

SCHOOL BUS ACCIDENT REPORT

PLEASE ANSWER EVERY QUESTION FULLY

Every school bus accident which involves an injury or property damage must be reported promptly on this form. Send one copy to Attorney General's Office, one copy should be retained by Superintendent. In case of a fatality a copy must be sent to the Department of Public Instruction.

School Bus: (Vehicle #1) Owner: _____ Administrative Unit: _____ School: _____

Location: Accident Occurred on: _____

When: Day _____ Date _____ Time _____ AM _____ PM

License Plate #: _____ Body Make: _____ Chassis: _____

Bus #: _____ Year Model: _____ Estimated Speed at Time of Accident: _____

Estimate of Damage: _____ Nature of Damage: _____

Bus Driver: Name: _____ Driver License #: _____

Address: _____

City, Zip: _____ (Area Code) Phone #: _____

Citation Issued?: _____ (no) _____ (yes) If yes, Explain: _____

Age: _____ yrs. Sex: _____ Race: _____ Experience: _____ yrs.

Injuries: Number of Students on bus at Time of Accident: _____ Is There a List Attached? _____ (yes) _____ (no)

(Attach List) Number Transported for Medical Care at Time of Accident: _____ Is There a List Attached? _____ (yes) _____ (no)

If Needed) Was Bus Driver Injured? _____ (no) _____ (yes) Explain: _____

Name	Grade	Age	Phone	Identify*	Nature of Injuries	Attending Physician

*Identify as either; bus driver; attendant; transported pupil; walking pupil; other pedestrian; school employee

Other Vehicle (s) Name of Driver: _____ Age: _____ Driver's License #: _____

(Vehicle #2) Citation: _____ (no) _____ (yes) If yes, Explain: _____

Address: _____

City, Zip: _____ (Area Code) Phone #: _____

Name of Vehicle Owner or Other Property Damaged: _____

Address: _____

City, Zip: _____ (Area Code) Phone #: _____

Insurance Agent: _____ Policy No.: _____

Co.: _____

Vehicle Make: _____ Year & Model: _____

License _____

Estimated Speed at Time of Accident: _____ mph Plate # & State: _____

Estimate of Damage: _____ Nature of Damage: _____

Name of Injuries and Extent of Injuries:
 (If Vehicle #2 is a Public School Bus, List Same Info, as for #1)

Accident Involved: _____ Pedestrian _____ Bicycle _____ Animal _____ Other Motor Vehicle _____ Overturned
 _____ R.R. Train _____ Another School Bus _____ Other (Explain): _____

School Official Investigator Statement:

Description of Conditions _____
 Leading to Accidents, Details _____
 Determining Responsibility _____
 Etc. _____
 (See Page 3)

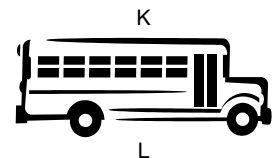
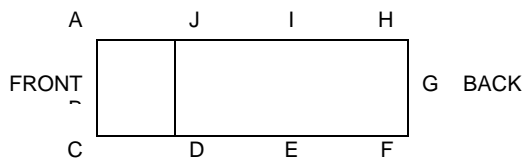
 Signature of School Official Investigator

Statement of School Bus Driver (Vehicle #1)

 Signature of Driver of School Bus

Fill out. Show how accident occurred by using this diagram.	
Diagram of accident	<div style="border: 1px solid black; width: 50px; height: 50px; margin-left: 20px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; margin: 0 auto;"></div> </div> <p style="margin-left: 20px; margin-top: 5px;">INDICATE NORTH</p>
Name	Witnesses
Name	Address
Name	Address

Points of Initial Contact Write Code	
Vehicle 1	Vehicle 2



** Pedestrian: Was going (Check one) Was pedestrian violating traffic law? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> On <input type="checkbox"/> Across (Direction)	(Street name, Highway No.)	From	To (S.E. corner, or west side to N.E. corner, or east side, etc.)	Nationality or race Occupation			
WHAT PEDESTRIAN WAS DOING <input type="checkbox"/> 1. Crossing at intersection - with signal <input type="checkbox"/> 2. Some - against signal <input type="checkbox"/> 3. Some - no signal <input type="checkbox"/> 4. Some - diagonally <input type="checkbox"/> 5. Crossing not at intersection <input type="checkbox"/> 6. Coming from behind parked cars <input type="checkbox"/> 7. Walking in roadway (check two) <input type="checkbox"/> a. With traffic <input type="checkbox"/> c. Sidewalks available <input type="checkbox"/> b. Against traffic <input type="checkbox"/> d. Not available <input type="checkbox"/> 8. Standing in safety zone <input type="checkbox"/> 9. Getting on or off vehicle <input type="checkbox"/> 10. Working in roadway <input type="checkbox"/> 11. Playing in roadway <input type="checkbox"/> 12. Hitching on vehicle <input type="checkbox"/> 13. Lying in roadway <input type="checkbox"/> 14. Not in roadway (explain at page)	WHAT DRIVERS WERE DOING Vehicle 1 2 (Check one for each driver) <input type="checkbox"/> <input type="checkbox"/> 1. Making right turn <input type="checkbox"/> <input type="checkbox"/> 2. Making left turn <input type="checkbox"/> <input type="checkbox"/> 3. Making U turn <input type="checkbox"/> <input type="checkbox"/> 4. Going straight ahead <input type="checkbox"/> <input type="checkbox"/> 5. Slowing or stopping <input type="checkbox"/> <input type="checkbox"/> 6. Starting from traffic <input type="checkbox"/> <input type="checkbox"/> 7. Starting from parked position <input type="checkbox"/> <input type="checkbox"/> 8. Stopping in traffic <input type="checkbox"/> <input type="checkbox"/> 9. Parked <input type="checkbox"/> <input type="checkbox"/> 10. Backing (Check applicable) <input type="checkbox"/> <input type="checkbox"/> 1. Overtaking <input type="checkbox"/> <input type="checkbox"/> 2. Avoiding veh., obj., or ped. <input type="checkbox"/> <input type="checkbox"/> 3. Skidding	VIOLATION INDICATED (Check one or more for each vehicle) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. Failed to yield right of way <input type="checkbox"/> <input type="checkbox"/> 2. Improper backing <input type="checkbox"/> <input type="checkbox"/> 3. Made improper turn <input type="checkbox"/> <input type="checkbox"/> 4. Following too closely <input type="checkbox"/> <input type="checkbox"/> 5. Improper passing <input type="checkbox"/> <input type="checkbox"/> 6. Driving on wrong side of road <input type="checkbox"/> <input type="checkbox"/> 7. Speed too great for conditions <input type="checkbox"/> <input type="checkbox"/> 8. Improper parking <input type="checkbox"/> <input type="checkbox"/> 9. Inattentive driving <input type="checkbox"/> <input type="checkbox"/> 10. Reckless driving <input type="checkbox"/> <input type="checkbox"/> 11. Hit and run <input type="checkbox"/> <input type="checkbox"/> 12. License suspended or revoked <input type="checkbox"/> <input type="checkbox"/> 13. Failed to see if movement could be made safely <input type="checkbox"/> <input type="checkbox"/> 14. Failed to stop in an emergency <input type="checkbox"/> <input type="checkbox"/> 15. Allowed unlicensed person to operate vehicle </td> <td style="width:50%; vertical-align: top;"> Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> 16. Failed to signal <input type="checkbox"/> <input type="checkbox"/> 17. Improper signal <input type="checkbox"/> <input type="checkbox"/> 18. Improper or defective equipment <input type="checkbox"/> <input type="checkbox"/> 19. Drove through safety zone <input type="checkbox"/> <input type="checkbox"/> 20. Stop sign violation <input type="checkbox"/> <input type="checkbox"/> 21. Violated warning sign-light <input type="checkbox"/> <input type="checkbox"/> 22. Passed stopped school bus <input type="checkbox"/> <input type="checkbox"/> 23. Passenger(s) distracted the bus driver's attention <input type="checkbox"/> <input type="checkbox"/> 24. Failed to take proper precaution in leaving bus <input type="checkbox"/> <input type="checkbox"/> 25. Improper start from parked position <input type="checkbox"/> <input type="checkbox"/> 26. No violation indicated <input type="checkbox"/> <input type="checkbox"/> 27. Other improper action (Explain) </td> </tr> </table>				Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. Failed to yield right of way <input type="checkbox"/> <input type="checkbox"/> 2. Improper backing <input type="checkbox"/> <input type="checkbox"/> 3. Made improper turn <input type="checkbox"/> <input type="checkbox"/> 4. Following too closely <input type="checkbox"/> <input type="checkbox"/> 5. 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CONDITIONS OF DRIVERS 1, 2 AND PEDESTRIAN (check one or more) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; vertical-align: top;"> 1 2 Ped <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Physical defect <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Other handicaps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Ill (sick) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Fatigued <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Apparently asleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Apparently normal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Wearing glasses </td> <td style="width:33%; vertical-align: top;"> 1 2 Ped <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Physical defect (eyesight, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Other handicaps <input type="checkbox"/> a. Obviously drunk <input