

SCHOOL BUS CRASH REPORT FORM

School District: _____ Date Form Completed: _____

Name and Title of Person Completing Form: _____

Date of Crash: _____ Time of Crash: _____ Location of Crash: _____

Investigating Agency: _____ Report Number: _____

CRASH INFORMATION

Sources of information (check all that apply):

- Police Crash Report
 Bus Driver Interview
 Student Interviews
 Witness Interviews
 Other: (describe) _____

Event type (check all that apply):

- Bus crash
 Pedestrian hit by bus or other vehicle
 Loading/unloading bus
 Moving vehicle injury incident (includes braking, turning)

Outcomes (check all that apply):

- School bus damage exceeded \$1,000
 Property damage exceeded \$1,000
 Vehicles towed from scene
 Bus Driver Minor Injury
 Bus Driver Serious Injury
 Bus Driver Fatality
 Bus Passenger Minor Injury
 How many? _____
 Bus Passenger Major Injuries
 How many? _____
 Bus Passenger Fatality
 How many? _____

Light Condition:

- Daylight
 Dawn
 Dusk
 Dark -unlighted
 Dark, but street lights
 Unknown

Weather Condition:

- Clear
 Cloudy
 Fog/smoke
 Rain
 Severe wind
 Snow/blowing wind
 Sleet/hail/freezing rain
 Blowing dust/sand
 Other (describe): _____

Road Defects

- None
 Defective surface (pothole, loose gravel, uneven surface)
 Slippery
 Inoperative traffic signal
 Obstructed view (driver line of sight)
 Construction zone
 Other (describe): _____

Road Condition

Dry Wet Icy Snowy Muddy Slushy Debris Other (describe): _____

Road Classification


Interstate US Highway State Highway County Road City Street


Parking lot/Private drive State park Off road


Speed Limit: _____ **Approximate speed of bus:** _____ **Number of lanes:** _____


Limited-access highway: Yes No


Manner of Collision:


Single motor vehicle – A crash that involves only one vehicle 


Head on – The intended direction of travel for both vehicles is toward each other/in opposite directions. 


T-type – When the intended direction of travel is basically perpendicular for both drivers. 


L-type – Traveling in perpendicular directions similar to a t-type, but vehicle is struck on an end, not the middle. 

Angle – When two vehicles are approaching in same direction or opposite directions and one vehicle is turning. 

Rear end – When the vehicles are traveling in the same direction, one behind the other and the front of one strikes the rear of the other. 

Sideswipe Opposite – When vehicles are traveling in opposite directions and they make a glancing side impact. 

Sideswipe Same – When vehicles are traveling in the same direction and they make a glancing side impact. 

Tail Swing – When the rear end of a vehicle that's turning collides with another vehicle. 

Type of crash for bus (check all that apply):

- Passenger vehicle
 Motorcycle
 Trailer (pulled by motor-vehicle)
 Another bus
 Truck/Tractor-trailer/semi-truck
 Train
 Pedestrian
 ATV, farm equipment
 Pedestrian in wheelchair/scooter
 Rollover
 Bicyclist
 Unknown
 Other (describe): _____

If rollover, please describe (example: right or left-side leading, end-over-end) how many rolls, final rest of vehicle: left, right, top, wheels: _____

Did crash occur at an intersection? Yes No

Intersection Traffic Control?

- No controls
 Signalized
 Stop-all way
 Stop-Partial
 Yield
 Not applicable

Did the bus strike any objects? Yes No

Describe Objects (check all that apply)

- Tree
 Mailbox
 Utility Pole
 Guardrail
 Sign
 Bridge rail
 Animal
 Culvert, ditch
 Pedestrian
 Median/barrier
 Bicyclist
 Retaining wall
 Embankment
 Curb
 Fence
 Parked vehicle
 Building
 Fire hydrant/Stomp/Small Post/Short Post
 Other (describe): _____

Contributing Circumstances (check all that apply)

	School Bus Driver	Other Vehicle Driver
No Improper Driving		
Speed		
Failed to yield right of way		
Stop sign violation		
Traffic light violation		
Improper warning lights used		
Improper backing		
Improper distance judgment		
Crossed centerline		
Drove wrong way		
Improper passing		
Improper turning		
Following too close		

Backing Up		
Reckless driving		
Careless driving		
Obstructing traffic		
Improper parking		
Improper lane change		
Improper equipment		
Cell phone usage		
Failed to keep in proper lane		
Disregard other road markings		
Over-correcting or over steering		

Preventable Collision? Yes No

School bus driver drug/alcohol tested after crash? Yes No

School bus driver cited? Yes No / If cited, specify citation: _____

Other vehicle driver drug/alcohol tested after crash? Yes No

Other vehicle driver cited? Yes No / If cited, specify citation: _____

VEHICLE INFORMATION

School Bus No.: _____ Year/Make/Model: _____

School Bus VIN No: _____ GVWR: _____ Capacity: _____

School bus use at time of crash:

Regular route Field/Activity Trip Special needs route

Other: (describe) _____

School bus defects visible:

None Lamps Tires Brakes Steering Lamps

Other (describe) _____

Was the school bus towed? Yes No School bus towed to: _____

Type of Bus (refer to School Bus Minimum Specifications for Type):

School Bus MFSAB/MPV Special Needs? Yes No W/C Lift? Yes No

Type A1 Type A2 Type B1 Type B2 Type C Type D

Bus Engine Type:

- Diesel Engine Gas Engine Propane Engine CNG Engine Electric
 Hybrid Electric If Type D, engine location: Front Rear

Type of Braking System: Air Brake Hydraulic Brake

Any damage to bus? Yes No (Information taken from police report)

Area of greatest damage to bus:

- Front Right (passenger side) Left (driver side) Rear Top Undercarriage
 Unknown Other (describe): _____ Greatest extent of damage to the bus: ____

Code 0-7 Select the degree of severity. If a vehicle sustained no damage, a zero (0) rating is used. One (1) being the least severe and seven (7) being the most severe.

Secondary impact to bus: Yes No

- Front Right (passenger side) Left (driver side) Rear Top Undercarriage
 Unknown Other (describe): _____

Greatest extent of damage from secondary impact to bus: _____ Code 0-7

Other vehicle year/make/model (if applicable) _____

VIN No. other vehicle _____ Color _____ Plate #/State: _____

Area of greatest damage to other vehicle:

- Front Right (passenger side) Left (driver side) Rear Top Undercarriage
 Unknown Other (describe): _____

Greatest extent of damage to other vehicle: _____ Code 0-7

Secondary Impact Yes No Area of damage _____ Extend of damage _____

0	Vehicle not damaged
1	Superficial damage and vehicle can be driven
2	Minor damage and vehicle can be driven
3	Moderate damage and vehicle can be driven
4	Minor damage and vehicle cannot be driven

5	Moderate damage and vehicle cannot be driven
6	Severe damage and vehicle cannot be driven
7	Vehicle totaled and not repairable

OCCUPANT INFORMATION

Bus Driver's Name: _____ Age: _____ Gender: Male Female

CDL# _____ CDL Class: A B C , Passenger Endorsement? Yes No
 School Bus Endorsement? Yes No Restrictions on License? Yes No

List restrictions: _____

CDL valid at time of crash? Yes No If no, indicate status:

Not licensed Canceled Expired Revoked Suspended

Years of Experience _____ No. of crashes in past three years _____

Seatbelt used? Yes No **Bus Certification Active?** Yes No

Most severe injuries to bus driver and passengers (from police report):

No injury Possible injury (minor) Non-incapacitating injury (moderate)

Incapacitating injury (serious) Fatality Unknown

Driver: Injury Bus Passengers: Injury

Was the bus driver transported for treatment? Yes No

Were any passengers transported for treatment? Yes No

Please use the following codes for bus driver and passenger information and to fill out the bus occupant form on the next page. (Code all equipment that applies.)

Age/Male or Female

Equipment in use at time of crash:

AB – airbag, LS – lap & shoulder belt, LAP – lap belt only, SH – shoulder belt only

CSRS – child safety restraint system, WC – wheelchair; scooter

TD – wheelchair tie down/securement, O – none, U – Unknown

Injury Codes

O – no injury, C – possible injury (minor), B – non-incapacitation injury (moderate)


A – incapacitating injury (severe), K – Fatality, U – Unknown

Code on the following page in seat locations: Age/gender, equipment use, injury code

Ex: 4/F/CSRS/O (4-year-old female in child safety restraint system with no injury)

School Bus Occupants: Total passengers including driver _____

Indicate locations of lifts (L), window emergency exits (W), door emergency exits (X), and roof exits (R)

Front of bus 

L/W/X/R	Driver							Entry/Exit Door	L/W/X/R
	A	B	C	Aisle/Row	D	E	F		
				1					
				2					
				3					
				4					
				5					
				6					
				7					
				8					
				9					
				10					
				11					
				12					
				13					
				14					

BUS LOADING/UNLOADING TYPE INCIDENT

Was the bus involved in a non-collision type incident? Yes No (If yes, continue)

Did the incident occur at school? Yes No

Where was the bus at the time of the incident?

- Approaching the bus stop Leaving the bus stop Stopped at the bus stop
- Not in sight of the bus stop

Were any traffic warning devices activated when incident occurred? (Check all that apply.)

- None Amber lights activated Stop arm(s) activated Red lights activated
- Crossing arm activated Unknown Other: describe _____

Where was the student(s) at the time of the incident?

- Getting on the bus Getting off the bus Walking to or from the bus
- Loading or unloading from a lift (fill out supplemental wheelchair pages)
- Standing at the bus stop Unknown Other (describe): _____

Location of student(s):

- On the side of the road On the sidewalk In the roadway In a private driveway
- Moving to seat Unknown Other: describe _____

Student(s) injured by:

- Bus Falling Another vehicle Unknown Other (describe): _____

What area of the bus or other vehicle contacted student?

- Front Passenger side (right) Driver side (left) Back Unknown
- Other (describe): _____

Was the bus placed in neutral and/or parking brake set? Yes No

Did student(s) sustain any injuries? Yes No Describe: _____

WHEELCHAIR SECUREMENT/RESTRAINT REPORT

Was a bus passenger seated in a wheelchair? Yes No (If yes, continue)

The Wheelchair

Make/model/year of wheelchair: _____

Location of wheelchair:

_____ Row Number _____ Seat Location

_____ Orientation in vehicle (facing forward, to left, right, rear, angle) _____ On lift

_____ Unknown position in vehicle

Wheelchair type:

Standard Manual Stroller Ultra-light/sport manual Powered

3 or 4 – wheeled power scooter Other (specify): _____ Unknown

Wheelchair WC19 – compliance? Yes No Unknown

Post-crash condition of wheelchair:

No damage Minor damage/repairable Major damage/not repairable

Unknown

Describe damage to wheelchair: _____

Rear head rest:

No head rest available Yes – attached to wheelchair

Yes – not attached to wheelchair Unknown Other specify

Post-crash condition of head rest:

- No head rest available No damage Detached from wheelchair
 Detached from vehicle Deformed Unknown

Wheelchair seating system:

- Sling seat and seatback Rigid seat and seatback Special contoured seating
 Fixed seat and reclining seatback Tilt seating system
 Degree of tilt < 30 degrees < 45 degrees Other (specify): _____
 Unknown

Condition of wheelchair seating system after the crash/incident:

- No damage to seat or seatback Seat broken/deformed
 Seatback broken/deformed Frame deformed/damaged
 Other (specify): _____ Unknown

The Lift

Vehicle access for wheelchair:

- Powered lift Ramp Other (specify): _____ Unknown

Access location:

- Passenger side (right) Driver side (left) Rear (back) Unknown

The Postural Belts

Wheelchair postural belts/supports used (check all that apply)

- None used or not available Lap belt Chest belt Harness Side pads
 Other (describe): _____ Unknown

Condition of postural belts/supports after crash:

- None used or not available No signs of damage Detached from wheelchair
 Deformed or unbuckled Other (describe): _____

Were postural belts used properly? Yes No Describe: _____

Securement of the wheelchair to the vehicle

Type of tiedown used:

- None used, but available Not available Four-point straps Docking system
 Wheel-rim clamps Frame clamps Other (specify): _____ Unknown

Tiedown damage location:

- No damage or not available Strap or webbing D-ring Securement hooks
 Anchorage on vehicle/tie down Seat anchorage Other (specify) _____
 Unknown

Condition of tiedowns after incident:

- None used or not available No damage; system intact
 System intact but deformed Partial failure; but did not release chair
 Failure; released wheelchair Other (specify) _____ Unknown

Year/Manufacturer/Model of all Tiedowns: _____

Describe where tiedowns were secured to the vehicle: _____

Were tiedowns used properly? Yes No Describe: _____

Did wheelchair tip over? Yes No Describe: _____

Occupant restraint for the wheelchair user

Occupant restraint used:

- None used, but available None available Lap belt only Lap belt w/separate
should belt Lap belt w/separate shoulder harness Shoulder belt only 3-pt belt
 4-pt belt 4-pt harness 5-pt harness Other (specify) _____ Unknown

Condition of belt restraints after incident (check all that apply)

- No damage or not available Webbing damage Hardware damage
 Other (describe): _____ Unknown

Year/Manufacturer/Model of all restraints: _____

Were restraints used properly? Yes No Describe: _____

Describe where restraints were attached: _____

Was occupant ejected out of wheelchair? Yes No Describe: _____

CHILD SAFETY RESTRAINT SYSTEM (CSRS)

Was the student using a CSRS? Yes No (If yes, continue.)

Where was the student seated on the bus? _____

CSRS Make/Model/Year _____

Forward-facing Rear-facing

Was the student in a CSRS seated at an emergency exit window? Yes No

Height and Weight of student, if known: _____

Type of child safety seat:

- Infant seat with base (rear-facing only) Infant seat without base (rear-facing only)
- Forward-facing seat with harness Booster seat with back
- Booster seat w/o back Safety vest Integrated child seat
- Other (describe) _____ Unknown

Type of restraint protecting child (Check all that apply)

- None
- 5-pt harness on child seat (2 at the shoulder, 2 at the hip, and one between the legs)
- 3-pt harness on child seat (2 at the shoulder, one between the legs)
- Lap belt on vehicle
- Shoulder belt on vehicle
- Other: describe _____
- Unknown

Observed CSRS usage (Check all that apply)

- Loose CSRS installation
- Shoulder straps of harness positioned at or below shoulders
- Shoulder straps of harness positioned above shoulders
- Harness straps snug
- Harness straps loose
- Child is less than 1 year old and facing forward
- Child is under 40 pounds and seated on a booster seat
- Booster used with lap belt only
- Other (describe) _____ Unknown

Describe crash event

Attach law enforcement motor vehicle crash report to this school bus crash report. Email report to Jonathan J. Tillman, Sr., Pupil Transportation Administrator at jtillman@mdek12.org