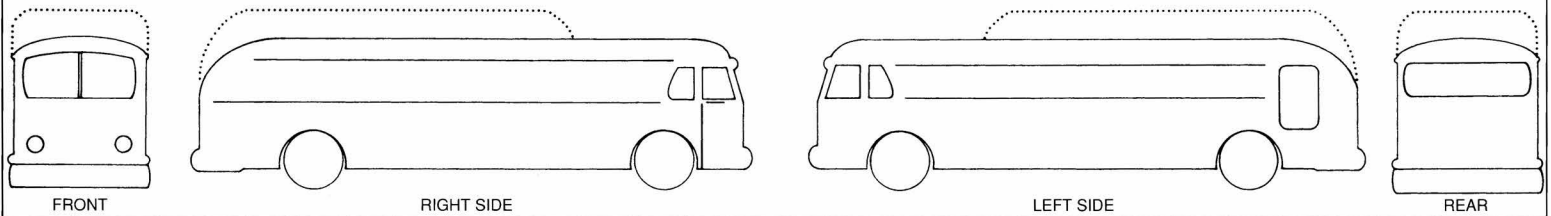


BUS ACCIDENT REPORT

NAME OF SCHOOL DISTRICT						LOCATED IN (CITY OR TOWN)											
NAME OF SCHOOL						LOCATED IN (CITY OR TOWN)											
A C C I D E N T	DATE OF ACCIDENT (MO., DAY, YR.)				DAY OF THE WEEK				TIME <input type="checkbox"/> AM <input type="checkbox"/> PM								
	LOCATION OF ACCIDENT (ADDRESS, STREET OR HIGHWAY)																
	<input type="checkbox"/> IN		CITY OR TOWN				COUNTY				STATE						
	<input type="checkbox"/> NEAR																
B U S D R I V E R	NAME						TELEPHONE NUMBER										
	ADDRESS (STREET & NUMBER)						CITY				STATE						
	AGE		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		BUS DRIVING EXPERIENCE YRS. MOS.		OPERATOR LICENSE NUMBER				STATE						
	NAME OF DRIVER'S SUPERVISOR						LOCATION/TELEPHONE NUMBER WHERE SUPERVISOR CAN BE CONTACTED										
T R I P	RUN ON WHICH ACCIDENT OCCURRED		BEGAN AT				DATE		TIME		<input type="checkbox"/> AM <input type="checkbox"/> PM						
			DESTINATION				DATE		TIME (EST)		<input type="checkbox"/> AM <input type="checkbox"/> PM						
			PURPOSE OF TRIP														
B U S	YEAR		MAKE & MODEL				BUS LICENSE NUMBER				BUS NUMBER		MAX. PASSENGER CAPACITY				
	DESCRIBE DAMAGE										<input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR						
V E H I C L E 2	DRIVER'S NAME						OPERATOR LICENSE NUMBER				STATE		D.O.B.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)										TELEPHONE NUMBER						
	OWNER'S NAME						OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	VEH. YEAR		MAKE & MODEL				VEHICLE COLOR				VEHICLE LICENSE NUMBER				STATE		
	DESCRIBE DAMAGE						INSURANCE COMPANY				POLICY#						
V E H I C L E 3	DRIVER'S NAME						OPERATOR LICENSE NUMBER				STATE		D.O.B.		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)										TELEPHONE NUMBER						
	OWNER'S NAME						OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	VEH. YEAR		MAKE & MODEL				VEHICLE COLOR				VEHICLE LICENSE NUMBER				STATE		
	DESCRIBE DAMAGE						INSURANCE COMPANY				POLICY#						
O T H E R P R O P E R T Y	OWNER'S NAME						OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	TELEPHONE NUMBER				DESCRIBE DAMAGE/TYPE OF PROPERTY												
P A S S E N G E R S	A. NO. OF PASSENGERS (INCLUDING DRIVER)		BUS		VEHICLE 2		VEHICLE 3		S P E E D	A. SPEED LIMIT		BUS		VEHICLE 2		VEHICLE 3	
			MPH		MPH		MPH			MPH		MPH		MPH			
	B. NO. OF PASSENGERS COMPLAINING OF INJURY									B. SPEED PRIOR TO ACCIDENT (EST) MPH		BUS		VEHICLE 2		VEHICLE 3	
			MPH		MPH		MPH			MPH		MPH		MPH			
POLICE INVESTIGATE? IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION						REPORT NUMBER						NAME OF OFFICER					
CITATION ISSUED? <input type="checkbox"/> YES <input type="checkbox"/> NO						DRIVER <input type="checkbox"/> DRIVER <input type="checkbox"/> IF SO, CHARGE											
<input type="checkbox"/> BUS DRIVER <input type="checkbox"/> VEH. 2 <input type="checkbox"/> VEH. 3																	

