## Print Form on 8 1/2" X 14" Paper

## 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:		Admini Unit:	istrative		School :							
Location:	Accident Occ	urred on:											
When:	Day		Date		Time		AM	PM					
	Bus #:		cense ate #:		Body	Make:	Chassis:						
	Year Model:												
	Estimate of D	amage:			Natu	re of Damage:							
Bus Driver:	Name:				D	river License #:							
	Address:												
	City, Zip: Citation Issue	ed?.	(no)										
	Age:	yrs.	Sex:		Race:		yrs.						
			_			:							
Injuries:	Number of Stu	dents on bus at	Time of A	ccident:			(yes)	(no)					
(Attach List	Number Transpo Accident:	rted for Medical C	are at Time	of	ls	There a List	(yes)	(no)					
If Needed)	Was Bus Driv	ver Injured?		(no)									
			Orada	• • <u>-</u>		· · · · · ·	Noturo of Injurioo	Attending					
	Name		Grade	Age	Phone	Identify	Nature of Injuries	Physician					
	*Identifv as eit	ner: bus driver:	attendant:	transport	ed pupil: walki	na pupil: other pede	estrian: school emplove	ee					
Other	Name of	,,				<u></u>	Driver's						
Vehicle (s)	Driver:					Age:	License						
Other Vehicle (s) (Vehicle #2)	Citation:	(no)		(yes)	lf ves Explair	<u>-</u> .							
	Address:	(		()00)									
	City, Zip: (Area Code) Phone #: Name of Vehicle Owner or Other Property												
	Damaged:		Other I I	openy									
	Address: City, Zip:					(Area Code) Pr	0000 #:						
	Insurance			Agent:									
	Co.: Vehicle Make	·			Vea		lo.:						
						License							
		eed at Time o				Plate # & State:							
	Estimate of Damage: Nature of Damage:												
	Name of Injuries and Extent of Injuries:												
Vehicle (s) (Vehicle #2) (Vehicle #2) Accident Involved:	(If Vehicle #2 is a Public School Bus, List Same Info, as for #1)												
	,												
	Pedes	strian	Bicycle		Animal	Other Mo	tor Vehicle	Overturne					
			_	- Coho				d					
	R.R.		Anothe	er Schoo	Bus	Other (Expla	ain):						
	Sahaal Offici		Statama	nt:									
Description		al Investigator											
of Conditions													
Accidents,													
Responsibility													
Etc. (See Side 2)													
(See Side 2)	Signature of School Official Investigator												
	Statement of School Bus Driver (Vehicle #1)												

Signature of Driver of School Bus

				Fill out. Show ho	w acci	ident oc	curred b	y using	this	diagra	am.			
Diagram of accident	O INDICATE NORTH													
Name Name						Witnes	Ses Addres Addres							
		of Initial Write Cod Vel	le hicle 2	A FRONT C		J	E		H F	G E	BACK		K 	
** Pedestrian: Was going (Check one)       On Across         Was pedestrian violating traffic law?       Yes       No       Nationality or         WHAT PEDESTRIAN WAS DOING       WHAT DRIVERS WERE DOING         1. Crossing at intersection - with signal       12       (Check one for each driver)         2. Some - against signal       1.       Making left turn         3. Some - no signal       3.       3.         4. Some - diagonally       3.       3.         5. Crossing not at intersection       6.       3.         6. Coming from behind parked cars       3.       3.         7. Walking in roadway (check two)       3.       Sating from traffic lane         8. Standing in sately zone       9.       Sating from parked position         9. Getting on or off vehicle       9.       9.         10. Working in roadway       11.       10.         11. Haking in roadway       11.       10.         12. Hitching on vehicle       11.       10.         13. Lying in roadway       11.       1.         14. Not in roadway       11.       1.         13. Lying in roadway       13.       14 paing in roadway         14. Not in roadway       13.       3.         14. Not in roadway (explain at page							From       To (S.E. corner, or west side to N.E. corner, or east side, etc.)         Occupation         VIOLATION INDICATED (Check one or more for each vehicle)         Vehicle       12         1       1         2       1         3       Made improper tacking         3       Made improper turn         4       5         4       Following too closely         3       5         4       Following too closely         5       Improper passing         2       2         3       Speed to ogreat for conditions         4       5         5       Improper parking         20       12         21       Speed too great for conditions         22       Passed stoped school bus         23       Passenger(s) distracted bus driver's attention         24       Failed to ske proper preacution in leaving         25       Improper starking       26         26       No violation indicated         21       License suspended or revoked       27         23       26       No violation indicated         24       Failed to tostop in an emergency       26							
0         2.           0         3.           0         4.           0         5.           0         7.           TRAFFIC         1.           0         2.           0         4.           0         5.           0         6.           0         7.           0         4.           0         5.           0         6.           0         7.	Physical defect (eyesig Other handicaps	e) ic signal	C. CC     CC     C. CC     C. CC     C. CC     C. CC     C. C	Physical defect (eyesight, etc Diter handicaps . Obviously drunk Ability impaired Ability not impaired . Not known whether impaired . Not known whether impaired . Check . Check . Dayligi . 2. Dusk . 3. Dawn . 3. Dawn . 1. light . 3. Street 	ed HT one) ht arkness wi or highway	ith ⁄	Vehicle 1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ICLE DEFEC (Check one 2. Lighting e 3. Steering e 4. Tires 5. Other defe 6. No defect: 7. Not know	or mo brakes quipme quipme ects	ent	VISION Vehicle 1 2 0 0 0	OBSCURED VEHICLE 1. Rain, Snow, etc. on windshield 2. Windshield otherwise obscured 3. Vision obscured by load on vehicle	Vehicle 1 2 00 00 00 00 00	ack where applicable) HIGHWAY 1. Trees, crops, etc. 2. Building 3. Embankment 4. Signboard 5. Hillcrest 6. Parked cars
Check one to ind within 300 feet w 1. Manufa 2. Shoppin 3. Resider	acturing and industrial ing and business ential district I and playground	Vehicle 1 2 00	DWAY CHARACTER (Check one fo each vehicle) 1. Straight road 2. Sharp curve turn 3. Other curves cone for each vehicl 1. Level road 2. Up grade 3. Hill crest 4. Down grade	r (Check one) 1. Concrete 2. Brick or 3. Asphalt 4. Gravel 5. Sand	k	□ 2. □ 3. □ 4. □ 5.	R Dry Dry Wet Muddy Snowy Icy d under cons	□ 2. Ho □ 3. De □ 4. Ot □ 5. No (E	FIONS or mor ose ma oles, de efective her det o defec xplain	re) aterial or eep ruts e shoulde fects		<ol> <li>Width of pavement for vehicular traffic.</li> <li>Additional width of s</li> <li>Total number of traffic lanes</li> <li>Were opposing traff lanes separated?</li> <li>If so, by what:</li> </ol>	, excl. shoulde houlders W	e
		Please sta	ate f accidents:	If so, By what in	?	months	How can fu accidents b	iture be prevented	here?					
REPORT SUB	BMITTED BY	(Signature				(Date)								
NAME:		(Signature	<i>;;</i> ;		(	(Date)								
POSITION	1	(												