



UNIFORM SCHOOL BUS ACCIDENT REPORT

Regional Office of Education for Bond-Christian-Effingham-Fayette-Montgomery Counties

Julie Wollerman, Regional Superintendent of Schools

1500 W. Jefferson St., Vandalia, IL 62471 618-283-5011 FAX 618-283-5013

School District		Bus Owner	
Bus Body Make	Bus Chassis Make	Model Year	
Bus Driver Name	Driver License No.	Citation Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Report No. (If known)
Location (County)	Date of Accident	Day of Accident	Time of Accident <input type="checkbox"/> AM <input type="checkbox"/> PM

PART I – SCHOOL BUS PHYSICALLY INVOLVED

1. Type of Accident (enter only one response):

Between Motor Vehicles Fixed Object (complete question2) Other collision (animal, animal-drawn vehicle, streetcar)
 Noncollision Pedalcycle
 Pedestrian Railroad train

2. Complete if Fixed Object Accident (enter only one response, that which caused most damage):

Embankment Sign Fence Curb or wall
 Utility pole Guardrail Median barrier Culvert or headwall
 Tree Bridge rail Fire hydrant Other, specify _____

3. Did accident result in? (enter only one response)

Fatality Nonincapacitating injury (moderate)
 Incapacitating injury (serious) Possible injury (minor)

3a. Property damage only. If property damage occurred, was it?

More than \$500.00 Less than \$500.00

4. Number injured? (See Part III)

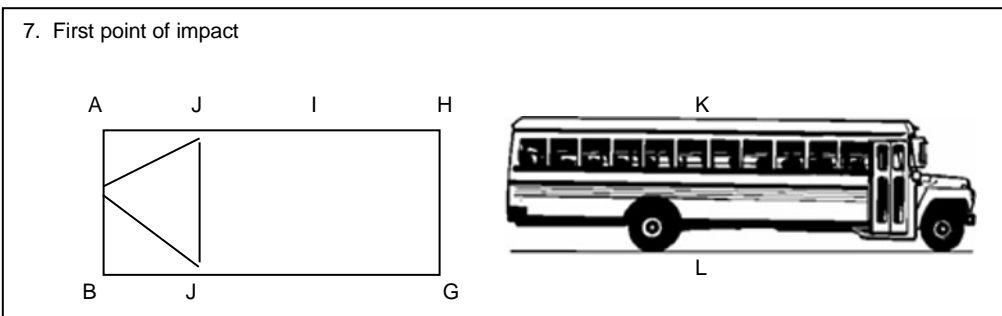
5. Manner of collision between vehicles or objects:

Angle Rear-end Head-on Other

6. Bus direction Analysis (enter only one response)

<p>Collision with Pedestrian</p> <p>Intersection</p> <p> <input type="checkbox"/> Bus going straight <input type="checkbox"/> Bus turning right <input type="checkbox"/> Bus turning left <input type="checkbox"/> Bus backing <input type="checkbox"/> Other action, specify _____ </p> <p>Nonintersection</p> <p> <input type="checkbox"/> Bus going straight <input type="checkbox"/> Bus turning right <input type="checkbox"/> Bus turning left <input type="checkbox"/> Bus backing <input type="checkbox"/> Other action, specify _____ </p>	<p>Collision with Other Vehicle</p> <p>Intersection</p> <p> <input type="checkbox"/> Entering at angle, both moving <input type="checkbox"/> Entering same direction, both moving <input type="checkbox"/> Entering opposite direction, both moving <input type="checkbox"/> Other action, specify _____ </p> <p>Nonintersection</p> <p> <input type="checkbox"/> Same direction, both moving <input type="checkbox"/> Opposite direction, both moving <input type="checkbox"/> One vehicle stopped <input type="checkbox"/> Other action, specify _____ </p>
<p>All Other Collisions</p> <p>Intersection</p> <p> <input type="checkbox"/> Fixed object <input type="checkbox"/> Other road vehicle, train, pedalcycle <input type="checkbox"/> Other object, animal </p> <p>Nonintersection</p> <p> <input type="checkbox"/> Fixed object <input type="checkbox"/> Other road vehicle, train, pedalcycle <input type="checkbox"/> Other object, animal </p>	<p>Noncollision</p> <p>Intersection</p> <p> <input type="checkbox"/> Overturn <input type="checkbox"/> Other noncollision </p> <p>Nonintersection</p> <p> <input type="checkbox"/> Overturn <input type="checkbox"/> Other noncollision </p>

