

# SCHOOL BUS ACCIDENT REPORT

**IMPORTANT!**

Answer each section applicable to the accident. If additional information is necessary, attach a sheet to original.

**1. School District**

\_\_\_\_\_

Intermediate Unit

\_\_\_\_\_

**2. Bus Owner**

- A.  School District
- B.  Contractor
- C.  Intermediate Unit
- D.  Other (specify) \_\_\_\_\_
- Z.  Unknown

**3. Date of Crash**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**4. Day of Crash**

- A.  Monday
- B.  Tuesday
- C.  Wednesday
- D.  Thursday
- E.  Friday
- F.  Saturday/Sunday

**5. Time of Crash**

- A.  Midnight - 6 a.m.
- B.  6 a.m. - 9 a.m.
- C.  9 a.m. - 11 a.m.
- D.  11 a.m. - 1 p.m.
- E.  1 p.m. - 3 p.m.
- F.  3 p.m. - 6 p.m.
- G.  6 p.m. - 8 p.m.
- H.  8 p.m. - Midnight

**6. Location by County**

\_\_\_\_\_

**7. Location of Crash**

- A.  Rural
- B.  Urban

- C.  Residential
- D.  Business District
- E.  School Property
- F.  Bus Owner Property
- G.  Other (specify) \_\_\_\_\_

Z.  Unknown

**8. Type of Crash**

- A.  Head On
- B.  Side Swipe
- C.  Our Right Turn
- D.  Our Left Turn
- E.  Rear End (our)
- F.  Rear End (other)
- G.  Backing
- H.  Our U-Turn
- I.  Accelerating
- J.  Hit Fixed Object
- K.  Slowing
- L.  Passing
- M.  Intersection
- N.  Lane Change
- O.  Lost Control
- P.  Railroad Crossing
- Q.  Rollaway
- R.  Stopped
- S.  Non-Collision
- T.  Pedestrian
- U.  Other (specify) \_\_\_\_\_

Z.  Unknown

**9. Purpose for Transporting**

- A.  Regular Route
- B.  Activity Trip
- C.  Other (specify) \_\_\_\_\_

Z.  Unknown

**10. Injuries/Fatalities**

- A.  No
- B.  Yes

(If yes, complete supplement - Item 33)

**11. Bus Occupied By**

- A.  Unoccupied
- B.  Driver Only
- C.  Driver/Students
- D.  Students Only - (Give total number of students) \_\_\_\_\_
- Z.  Unknown

**12. Vehicle Make**

\_\_\_\_\_

**13. Vehicle Capacity**

- A.  Type I
- B.  Type II
- C.  School Vehicle
- Z.  Unknown

**14. Vehicle Age**

- A.  2 years or less
- B.  2-5 years
- C.  5-8 years
- D.  Over 8 years
- Z.  Unknown

**15. Bus Driver's Name**

\_\_\_\_\_

**16. Bus Driver's Operator Number**

\_\_\_\_\_

**17. Bus Driver Age**

- A.  18 - 19
- B.  20 - 24
- C.  25 - 34
- D.  35 - 44
- E.  45 - 59
- F.  60 - 74
- G.  75 or over

**18. Years Driving a Bus**

- A.  1 or less
- B.  1 - 2
- C.  3 - 4
- D.  5 - 10
- E.  Over 10

**19. Bus Driver's Condition**

- A.  Normal
  - B.  Sick
  - C.  Impaired
  - D.  Fatigue
  - E.  Other (specify)
- 

**20. Highway Type**

- A.  Divided
- B.  Not Divided
- C.  Non-Highway
- Z.  Unknown

**21. Highway Lanes**

- A.  1
- B.  2
- C.  3
- D.  4 or More
- E.  Not Applicable

**22. Posted Speed Limit**

- A.  Not Applicable
- B.  Under 20 MPH
- C.  20 - 35 MPH
- D.  40 - 45 MPH
- E.  50 - 55 MPH

**23. Weather**

- A.  No Adverse Condition
  - B.  Raining
  - C.  Snowing
  - D.  Sleet/Hail
  - E.  Fog/Smoke
  - F.  Other (specify)
- 
- Z.  Unknown

**24. Visibility**

- A.  Unrestricted
  - B.  Hill
  - C.  Curve
  - D.  Other (specify)
- 
- Z.  Unknown

**25. Road Condition**

- A.  Dry
  - B.  Wet
  - C.  Muddy
  - D.  Snow/Ice
  - E.  Other (specify)
- 
- Z.  Unknown

**26. Light**

- A.  Daylight
  - B.  Dark
  - C.  Artificial
  - D.  Other (specify)
- 

**27. Collision With**

- A.  Non-Collision
  - B.  Fixed Object
  - C.  Train
  - D.  Animal
  - E.  Pedestrian
  - F.  Motor Vehicle (M/V) - Car, Bus, Truck, Motorcycle, etc... (If M/V, complete supplement - Item 34.)
  - G.  Other (specify)
- 

**28. Damage (bus)**

- A.  \$100 or less
- B.  \$100 - \$500
- C.  \$500 - \$2,000
- D.  \$2,000 and Up
- E.  None
- Z.  Unknown

**29. Damage (all other)**

- A.  \$100 or less
- B.  \$100 - \$500
- C.  \$500 - \$2,000
- D.  \$2,000 and Up
- E.  None
- Z.  Unknown

**30. Causes, Check all that Apply**

- A.  Follow Too Close
- B.  Too Fast for Conditions
- C.  Improper Pass
- D.  Improper Backing
- E.  Improper Right Turn
- F.  Improper Left Turn

- G.  Improper Stop
  - H.  Improper Loading
  - I.  Inattention
  - J.  Right of Way
  - K.  Mechanical Defect
  - L.  Other (specify)
- 

**31. Police Report**

- A.  No
  - B.  Yes - Give Report Number
- 
- Z.  Unknown

**32. Any Traffic Citation Issued?**

- A.  No
  - B.  Yes
  - Z.  Unknown
- 

**33. Supplement to Item 10**

- A. Injuries
  - a.  None
  - b.  Bus Driver
  - c.  Student(s)-Number \_\_\_\_\_
  - d.  Other Vehicle - Occupant(s)-Number \_\_\_\_\_
  - e.  Pedestrian(s)-Number \_\_\_\_\_
  - f.  Other (specify)

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- B. Fatalities
  - a.  None
  - b.  Bus Driver
  - c.  Student(s)-Number \_\_\_\_\_
  - d.  Other Vehicle - Occupant(s)-Number \_\_\_\_\_
  - e.  Pedestrian(s)-Number \_\_\_\_\_
  - f.  Other (specify)

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- C. At Scene First Aid Administered
  - a.  No
  - b.  Yes
  - z.  Unknown
- D. Medical Assistance Summoned
  - a.  No
  - b.  Yes
  - z.  Unknown

**34. Supplement to Item 27  
(collision with another M/V)**

1-A. Other Driver's Name

\_\_\_\_\_

B. Other Driver's Operator Number

\_\_\_\_\_

C. Other Vehicle, Type, Make, Model

\_\_\_\_\_

*(If Required):*

2-A. Other Driver's Name

\_\_\_\_\_

B. Other Driver's Operator Number

\_\_\_\_\_

C. Other Vehicle, Type, Make, Model

\_\_\_\_\_

If more than 2 other motor vehicles are involved, attach separate sheet giving information as shown in (A), (B), (C).

Report Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
*(signature)*

Name: \_\_\_\_\_  
*(please print)*

Position: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_