



## SCHOOL BUS ACCIDENT REPORT FORM

The Transportation Department requires the information specified on this form whenever a school bus is involved in an accident, regardless of the severity.

The bus driver must complete a School Bus Accident Report Form ensuring they have filled in all relevant sections providing as much detail as possible. For assistance filling in the form, please contact the Transportation Manager.

The completed form must be submitted to the Transportation Manager as early as possible. It will be processed in accordance with divisional procedures and guidelines concerning a bus accident and student transportation guidelines.

### General Accident Information

Accident Date: \_\_\_\_\_ Day of the Week: M T W Th F Sa Su

Accident Location (address - street or highway name): \_\_\_\_\_

Town/City: \_\_\_\_\_ **OR**  On rural route

Time of Accident: \_\_\_\_\_ a.m. p.m.

Type of Vehicle:  Shuttle  
 Bus

School Vehicle Use at Time of Accident:  Regular route  Maintenance/fueling  
 Special Education  Off duty  
 Field trip  Other (specify): \_\_\_\_\_

Number of Passengers on the Vehicle (excluding the driver):

Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_



**School Driver Information**

Driver's Name: \_\_\_\_\_

Drivers Licenses No. \_\_\_\_\_ Exp. Date: \_\_\_\_\_

School Bus Driver Experience:

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- More than 10 years

Number of school bus accidents in past three years: \_\_\_\_\_

Did driver receive TEA School Bus Driver certification? (not applicable for shuttle usage)

Yes    No   Expiration Date: \_\_\_\_\_

**At Time of Accident**

Posted Speed Limit: \_\_\_\_\_ mph   **OR**    Not applicable

Approximate Speed of Bus: \_\_\_\_\_ mph   **OR**    Stopped

Was the driver wearing a seat belt?    Yes    No    Driver off bus at time of accident

Is the bus strobe light equipped?    Yes    No   Was it activated at the time of the accident?    Yes    No

Were the police notified?    Yes    No   Was a police report completed?    Yes    No

1. The accident involved the school bus and:

- School bus only
- Another motor vehicle
- Fixed object (specify): \_\_\_\_\_
- Train
- Animal
- Pedestrian
- Cyclist
- Other (specify): \_\_\_\_\_

2. Amount of damage to all property involved (i.e., vehicles and/or other objects):

- No damage
- \$1,000 or less
- More than \$1,000

3. Did the accident occur at an intersection?

- Yes                       No

4. Type of collision between vehicles or objects:

- Angle     One vehicle backing  
 Head-on     Rollover  
 Rear end     Other (specify): \_\_\_\_\_

5. Direction of vehicles at the time of the accident:

- Angle, both moving     One vehicle stopped  
 Same direction, both moving     Single vehicle accident  
 Opposite direction, both moving     Vehicle direction not a factor

6. Contributing Circumstance(s):

Bus Driver Actions

- Improper speed  
 Failed to yield right of way  
 Failed to obey stop sign  
 Failed to obey traffic signal  
 Crossed center line  
 Improper passing  
 Improper turning  
 Improper backing  
 Followed too closely

Other Circumstances

- Actions of other driver  
 Obstructed view  
 Weather conditions/visibility  
 Vehicle defect (specify): \_\_\_\_\_  
 Road conditions (specify): \_\_\_\_\_  
 Other circumstances (specify): \_\_\_\_\_

7. Weather Conditions/Visibility:

- Clear     Snow/sleet  
 Cloud cover/overcast     Haze/smoke  
 Rain     Exhaust fog  
 Fog     Other (specify): \_\_\_\_\_

8. Road Surface:

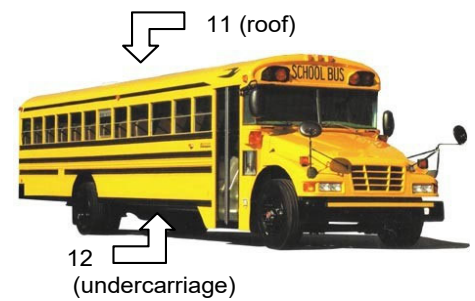
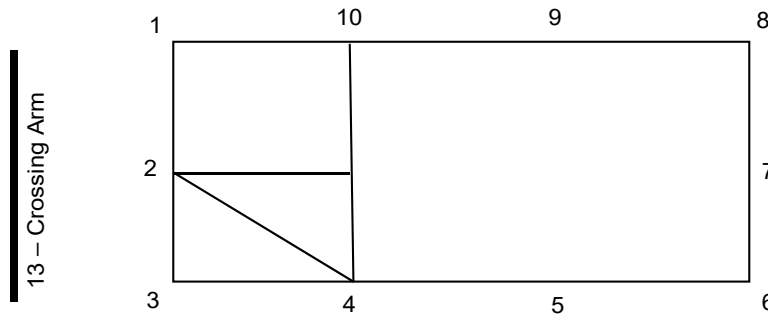
- Pavement                       Gravel                       Dirt

