Vehicle Accident/Incident Checklist

Purpose: for highway accident. Checklist kept in vehicle information packet in the van. This form has a front and back page.

- **Evaluate Scene Safety** Avoid additional collisions or injuries.
- □ Assess injuries to passengers, provide appropriate first aid.
- □ Assess injuries in other vehicles, provide appropriate first aid.
- □ If injuries Call 911 for EMS.
- □ Call police and file an accident report.
- □ Initiate the Emergency Call Guide.
- □ **Media Response** "We are currently gathering all the facts and our media spokesperson can provide you with whatever information we currently have"
- Spokesperson name:
- Spokesperson phone: _____
- □ **Information Collection** (when incident stabilized)
- Name of CSUN driver _____
- Driver Address
- Today's Date _____ Time of Accident_____
- Location of Accident_____
- Names of Student Riders______

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AS/OA Vehicle License Number	_
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Other vehicles information (driver name, address, phone, insurance co., policy #, license # & state).

Continue this form on page 2

 \Box Damage to vehicle? Yes or No

□ Name of police officer, jurisdiction, report number.

□ Brief description of what happened (not why):_____

□ Description of weather conditions and road conditions: (Precipitation, temperature, air quality (fog, dust, smoke), wind. _____

- \Box Any injuries Yes or No
- \Box Yes you can or should take pictures with your phone.
- □ Don't engage with anyone involved if s/he is aggressive or violent.
- □ Complete the "Accident/Incident Report".
- □ Additional space below for further information collected:

□ Witness statements: