

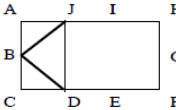
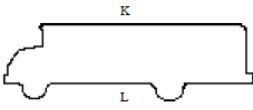
School Bus and Activity Vehicle Accident Report

ODE use: Received: _____ Accident # _____ Chargeable Y N


Section 1 - Accident Location / Information

Accident Date	Day of Week	Time of Day	County	Closest City	Accident occurred: <input type="checkbox"/> Inside city OR <input type="checkbox"/> _____ miles from city
Road or other location where accident occurred		Nearest intersecting road or mile post		Accident occurred <input type="checkbox"/> At intersection or within _____ <input type="checkbox"/> Feet <input type="checkbox"/> Miles of intersection	
Type of accident (mark all that apply) <input type="checkbox"/> Two vehicles <input type="checkbox"/> More than two vehicles <input type="checkbox"/> Bicycle / Pedestrian <input type="checkbox"/> Motorcycle <input type="checkbox"/> Train <input type="checkbox"/> Overtuned Vehicle <input type="checkbox"/> Animal <input type="checkbox"/> Fixed Object / Property			Non-collision injuries on bus <input type="checkbox"/> Vehicle off road <input type="checkbox"/> Other (specify): _____		Road Condition (mark all that apply) <input type="checkbox"/> Dry <input type="checkbox"/> Under Repair <input type="checkbox"/> Wet <input type="checkbox"/> Holes / Ruts <input type="checkbox"/> Snowy <input type="checkbox"/> Muddy <input type="checkbox"/> Icy
Light Condition <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn or Dusk <input type="checkbox"/> Dark (lighted) <input type="checkbox"/> Dark (Unlighted)		Weather Conditions (Mark all that apply) <input type="checkbox"/> Clear <input type="checkbox"/> Snowing <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Raining		Sleeting <input type="checkbox"/> Dust <input type="checkbox"/> Smoke / Smog	
Road Surface (e.g. concrete) <input type="checkbox"/> Divided <input type="checkbox"/> Yes					
This accident resulted in (Check all that apply) <input type="checkbox"/> An injury requiring medical or dental treatment <input type="checkbox"/> A fatality <input type="checkbox"/> A vehicle towed from scene <input type="checkbox"/> Total combined damage in excess of \$500 Vehicle #s with injured occupants _____ <input type="checkbox"/> Emergency Services Response Agencies _____ <input type="checkbox"/> Citation issued to driver of vehicle # _____ The citation was for _____					

Section 2 - Vehicle #1 School Bus / School Activity Vehicle Information

School District				School bus or school activity vehicle owner <input type="checkbox"/> Same			
Driver Name (Last, First MI)			Driver License Number		State	Age of Driver	Years of experience driving bus / activity vehicle
Driver Address				City		State	Zip Code
Vehicle Year	Chassis Make	Body Make	Model	Fleet Number	Vehicle Plate Number	Vehicle Identification Number	Vehicle Capacity
Total # of Passengers	Pupils	Aides / Employees	Other Adults	Wheelchair	Driver Restraint Type <input type="checkbox"/> Lap / Shoulder <input type="checkbox"/> Lap Only	Driver Restraint in use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (Parked Vehicle)	
Type of School Bus or School Activity Vehicle <input type="checkbox"/> Type A-I <input type="checkbox"/> Type D <input type="checkbox"/> Type A-II <input type="checkbox"/> Type 10 <input type="checkbox"/> Type B <input type="checkbox"/> Type 20 <input type="checkbox"/> Type C <input type="checkbox"/> Type 21		Use of vehicle at time of crash <input type="checkbox"/> Regular Education Route <input type="checkbox"/> Special Education Route <input type="checkbox"/> Field/Activity Trip <input type="checkbox"/> Other: _____		At the time of the crash, you were (mark all that apply) <input type="checkbox"/> Going straight ahead <input type="checkbox"/> Entering driveway <input type="checkbox"/> Leaving parked pos. <input type="checkbox"/> Disregard stop light <input type="checkbox"/> Turning left <input type="checkbox"/> Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Loading students <input type="checkbox"/> Turning right <input type="checkbox"/> Entering parked pos. <input type="checkbox"/> In wrong lane <input type="checkbox"/> Unloading students <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Slowing / stopping <input type="checkbox"/> Disregard traffic light <input type="checkbox"/> Crossing students <input type="checkbox"/> Backing <input type="checkbox"/> Leave driveway <input type="checkbox"/> Other: _____			
Activated lights at time of the crash: <input type="checkbox"/> Turn signal <input type="checkbox"/> Amber bus safety lights <input type="checkbox"/> Hazards <input type="checkbox"/> Red bus safety lights		Speed Information Speed: _____ Posted _____		Estimated damage		If a mechanical deficiency contributed to the accident, check box and explain <input type="checkbox"/>	
Circle the letter of first impact. K indicates the roof and L indicates the undercarriage						Shade damaged areas 	

Section 3 - Vehicle #2 Information (attach additional sheets for more than two vehicles)

Driver Name (Last, First MI) or description of object (if fixed object crash)			Driver License Number		State	Insurance Company & Policy Number	
Driver Address				City		State	Zip Code
Vehicle Year	Make	Model		At the time of the crash, vehicle #2 was (mark all that apply) <input type="checkbox"/> Going straight ahead <input type="checkbox"/> Entering driveway <input type="checkbox"/> Leaving parked pos. <input type="checkbox"/> Turning left <input type="checkbox"/> Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Turning right <input type="checkbox"/> Entering parked pos. <input type="checkbox"/> In wrong lane <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Slowing / stopping <input type="checkbox"/> Disregard traffic light <input type="checkbox"/> Backing <input type="checkbox"/> Leave driveway			
Body Style	Vehicle Plate and State	Estimated damage		Describe damage to vehicle or fixed object			
				Shade damaged areas 			

Section 4 - If accident involved a pedestrian or bicyclist, list name and info in section 3 and complete the following

Pedestrian or Bicyclist _____ Ped or bike was going _____ (Name of street)

Pedestrian
 Bicyclist
 N
 S
 E
 W
 Along or
 Across

Pedestrian / Bicyclist Action <input type="checkbox"/> Crossing at intersection or crosswalk <input type="checkbox"/> Crossing NOT at intersection or crosswalk <input type="checkbox"/> Walking / riding in roadway with traffic <input type="checkbox"/> Walking / riding in road way AGAINST traffic <input type="checkbox"/> Standing in roadway <input type="checkbox"/> Other _____	<input type="checkbox"/> Pushing or working on vehicles in roadway <input type="checkbox"/> Other working in road <input type="checkbox"/> Playing in road <input type="checkbox"/> Hitchhiking <input type="checkbox"/> Not in roadway	Pedestrian / Bicyclist Injury <input type="checkbox"/> Deceased <input type="checkbox"/> Incapacitated <input type="checkbox"/> Visible injury <input type="checkbox"/> Momentary unconsciousness <input type="checkbox"/> No apparent injury (treatment later) <input type="checkbox"/> No apparent injury (no treatment)
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Section 5 - Accident Description

Describe what happened

Diagram

Number each vehicle: 1 2

Show path by:

Show pedestrian/bicyclist by: ○

Show railroad tracks by: |||||

--- (name of street, road or route) ↑

Section 6 - Injuries (Attach additional sheets as needed) Fill out all information for V1, just name for other vehicles


V - Vehicle Number	V	S	R	P	Name	Sex	Age	Equip	Use	Injury
S - Side of bus: Left (L) or Right (R)										
R - Row by #										
P - Position (1 by window, 2 in middle, 3 in aisle)										
Equip - Safety equipment available (1 none, 2 lap belt, 3 lap / shoulder belt, 4 infant seat, 5 removable toddler seat, 6 integrated car seat, 7 safety vest, 8 wheelchair securement)										
Use - indicate if safety equipment was used with a Y or N										
Injury - (1 deceased, 2 incapacitated, 3 visible injury, 4 momentary unconsciousness, 5 no apparent injury, 6 sought medical treatment at a later time)										

Signatures: I certify all information given on this report is true and accurate to the best of my knowledge


Driver _____ Date: _____ Supervisor _____ Date: _____

School Bus and Activity Vehicle Accident Report


Section 3 Additional Information (Vehicle #3)

Driver Name (Last, First MI) or description of object (if fixed object crash)		Driver License Number	State	Insurance Company & Policy Number
Driver Address		City	State	Zip Code
Vehicle Year	Make	Model	At the time of the crash, vehicle #3 (mark all that apply)	
Body Style	Vehicle Plate and State	Estimated damage	<input type="checkbox"/> Going straight ahead <input type="checkbox"/> Entering driveway <input type="checkbox"/> Leaving parked pos. <input type="checkbox"/> Turning left <input type="checkbox"/> Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Turning right <input type="checkbox"/> Entering parked pos. <input type="checkbox"/> In wrong lane <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Slowing / stopping <input type="checkbox"/> Disregard traffic light <input type="checkbox"/> Backing <input type="checkbox"/> Leave driveway <input type="checkbox"/>	
Describe damage to vehicle or fixed object			Shade damaged areas 	

Section 3 Additional Information (Vehicle #4)

Driver Name (Last, First MI) or description of object (if fixed object crash)		Driver License Number	State	Insurance Company & Policy Number
Driver Address		City	State	Zip Code
Vehicle Year	Make	Model	At the time of the crash, vehicle #4 (mark all that apply)	
Body Style	Vehicle Plate and State	Estimated damage	<input type="checkbox"/> Going straight ahead <input type="checkbox"/> Entering driveway <input type="checkbox"/> Leaving parked pos. <input type="checkbox"/> Turning left <input type="checkbox"/> Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Turning right <input type="checkbox"/> Entering parked pos. <input type="checkbox"/> In wrong lane <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Slowing / stopping <input type="checkbox"/> Disregard traffic light <input type="checkbox"/> Backing <input type="checkbox"/> Leave driveway <input type="checkbox"/>	
Describe damage to vehicle or fixed object			Shade damaged areas 	

