

Signature of Driver of School Bus

Fill out. Show how accident occurred by using this diagram.

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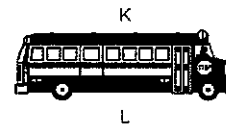
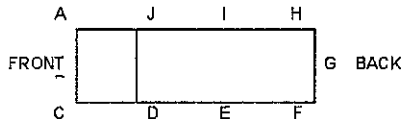
INDICATE NORTH

Diagram of accident

Name _____
 Name _____

Witnesses _____
 Address _____
 Address _____

Points of Initial Contact Write Code	
Vehicle 1	Vehicle 2



** Pedestrian: Was going (Check one) Was pedestrian violating traffic law? ☐ Yes ☐ No		On ☐ Across ☐ (Street name, Highway No.) Nationality or _____ Occupation _____		From _____ To _____ (S.E. corner, or westside to N.E. corner, or eastside, etc.)	
WHAT PEDESTRIAN WAS DOING 1. Crossing at intersection - with signal 2. Same - against signal 3. Same - no signal 4. Same - diagonally 5. Crossing at intersection 6. Coming from behind parked cars 7. Walking in roadway (check one) a. With traffic ☐ b. Side walks available c. Against traffic ☐ d. Not available 8. Standing in safety zone 9. Getting on or off vehicle 10. Working in roadway 11. Playing in roadway 12. Hitchhiking on vehicle 13. Lying in roadway 14. Not in roadway (explain at page bottom)		WHAT DRIVERS WERE DOING Vehicle 1 2 (Check one for each driver) 1. Making right turn 2. Making left turn 3. Making U turn 4. Going straight ahead 5. Stopping or stopping 6. Stopping from traffic lane 7. Starting from parked position 8. Stopping in traffic lane 9. Parked 10. Backing (Check applicable items) 1. Overtaking 2. Avoiding vehicle, object, or ped. 3. Skidding		VIOLATION INDICATED (Check one or more for each vehicle) Vehicle 1 2 1. Failed to yield right of way 2. Improper backing 3. Made improper turn 4. Following too closely 5. Improper passing 6. Driving on wrong side of road 7. Speed too great for conditions 8. Improper parking 9. Late time driving 10. Rack back driving 11. Headless 12. Used as step ladder or hooked 13. Failed to see if movement could be made safely 14. Failed to stop in an emergency 15. Allowed to forward person to operate vehicle 16. Failed to signal 17. Improper signal 18. Improper or defective equipment 19. Drove through safety zone 20. Stop sign violation 21. Violated main light sign-light 22. Failed stopped school bus 23. Passed illegally (disturbed bus drivers attention) 24. Failed to take proper precaution in passing 25. Improper start from parked position 26. No a-bility to check 27. Other improper action (explain)	
CONDITIONS OF DRIVERS 1, 2 AND PEDESTRIAN (check one or more) 1 2 Ped 1. Physical defect, avoidable etc. 2. Other handicap 3. Ill 4. Fatigued 5. Apparent by sleep 6. Apparent by somnolence 7. Wearing glasses		1 2 Ped 1. Physical defect, avoidable etc. 2. Other handicap a. Obvious drunk b. Ability impaired c. Ability not impaired d. Not known whether impaired			
TRAFFIC CONTROL (check one) 1. R.H. crossing gates 2. R.H. crossing automatic signal 3. Other traffic control 4. Stop and go light 5. Stop sign or signal 6. Warning sign or signal 7. _____ 8. No control present		WEATHER (check one) 1. Clear 2. Cloudy 3. Rainy 4. Snowing 5. Fog 6. _____ (Specify other)		LIGHT (check one) 1. Daylight 2. Dark 3. Dawn 4. Dusk 5. Street or highway light not lighted	
ROAD OF LOCALITY Check one to indicate that the area with in 300 feet was primarily: 1. Manufacturing or industrial 2. Shopping and business 3. Residential district 4. School and playground 5. Open country 6. _____ (Specify other)		ROADWAY CHARACTER Vehicle 1 2 (Check one for each vehicle) 1. Straight road 2. Stop or curve or turn 3. Other curves (Check one for each vehicle) 1. Level road 2. Up grade 3. Hillcrest 4. Down grade		ROAD SURFACE (Check one) 1. Concrete 2. Brick 3. Asphalt 4. Gravel 5. Sand 6. Dirt 7. Wood block 8. _____ (Specify other)	
ROAD CONDITIONS (Check one) 1. Dry 2. Wet 3. Muddy 4. Snowy 5. Icy 1. Loose material on surface 2. Holes, deep ruts 3. Defective sidewalks 4. Other defects 5. No check (Explain fully in remarks)		VISION OBSCURED VEHICLE Vehicle 1 2 1. Rain, Snow, etc. on windshield 2. Windshield obscured 3. Vision obscured by bad or vehicle		ROAD WIDTH AND LANES 1. Width of pavement or road surface for vehicle traffic, exclusive of sidewalks 2. Additional width of sidewalks 3. Total number of traffic lanes 4. Were opposing traffic lanes separated? If so, by what Yes ☐ No ☐ Yes ☐ No ☐	
Was the highway location, width, condition in anyway to blame for the accident? Does this place have a bad accident record?		If so, by what? _____ How can this be avoided? _____ How can this be prevented in the future? _____			

REPORT SUBMITTED BY

(Signature)

(Date)

NAME: _____

(Print)

POSITION _____

Bus Driver Accident Report Statement

Driver's Name: _____ NC DL#: _____

Address: _____ City/State: _____ Zip: _____

Phone #: _____ Age: _____ Sex: _____ Race: _____ Yrs. Exper: _____

Bus #: _____ School: _____ Date of Accident: _____ Time: _____

Location of Accident: _____

Driver's Statement: (Describe conditions before, during and after the accident. Provide specific details of your actions as well as the actions of other involved persons.)

[illegible]

(If additional space is needed, use the back of this sheet.)

Signature of Driver

Date _____

Signature of Supervisor