

SCHOOL BUS ACCIDENT REPORT  
PLEASE ANSWER EVERY QUESTION FULLY

Every school bus accident which involves an injury or property damage must be reported promptly on this form. Send one copy to Attorney General's Office, one copy should be retained by Superintendent. In case of a fatality a copy must be sent to the Department of Public Instruction.

School Bus:  
(Vehicle #1)

Owner: \_\_\_\_\_ Administrative Unit: \_\_\_\_\_ School : \_\_\_\_\_

Location: Accident Occurred on: \_\_\_\_\_

When: Day \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM

License Plate #: \_\_\_\_\_

Bus #: \_\_\_\_\_ Body Make: \_\_\_\_\_ Chassis: \_\_\_\_\_

Year Model: \_\_\_\_\_ Estimated Speed at Time of Accident: \_\_\_\_\_

Estimate of Damage: \_\_\_\_\_ Nature of Damage: \_\_\_\_\_

Bus Driver: Name: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ (Area Code) Phone #: \_\_\_\_\_

Citation Issued?: \_\_\_\_\_ (no) \_\_\_\_\_ (yes) If yes, Explain: \_\_\_\_\_

Age: \_\_\_\_\_ yrs. Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Experience \_\_\_\_\_ yrs. : \_\_\_\_\_

Injuries: Number of Students on bus at Time of Accident: \_\_\_\_\_ Is There a List Attached? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

(Attach List Number Transported for Medical Care at Time of Accident: \_\_\_\_\_ Is There a List Attached? \_\_\_\_\_ (yes) \_\_\_\_\_ (no)

If Needed) Was Bus Driver Injured? \_\_\_\_\_ (no) \_\_\_\_\_ (yes) Explain: \_\_\_\_\_

Name	Grade	Age	Phone	Identify*	Nature of Injuries	Attending Physician

\*Identify as either; bus driver; attendant; transported pupil; walking pupil; other pedestrian; school employee

Other Vehicle (s) Name of Driver: \_\_\_\_\_ Age: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

(Vehicle #2) Citation: \_\_\_\_\_ (no) \_\_\_\_\_ (yes) If yes, Explain: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ (Area Code) Phone #: \_\_\_\_\_

Name of Vehicle Owner or Other Property Damaged: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip: \_\_\_\_\_ (Area Code) Phone #: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Agent: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Year & Model: \_\_\_\_\_

License

Estimated Speed at Time of Accident: \_\_\_\_\_ mph Plate # & State: \_\_\_\_\_

Estimate of Damage: \_\_\_\_\_ Nature of Damage: \_\_\_\_\_

Name of Injuries and Extent of Injuries:  
(If Vehicle #2 is a Public School Bus, List Same Info, as for #1)

Accident Involved: Pedestrian \_\_\_\_\_ Bicycle \_\_\_\_\_ Animal \_\_\_\_\_ Other Motor Vehicle \_\_\_\_\_ Overturned \_\_\_\_\_

\_\_\_\_\_ R.R. Train \_\_\_\_\_ Another School Bus \_\_\_\_\_ Other (Explain): \_\_\_\_\_

School Official Investigator Statement:

Description of Conditions Leading to Accidents, Details Determining Responsibility Etc. (See Side 2)

Signature of School Official Investigator

Statement of School Bus Driver (Vehicle #1)

Signature of Driver of School Bus

