

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 #: _____

Bus #: _____ Body Make: _____ Chassis: _____

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 Co.: _____ Agent: _____ Policy No.: _____

Vehicle Make: _____ Year & Model: _____

License Plate #: _____

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 Side 2)

 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.



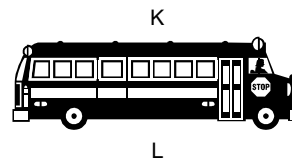
INDICATE NORTH

Diagram of accident

Witnesses

Name Address
Name Address

Points of Initial Contact Write Code	
Vehicle 1	Vehicle 2



** Pedestrian: Was going (Check one) <input type="checkbox"/> On <input type="checkbox"/> Across (Direction)		From _____ To _____ (Street name, Highway No.) (S.E. corner, or west side to N.E. corner, or east side, etc.)	
Was pedestrian violating traffic law? <input type="checkbox"/> Yes <input type="checkbox"/> No		Nationality or 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) a. With traffic <input type="checkbox"/> c. Sidewalks available 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 bottom)		WHAT DRIVERS WERE DOING Vehicle 1 2 (Check one for each driver) <input type="checkbox"/> 1. Making right turn <input type="checkbox"/> 2. Making left turn <input type="checkbox"/> 3. Making U turn <input type="checkbox"/> 4. Going straight ahead <input type="checkbox"/> 5. Slowing or stopping <input type="checkbox"/> 6. Starting from traffic lane <input type="checkbox"/> 7. Starting from parked position <input type="checkbox"/> 8. Stopping in traffic lane <input type="checkbox"/> 9. Parked <input type="checkbox"/> 10. Backing (Check applicable items) <input type="checkbox"/> 1. Overtaking <input type="checkbox"/> 2. Avoiding veh., obj., or ped. <input type="checkbox"/> 3. Skidding	
VIOLATION INDICATED (Check one or more for each vehicle)			
CONDITIONS OF DRIVERS 1, 2 AND PEDESTRIAN (check one or more) 1 2 Ped <input type="checkbox"/> 1. Physical defect (eyesight, etc.) <input type="checkbox"/> 2. Other handicaps <input type="checkbox"/> 3. Ill <input type="checkbox"/> 4. Fatigued <input type="checkbox"/> 5. Apparently asleep <input type="checkbox"/> 6. Apparently normal <input type="checkbox"/> 7. Wearing glasses		Vehicle 1 2 <input type="checkbox"/> 1. Failed to yield right of way <input type="checkbox"/> 2. Improper backing <input type="checkbox"/> 3. Made improper turn <input type="checkbox"/> 4. Following too closely <input type="checkbox"/> 5. Improper passing <input type="checkbox"/> 6. Driving on wrong side of road <input type="checkbox"/> 7. Speed too great for conditions <input type="checkbox"/> 8. Improper parking <input type="checkbox"/> 9. Inattentive driving <input type="checkbox"/> 10. Reckless driving <input type="checkbox"/> 11. Hit and run <input type="checkbox"/> 12. License suspended or revoked <input type="checkbox"/> 13. Failed to see if movement could be made safely <input type="checkbox"/> 14. Failed to stop in an emergency <input type="checkbox"/> 15. Allowed unlicensed person to operate vehicle	
TRAFFIC CONTROL (check one) 1 2 <input type="checkbox"/> 1. R.R. crossing gates <input type="checkbox"/> 2. R.R. crossing automatic signal <input type="checkbox"/> 3. Officer of watchman <input type="checkbox"/> 4. Stop and go light <input type="checkbox"/> 5. Stop sign or signal <input type="checkbox"/> 6. Warning sign or signal <input type="checkbox"/> 7. _____ <input type="checkbox"/> 8. No control present (Specify other)		WEATHER (check one) 1 2 <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)	
KIND OF LOCALITY Check one to indicate that the area 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) Vehicle 1 2 (Check one for each vehicle) <input type="checkbox"/> 1. Straight road <input type="checkbox"/> 2. Sharp curve or turn <input type="checkbox"/> 3. Other curves (Choose one for each vehicle) <input type="checkbox"/> 1. Level road <input type="checkbox"/> 2. Up grade <input type="checkbox"/> 3. Hill crest <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 <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 the highway location, width, condition in any way to blame for the accident? Does this place have a bad accident record?		If so, By what? How can future accidents be prevented here?	
Please state Number of accidents: _____ in _____ months		Were lanes marked? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by what: _____	

REPORT SUBMITTED BY

(Signature)

(Date)

NAME:

(Print)

POSITION

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