type="checkbox"/> b. Ability impaired <input type="checkbox"/> c. Ability not impaired <input type="checkbox"/> d. Not known whether impaired </td> <td style="width:33%;"></td> </tr> </table>						1 2 Ped <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Physical defect <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Other handicaps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Ill (sick) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Fatigued <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Apparently asleep <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Apparently normal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Wearing glasses	1 2 Ped <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. Physical defect (eyesight, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Other handicaps <input type="checkbox"/> a. Obviously drunk <input type="checkbox"/> b. Ability impaired <input type="checkbox"/> c. Ability not impaired <input type="checkbox"/> d. Not known whether impaired	
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TRAFFIC CONTROL (check one) 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. R.R. crossing gates <input type="checkbox"/> <input type="checkbox"/> 2. R.R. crossing automatic automatic signal <input type="checkbox"/> <input type="checkbox"/> 3. Officer of watchman <input type="checkbox"/> <input type="checkbox"/> 4. Stop and go light <input type="checkbox"/> <input type="checkbox"/> 5. Stop sign or signal <input type="checkbox"/> <input type="checkbox"/> 6. Warning sign or signal (Specify other) <input type="checkbox"/> <input type="checkbox"/> 7. No control present	WEATHER (check one) <input type="checkbox"/> 1 Clear <input type="checkbox"/> 2 Cloudy <input type="checkbox"/> 3 Raining <input type="checkbox"/> 4 Snowing <input type="checkbox"/> 5 Fog <input type="checkbox"/> 6 (Specify other)	LIGHT (check one) <input type="checkbox"/> 1 Daylight <input type="checkbox"/> 2 Dusk <input type="checkbox"/> 3 Dawn <input type="checkbox"/> 4 Street or highway lighted <input type="checkbox"/> 5 Street or highway not lighted	VEHICLE DEFECTS (Check one or more) Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. Defective brakes <input type="checkbox"/> <input type="checkbox"/> 2. Lighting equipment <input type="checkbox"/> <input type="checkbox"/> 3. Steering equipment <input type="checkbox"/> <input type="checkbox"/> 4. Tires <input type="checkbox"/> <input type="checkbox"/> 5. Other defects <input type="checkbox"/> <input type="checkbox"/> 6. No defects <input type="checkbox"/> <input type="checkbox"/> 7. Not known (Explain fully in remarks)	VISION OBSCURED Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. Rain, Snow, etc. on windshield <input type="checkbox"/> <input type="checkbox"/> 2. Windshield otherwise obscured <input type="checkbox"/> <input type="checkbox"/> 3. Vision obscured by load on vehicle	(Check where applicable) HIGHWAY Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. Trees, crops, etc. <input type="checkbox"/> <input type="checkbox"/> 2. Building <input type="checkbox"/> <input type="checkbox"/> 3. Embankment <input type="checkbox"/> <input type="checkbox"/> 4. Signboard <input type="checkbox"/> <input type="checkbox"/> 5. Hillcrest <input type="checkbox"/> <input type="checkbox"/> 6. Parked cars <input type="checkbox"/> <input type="checkbox"/> 7. Moving cars			
KIND OF LOCALITY Check one to indicate that the within 300 feet was primarily <input type="checkbox"/> 1. Manufacturing and industrial <input type="checkbox"/> 2. Shopping and business <input type="checkbox"/> 3. Residential district <input type="checkbox"/> 4. School and playground <input type="checkbox"/> 5. Open country <input type="checkbox"/> 6. (Specify other)	ROADWAY CHARACTER (Check one for each vehicle) Vehicle 1 2 <input type="checkbox"/> <input type="checkbox"/> 1. Straight road <input type="checkbox"/> <input type="checkbox"/> 2. Sharp curve or turn <input type="checkbox"/> <input type="checkbox"/> 3. Other curves (Check one for each vehicle) <input type="checkbox"/> <input type="checkbox"/> 1. Level road <input type="checkbox"/> <input type="checkbox"/> 2. Up grade <input type="checkbox"/> <input type="checkbox"/> 3. Hill crest <input type="checkbox"/> <input type="checkbox"/> 4. Down grade	ROAD SURFACE (Check one) <input type="checkbox"/> 1. Concrete <input type="checkbox"/> 2. Brick <input type="checkbox"/> 3. Asphalt <input type="checkbox"/> 4. Gravel <input type="checkbox"/> 5. Sand <input type="checkbox"/> 6. Dirt <input type="checkbox"/> 7. Wood Block <input type="checkbox"/> 8. (Specify other)	ROAD CONDITIONS (Check one or more) (Check one) <input type="checkbox"/> 1. Dry <input type="checkbox"/> 2. Wet <input type="checkbox"/> 3. Muddy <input type="checkbox"/> 4. Snowy <input type="checkbox"/> 5. Icy (Check one or more) <input type="checkbox"/> 1. Loose material on surface <input type="checkbox"/> 2. Holes, deep ruts <input type="checkbox"/> 3. Defective shoulders <input type="checkbox"/> 4. Other defects <input type="checkbox"/> 5. No defects (Explain fully in remarks) Was road under construction or repair? <input type="checkbox"/> Yes <input type="checkbox"/> No	ROAD WIDTH AND LANES 1. Width of pavement or road surface for vehicular traffic, excl. shoulders _____ ft. 2. Additional width of shoulders _____ ft. 3. Total number of traffic lanes _____ Were lanes marked? <input type="checkbox"/> Yes <input type="checkbox"/> No 4. Are opposing traffic lanes separated? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by what:				
Was the highway location, width, condition in any way to blame for the accident? If so, By what? Does this place have a bad accident record? How can future accidents be prevented here? Please state Number of accidents: _____ in _____ months								

Report Submitted By _____

(Signature)

(Date)

NAME: _____
(Print)

POSITION: _____
(Print)