


## Incident/Accident Reporting

Any and all incidents/accidents need to be reported to ABH as quickly as possible. An Incident/Accident Report form is available when necessary

1. Any vehicular accidents that occur while a student is in the vehicle require an immediate report to ABH and call 911 if necessary
  - a. ABH will reach out to the Social Worker to figure out how they will want to handle the accident. The student may have to be checked out by a medical professional at the scene or at a hospital
  - b. An Incident/Accident Report form is required in this case
2. Any behavioral incidents that occur while in the vehicle require an immediate report to ABH
  - a. If the behavioral concerns are physical in nature and causing harm to themselves or others, please pull over in a safe location to report the incident to ABH and de-escalate the situation
  - b. Due to the extent of the behavioral incident an Incident/Accident Report form may be required
3. Any vandalism that is caused by a student requires an immediate report to ABH
  - a. An Incident/Accident Report form is required in this case to specify the damages

\*Incident/Accident Report Form preview

**School of Origin Transportation  
Incident/Accident Report Form**

<b>CHILD'S NAME</b>		
Provider:	Driver:	Veh #:
<b>INCIDENT/ACCIDENT DETAILS</b>		
Date of Incident:	Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Duration of Incident: <input type="checkbox"/> MIN <input type="checkbox"/> HRS
Location of Incident:		
Intervention Implemented: <input type="checkbox"/> NO <input type="checkbox"/> YES if yes, provide details:		
Staff Involved in Intervention: <input type="checkbox"/> NO <input type="checkbox"/> YES if yes, please list names:		
List other Witnesses:		
<b>NARRATIVE</b>		
Injuries: <input type="checkbox"/> NO <input type="checkbox"/> YES if yes, provide details:	Treatment: <input type="checkbox"/> NO <input type="checkbox"/> YES if yes, provide details:	
Emergency/Police/Ambulance Info:	Follow-up: <input type="checkbox"/> NO <input type="checkbox"/> YES	
<b>PERSONS NOTIFIED FOLLOWING INCIDENT</b>		
Name (SW):	Date:	Time:
Name (SW Supv):	Date:	Time:
Name (ABH):	Date:	Time:
Name:	Date:	Time:
Completed By:	Title:	
Signature:	Date:	Time:
<b>RECOMMENDATIONS &amp; FOLLOW-UP</b>		

PLEASE EMAIL COMPLETED FORM TO [DCFS007@abhct.com](mailto:DCFS007@abhct.com)