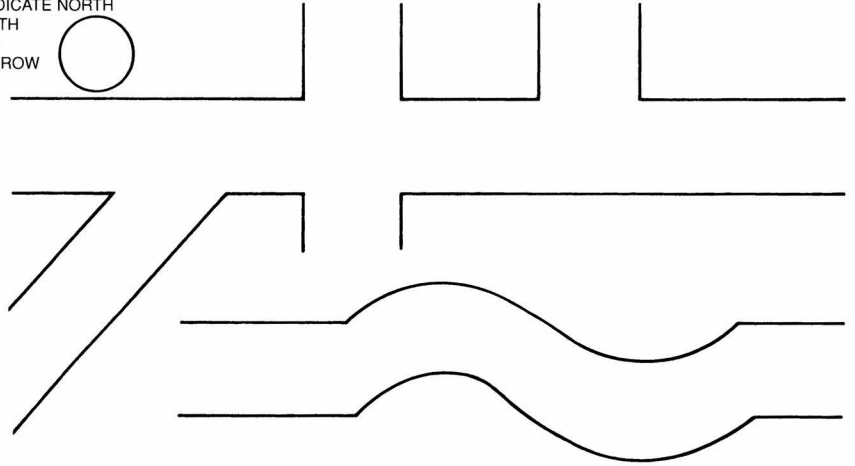
MARK X WHERE DAMAGE CONTACT OCCURRED



INSTRUCTIONS

1. Choose sections of diagram that will show outline of roadway at place of accident
2. Use solid line to show path of vehicle BEFORE accident:
 dotted line AFTER accident:
3. Number each vehicle and show direction of travel by arrow:
4. Show PEDESTRIAN by:
5. Show RAILROAD by:
6. Show TRAFFIC LIGHT by:
7. Show STOP SIGN by:
8. Indicate distance and direction from point of impact to nearest bridge, culvert, or other landmarks.
9. Indicate names of streets or route numbers of roadways.

INDICATE NORTH WITH AN ARROW



TRAFFIC LANES		ROADWAY		SIGNALS		PAVING		WEATHER		LIGHT	
NO. OF LANES	<input type="checkbox"/> LANES MARKED. <input type="checkbox"/> LANES UN-MARKED <input type="checkbox"/> NO ROAD DEFECTS. <input type="checkbox"/> HOLES, RUTS, ETC. <input type="checkbox"/> LOOSE MATERIAL.	<input type="checkbox"/> STRAIGHT. <input type="checkbox"/> CURVE. <input type="checkbox"/> DOWN GRADE. <input type="checkbox"/> UP GRADE. <input type="checkbox"/> LEVEL. <input type="checkbox"/> HILLCREST.	<input type="checkbox"/> DRY. <input type="checkbox"/> WET. <input type="checkbox"/> MUDDY. <input type="checkbox"/> SNOWY. <input type="checkbox"/> ICY. <input type="checkbox"/> OILY.	<input type="checkbox"/> STOP SIGN. <input type="checkbox"/> TRAFFIC LIGHT. <input type="checkbox"/> POLICEMAN <input type="checkbox"/> WARNING SIGNAL <input type="checkbox"/> R.R. GATES. <input type="checkbox"/> (OTHER)	<input type="checkbox"/> CEMENT. <input type="checkbox"/> BRICK. <input type="checkbox"/> ASPHALT. <input type="checkbox"/> GRAVEL. <input type="checkbox"/> NONE.	<input type="checkbox"/> CLEAR. <input type="checkbox"/> RAIN. <input type="checkbox"/> SNOW. <input type="checkbox"/> SLEET. <input type="checkbox"/> FOG <input type="checkbox"/> (OTHER)	<input type="checkbox"/> DAYLIGHT. <input type="checkbox"/> DARK. <input type="checkbox"/> DUSK. <input type="checkbox"/> DAWN. IF DARK, WAS HIGHWAY LIGHTED? <input type="checkbox"/> YES <input type="checkbox"/> NO				
WIDTH OF EACH FT.	<input type="checkbox"/> DIVIDED. <input type="checkbox"/> (OTHER)	FLAGS, FLARES, FUSEES ETC. DISPLAYED: _____		<input type="checkbox"/> WORKING. <input type="checkbox"/> NOT WORKING.	LOCATION <input type="checkbox"/> CITY & SUBURBAN <input type="checkbox"/> RURAL	<input type="checkbox"/> INTERSECTION. <input type="checkbox"/> NON-INTERSEC.	<input type="checkbox"/> (OTHER)				

DESCRIBE ACCIDENT FULLY (CONTINUE ON ADDITIONAL SHEET IF REQUIRED)

SIGNATURE OF DRIVER'S SUPERVISOR	DATE	DRIVER'S SIGNATURE	DATE OF REPORT
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