7. First point of impact



Enter only one response in box

8. Contributing circumstances (enter as many responses as applicable):

Driver Action	Bus Driver Action	Other Vehicle Driver Action	Roadway
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Defective surface (e.g., potholes) <input type="checkbox"/> Slippery <input type="checkbox"/> Inoperative traffic signal <input type="checkbox"/> View obstructed by object (e.g., tree, fence, shrubbery, etc)
Right of way-failed to yield	<input type="checkbox"/>	<input type="checkbox"/>	
Passed stop sign	<input type="checkbox"/>	<input type="checkbox"/>	
Dissregarded signal	<input type="checkbox"/>	<input type="checkbox"/>	
Drove left of center	<input type="checkbox"/>	<input type="checkbox"/>	
Improper overtaking	<input type="checkbox"/>	<input type="checkbox"/>	
Made improper turn	<input type="checkbox"/>	<input type="checkbox"/>	
Followed too closely	<input type="checkbox"/>	<input type="checkbox"/>	
Backing	<input type="checkbox"/>	<input type="checkbox"/>	
Sudden movement	<input type="checkbox"/>	<input type="checkbox"/>	
No improper action	<input type="checkbox"/>	<input type="checkbox"/>	
9. Total number of lanes on roadway:			
10. Posted speed limit:			
11. Approximate speed of the bus:	12. Age of school bus driver:		13. Driver: <input type="checkbox"/> Male <input type="checkbox"/> Female
14. Driver's Experience Driving School Bus <input type="checkbox"/> Less than 6 months <input type="checkbox"/> 1 year or less <input type="checkbox"/> 1-2 years <input type="checkbox"/> 2-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> Over 10 years			
15. In the last three years how many school bus accidents has the driver had?			
16. Did the driver receive a pre-service school bus driver training course? <input type="checkbox"/> Yes <input type="checkbox"/> No			
17. Did the driver receive in-service training course in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
18. Was bus driver's lap belt in use when the accident occurred? <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Type of School Bus: <input type="checkbox"/> Type A <input type="checkbox"/> Type D <input type="checkbox"/> Type B <input type="checkbox"/> Other <input type="checkbox"/> Type C		20. Total number of passengers on bus (excluding driver)	
		21. Bus rated seating capacity	
22. School bus use at time of accident: <input type="checkbox"/> Regular route <input type="checkbox"/> Field/Activity trip (school related use) <input type="checkbox"/> Special Education use <input type="checkbox"/> Other use		23. Condition of road at time of accident (enter as many responses as applicable) <input type="checkbox"/> Dry <input type="checkbox"/> Holes or ruts <input type="checkbox"/> Icy <input type="checkbox"/> Muddy <input type="checkbox"/> Under repair <input type="checkbox"/> Wet <input type="checkbox"/> Snow packed <input type="checkbox"/> Other, specify _____	
24. Light Condition (enter only one response) <input type="checkbox"/> Dawn <input type="checkbox"/> Daylight <input type="checkbox"/> Dusk <input type="checkbox"/> Dark, artificially illuminated <input type="checkbox"/> Dark, not artificially illuminated		25. Weather Condition (enter only one response) <input type="checkbox"/> Clear <input type="checkbox"/> Snowing <input type="checkbox"/> Sleeting <input type="checkbox"/> Dust <input type="checkbox"/> Raining <input type="checkbox"/> Smog/smoke <input type="checkbox"/> Fog <input type="checkbox"/> Other, specify _____	