9. Road Condition:

- Dry     Snow packed  
 Wet     Potholes/ruts  
 Muddy     Under repair  
 Icy     Other (specify): \_\_\_\_\_

10. Lighting:
- Dawn
  - Daylight
  - Dusk
  - Dark
  - Dark, artificial illumination

11. Identify the point of impact:



14 No impact/other circumstance (specify): \_\_\_\_\_

12. Please provide a brief description of the accident. If it assists with the explanation, complete the accident sketch below.

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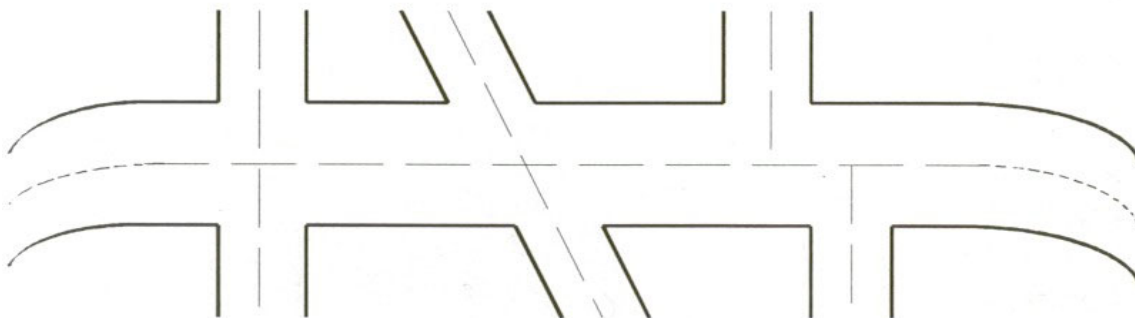
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**SCHOOL BUS ACCIDENT REPORT FORM**

**COMPLETE ONLY IF THE ACCIDENT OCCURRED WHILE LOADING/UNLOADING:**

13. At the time of accident, the bus was:  
 Entering the loading area     Stopped in the loading area     Leaving the loading area
14. Did a “don’t pass law” violation occur?  
 Yes                     No
15. Was anyone injured in this accident?  
 Yes                     No
- If yes, was the student/other person injured in the loading area?  
 Struck by the bus                     Struck by another vehicle                     Other incident (specify): \_\_\_\_\_

**COMPLETE ONLY IF THE ACCIDENT INVOLVED A PEDESTRIAN/CYCLIST:**

16. Direction of the bus at the time of accident:  
 Straight                                     Backing  
 Turning right                             Bus stopped  
 Turning left                             Other (specify): \_\_\_\_\_
17. At the time of accident, the pedestrian/cyclist was:  
 On the side of the road                     In a crosswalk  
 In the roadway                             Other (specify): \_\_\_\_\_

**COMPLETE ONLY IF THE ACCIDENT RESULTED IN INJURY:**

Severity of Injury	Number of Injured ON Bus			Number of Injured OFF Bus		
	Students	Driver	Other Persons	Students	Driver	Other Persons
Minor						
Moderate						
Serious						
Fatal						

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**Bus Seating Chart**

Driver Side

Row 1 \_\_\_\_\_

Row 1 \_\_\_\_\_

Row 2 \_\_\_\_\_

Row 2 \_\_\_\_\_

Row 3 \_\_\_\_\_

Row 3 \_\_\_\_\_

Row 4 \_\_\_\_\_

Row 4 \_\_\_\_\_

Row 5 \_\_\_\_\_

Row 5 \_\_\_\_\_

Row 6 \_\_\_\_\_

Row 6 \_\_\_\_\_

Row 7 \_\_\_\_\_

Row 7 \_\_\_\_\_

Row 8 \_\_\_\_\_

Row 8 \_\_\_\_\_

Row 9 \_\_\_\_\_

Row 9 \_\_\_\_\_

Row 10 \_\_\_\_\_

Row 10 \_\_\_\_\_

Row 11 \_\_\_\_\_

Row 11 \_\_\_\_\_

Row 12 \_\_\_\_\_

Row 12 \_\_\_\_\_

Row 13 \_\_\_\_\_

Row 13 \_\_\_\_\_