Section 3 Additional Information (Vehicle #5)

Driver Name (Last, First MI) or description of object (if fixed object crash)		Driver License Number	State	Insurance Company & Policy Number
Driver Address		City	State	Zip Code
Vehicle Year	Make	Model	At the time of the crash, Vehicle #5 (mark all that apply)	
Body Style	Vehicle Plate and State	Estimated damage	<input type="checkbox"/> Going straight ahead <input type="checkbox"/> Entering driveway <input type="checkbox"/> Leaving parked pos. <input type="checkbox"/> Turning left <input type="checkbox"/> Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Turning right <input type="checkbox"/> Entering parked pos. <input type="checkbox"/> In wrong lane <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Slowing / stopping <input type="checkbox"/> Disregard traffic light <input type="checkbox"/> Backing <input type="checkbox"/> Leave driveway <input type="checkbox"/>	
Describe damage to vehicle or fixed object			Shade damaged areas 	

Section 6 Additional Information

V - Vehicle Number S - Side of bus: Left (L) or Right (R) R - Row by # P - Position (1 by window, 2 in middle, 3 in aisle) Equip - Safety equipment available (1 none, 2 lap belt, 3 lap / shoulder belt, 4 infant seat, 5 removable toddler seat, 6 integrated car seat, 7 safety vest, 8 wheelchair securement) Use - indicate if safety equipment was used with a Y or N Injury - (1 deceased, 2 incapacitated, 3 visible injury, 4 momentary unconsciousness, 5 no apparent injury, sought medical treatment at a later time)	V	S	R	P	Name	Sex	Age	Equip	Use	Injury

School Bus and Activity Vehicle Accident Report Form Instructions

Oregon Administrative Rules (OARs) 581-053-0210, 581-053-0230, 581-053-0330, 581-053-0430, & 581-053-0531 require that accident reports are submitted to the Oregon Department of Education within 72 hours of an accident. OAR 581-053-0003 defines an accident as: An occurrence that results in any of the following:

- An injury requiring medical or dental treatment
- Combined vehicle and property damage in excess of \$500. This includes damage to the school bus or school activity vehicle damage to property other than the school bus or school activity vehicle, including damage to another school bus or school activity vehicle, or transportation entity property.

Please fill out this form completely and accurately.

Section 1 - Accident Location / Information

The information in this section relates to the accident location and other basic information about the accident.

Section 2 - Vehicle #1 School Bus / School Activity Vehicle Information

Passengers: The total # of passengers includes everyone on the bus other than the driver. Passengers are then broken down by category.. The same passenger may be in more than one of these sub-categories (i.e. a student in a wheel chair would be listed in the "Pupil" and "Wheelchair" sections.

School Bus / School Activity Vehicle Definitions: (A school bus is any vehicle that displays the words "School Bus" ORS 801.460)

Type A-I is a school bus with a GVWR of 14,500 lbs. or less and a separate door for the driver.

Type A-II is a school bus with a GVWR between 14,500 and 19,500 lbs, a passenger capacity not to exceed 36 and a separate door for the driver.

Type B is a school bus with a GVWR between 10,000 and 19,500 lbs. Most of the engine is beneath and/or behind the windshield and beside the driver's seat. The entrance door is behind the front wheels.

Type C is a school bus with all or part of the engine in front of the windshield and the entrance door behind the rear wheels.

Type D is a school bus with the engine mounted in the front behind the windshield, midship, or rear. The entrance door is ahead of the front wheels.

Type 10 is an activity vehicle that has a capacity of not more than ten persons, a GVWR of not more than 10,000 lbs.

Type 20 is an activity vehicle that has a capacity of not more than 20 passengers, a GVWR of not more than 14,500 lbs, and meets school bus construction standards.

Type 21 is an activity vehicle that has a capacity of 21 or more passengers and meets school bus construction standards.

Use of vehicle: If you are driving empty when the crash occurs, please mark the type of activity you were driving to or from.

Section 3 - Vehicle #2 Information (attach additional sheets for more than two vehicles)

This is information related to other vehicles involved in the crash. If more than one other vehicle is involved, please attach additional pages with vehicle information. Page 3 of this report as additional space if needed.

Section 4 - If accident involved a pedestrian or bicyclist, list name and info in section 3 and complete the following

If the accident involves a pedestrian or bicycle, please fill out this section. There is no need to include this person in Section 6 because their injury will be noted in this section.

Section 5 - Accident Description

Describe what happened during the crash. Attach additional sheets as needed. If filling out on the computer, you will need to press tab at the end of each line to continue.

Section 6 - Injuries (Attach additional sheets as needed) Fill out all information for V1, just name for other vehicles

Complete this section for any one who is injured during the crash (other than bikes or pedestrians, which is covered in section 4) All information is required for passengers on the bus, just name is required for other injured people.