PART II – LOADING/UNLOADING ZONE ACCIDENTS

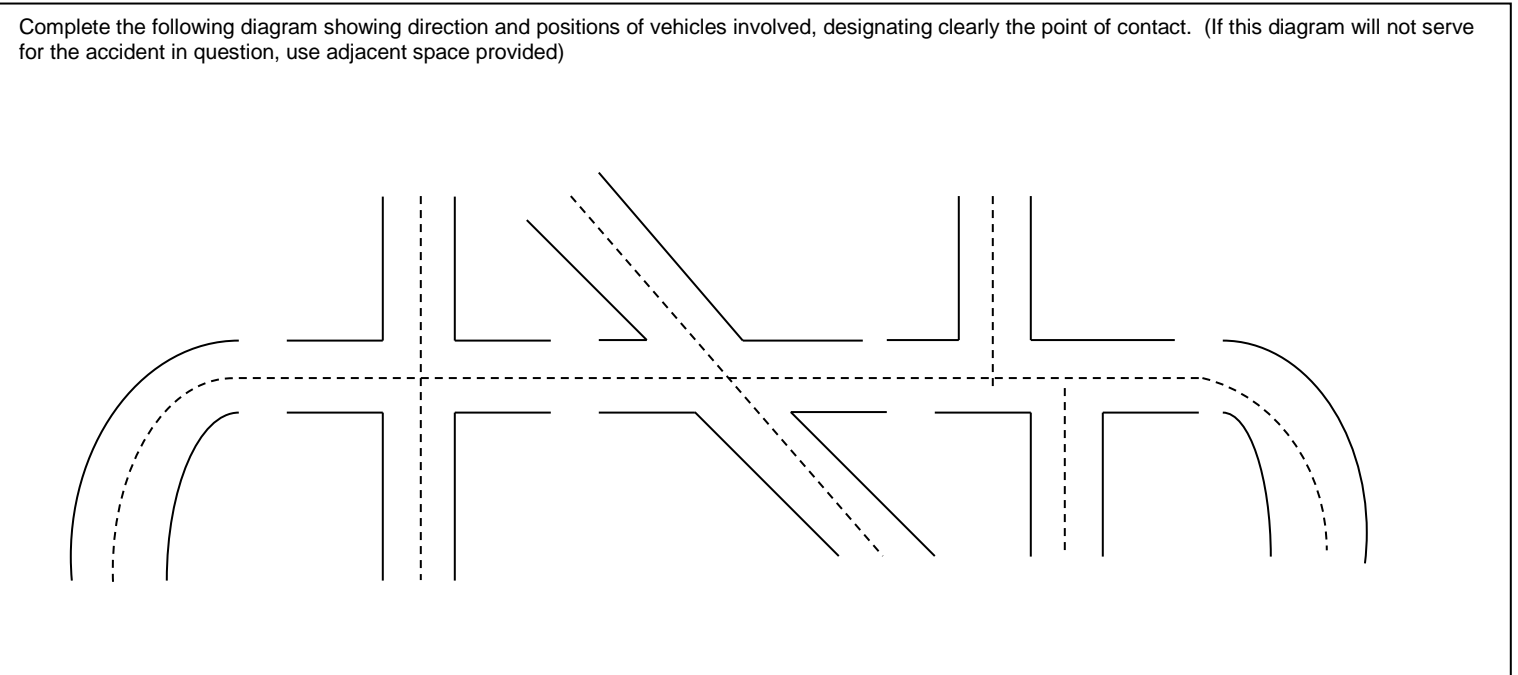
1. At the time of the accident, where was the bus? (enter only one response) <input type="checkbox"/> Approaching the zone <input type="checkbox"/> Stopped in the zone <input type="checkbox"/> Leaving the zone <input type="checkbox"/> Not in sight			
2. Was the Pupil(s)? <input type="checkbox"/> Hit by Bus <input type="checkbox"/> Hit by other vehicle		3. Number injured: (see Part III) _____	
4. Location of injured pupil(s): <input type="checkbox"/> On side of road <input type="checkbox"/> In roadway <input type="checkbox"/> On sidewalk <input type="checkbox"/> Other, specify _____			

PART II- LOADING/UNLOADING ZONE ACCIDENTS (con't.)

Description of Accident: (Please describe behavior of pupil(s) in loading zone in this section.)

Empty rectangular box for accident description.

Complete the following diagram showing direction and positions of vehicles involved, designating clearly the point of contact. (If this diagram will not serve for the accident in question, use adjacent space provided)



**PART III – INJURY TALLY SHEET
SCHOOL TRANSPORTATION-RELATED PERSONNEL**

Age	On Board Bus					Off Bus Loading/Unloading Zone				
	Killed		Injured			Killed		Injured		
	Male	Female	Serious All	Moderate All	Minor All	Male	Female	Serious All	Moderate All	Minor All
Under 5										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
Over 18										
Driver										
Others										
Totals										

Report submitted by:

Signature:	Name (Print):
Date:	Position: