <b>Westlake, OH 44145</b>	
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____	
Name: _____	
Address: _____ <b>Westlake, OH 44145</b>	
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____	

window

middle

aisle

<b>Seat # 8</b>	Name: _____
	Address: _____ <b>Westlake, OH 44145</b>
	Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____	
Address: _____ <b>Westlake, OH 44145</b>	
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____	
Name: _____	
Address: _____ <b>Westlake, OH 44145</b>	
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____	

window

middle

aisle

Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____

Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____

Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____

Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____
Name: _____
Address: _____ <b>Westlake, OH 44145</b>
Phone: _____ Sex: _____ Date of Birth: _____ Age: _____

**Seat # 1**

**Seat # 3**

**Seat # 5**

**Seat # 7**



**Seat # 22**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Seat # 24**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Seat # 26**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

window

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

middle

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

aisle

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

window

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

middle

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

aisle

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

window

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

middle

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

aisle

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
**Westlake, OH 44145**  
 Phone: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Seat # 21**

**Seat # 23**

**Seat # 25**



# ACCIDENT / INCIDENT REPORTING PROCEDURES

Employee involved: \_\_\_\_\_ Bus / Van # \_\_\_\_\_

School: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Is anyone injured?      YES      NO

Are you okay?          YES      NO

Is the bus driveable?    YES      NO

- Check your students to make sure they are not injured
- Put on your hazards and put out your triangles or fuses

**CALL:**

- Police Department                      871-3311 or 911
- check*  Gavin (if not here)                      292-6444 or 221-6314
- off*  Dave Puffer                                  221-6303 (cell) or 250-1265 (office)
- as*  Mechanics                                    835-6347
- completed*  School involved \_\_\_\_\_ Person spoke to \_\_\_\_\_
- Cover remainder of route
- Cover next route if necessary
- Random Drug Testing needed? *circle appropriate action*

Type of accident involved	Citation issued to the CMV driver?	Testing Required?
i. Human fatality	YES	YES
	NO	YES
ii. Bodily injury with immediate medical treatment away from the scene	YES	YES
	NO	NO
iii. Disabling damage to any motor vehicle requiring tow away	YES	YES
	NO	NO

Parents of students on bus (from route sheet or roster)

## POST-ACCIDENT / INCIDENT

- Contact insurance company (Todd & Associates 461-1101)
- Contact Highway Patrol if necessary (216-587-4305 Pat Wilson)

**ATTACH TO THIS SHEET**

- Route List
- Seating Chart
- Driver Accident Report
- Police Report
- Injury Report
- Entered into SFPS on \_\_\_\_\_



School Bus Seating Chart

Driver:			Bus #	A.M. OR P.M.	School		
Seat #	WINDOW	CENTER	AISLE	AISLE	CENTER	WINDOW	Seat #
2							1
4							3
6							5
8							7
10							9
12							11
14							13
16							15
18							17
20							19
22							21
24							23
26							25
28							27