



**SURVIVAL FACTORS GROUP**  
**PARENT LETTER AND STUDENT QUESTIONNAIRE**

**ATTACHMENT 2**

**Chesterfield Township, N.J.**

**HWY-12-MH-007**  
**(04 Pages)**



**NATIONAL TRANSPORTATION SAFETY BOARD**

**Office of Highway Safety**

**Washington, D.C. 20594**

Dear Parents/Guardians,

I am writing in regard to the tragic accident your child was involved in last Thursday, February 16, 2012. As you may know, the National Transportation Safety Board is conducting an investigation into the accident. Our mission is to improve safety by recommending changes in all aspects of the transportation system – the roadway, the vehicles, the drivers, and the companies. In order to do so, we need to gather all the information we can, including some from your child or children.

We have put together a 10-question survey and a seating chart to be completed by your child/children with the assistance of the Chesterfield Counselors. This survey has been reviewed by school administrators and counselors. These questions pertain to each child's seating position, children seated nearby, how they were positioned prior to the accident, how they were positioned following the accident, seat belt usage, school evacuation drills, and their evacuation from the bus.

It is very important for you to know that the NTSB will not release any **identifying information** from these surveys. Only general, summarized, information will be publicly available.

We are asking your cooperation by allowing the trained school professional counselors to speak to your child/children. This will not only contribute greatly to the accuracy of our investigation but ultimately may lead to bus safety improvements.

We would again like to stress that there will be **no identifying information** from any of these questionnaires entered into any public document.

To get accurate information, it is important to ask these questions in a timely manner. If you want to be present when your child completes the survey, please let Mrs. McHenry know, and we will make that accommodation. We plan to administer the survey Thursday and Friday of this week.

We very much appreciate your cooperation in this investigation.

Respectfully,

Ronald A. Kaminski



**NATIONAL TRANSPORTATION SAFETY BOARD**  
**Office of Highway Safety**  
**Washington, D.C. 20594**

**\*\*BUS PASSENGER QUESTIONNAIRE\*\***

NAME \_\_\_\_\_ Age at time of accident \_\_\_\_\_ HT. \_\_\_\_\_ WT. \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

(Please circle)          Male          Female

1.      Were you wearing your seat belt?
2.      If yes, were you wearing it snug or loose?
3.      What direction were you facing just before the accident?    *Circle one*  
Forward                      Rearward                      Towards the Aisle                      Away from the Aisle
4.      Were you struck by any objects or other passengers?          If yes, can you describe the object?
5.      Describe where you were in the bus when it came to a stop?          (On floor, in another seat etc.)
6.      How did you get out of the bus?          *Circle one*  
Front loading door                      Back door
7.      Was it hard for you to get out of the bus?    If so, please describe how?
8.      Have you ever been involved in any school bus emergency evacuation drills? If yes, do you remember when the last time was?
9.      Were you injured in this accident?          If so, please describe your injuries.

ROW AND SEAT LOCATION (Prior To Accident):

10. Please indicate your location, locations of others you knew and their names on the attached bus diagram.

