

## Instructions for the Accident Report Form

### A. TOP OF THE REPORT

1. Fill in the parish or city school system for which you drive.
2. Fill in the date, day, and time of the accident. Be sure to circle A.M. or P.M.
3. Give the location where the accident occurred as to parish, street, road or highway and the city or town.
4. Give the driver's name and commercial driver's license number.
5. Fill in the name of the bus owner, chassis make, body make, and model year.
6. Fill in the police report number (if known) and indicate whether or not the school bus driver was cited.

### B. NUMBERED SECTION OF THE REPORT

1. Indicate type of accident. (Check only one response.)
2. Complete if "fixed object" accident. (Check only one response.)
3. If known, place a check beside the approximate dollar value for damage sustained. (This information can be supplied later, if available.) If the amount cannot be determined, write *unknown*. For "off bus loading/unloading accidents" only, check only one response each for a, b, c.
4. Indicate manner of collision between vehicles or objects.
5. Check only one response for the entire item.
6. In the box marked *enter*, write only one letter to designate the first point of impact.
7. Check as many responses as may be applicable to describe circumstances contributing to the accident. These responses apply to all drivers, objects, roadway conditions, etc.
8. Write in the total number of lanes on the roadway.
9. Indicate whether or not the roadway was divided.
10. Write the posted speed limit on the roadway where the accident occurred.
11. Indicate the approximate speed of the school bus (if applicable) at the time of the accident. If the school bus was stopped, write 0.

### C. OTHER SECTIONS OF THE REPORT

1. Check or write in all information required. All information in the Driver Profile section must be checked by the Supervisor of Transportation (or designee).
2. *Type of Bus* refers to Types A, B, C, and D. Consult descriptions under the heading DEFINITION in this appendix. Indicate rated capacity (65, 60, 54, etc., passenger) and the number of students (pupils) were actually on board at the time of the accident.
3. To describe the accident, explain in your own words what occurred, and to the extent possible, why it occurred. Remember to state only facts. Refer to each vehicle by number, with the school bus being #1. If passengers were on board, describe their behavior at the time of the accident.
4. If the accident involved one or more students at the bus loading/unloading zone, describe the behavior of all students present as the bus arrived and stopped.
5. Fill the diagram, placing as nearly as possible drawings of all vehicles involved.
6. If the bus driver signs the report, the Supervisor of Transportation (or designee) should sign the report also.
7. "Information Required by Local School System" is additional space for use by the local school system. It may be left blank, if appropriate.
8. The Supervisor of Transportation should consult the Department of Education to ask whether or not the Uniform School Bus Accident Report Form should be forwarded to the Department of Education.
9. **IN THE EVENT OF A FATALITY**, the Supervisor of Transportation contacts the National Highway Traffic Safety Administration, Department of Transportation and completes the Fatal School Bus Accident Notification Form. (See Appendix F, *Bulletin 1191*.)

Louisiana Department of Education  
**BUREAU OF SCHOOL TRANSPORTATION**  
**UNIFORM SCHOOL BUS ACCIDENT REPORT FORM**

**COLLISION  
ON BOARD**  
(circle one)

Bus # \_\_\_\_\_

Parish \_\_\_\_\_ Date of Accident \_\_\_\_\_ 200\_\_ Day of Accident \_\_\_\_\_

Location (Parish) \_\_\_\_\_ Street, Road, Hwy. \_\_\_\_\_ City, Town \_\_\_\_\_

Driver's Name \_\_\_\_\_ License Number \_\_\_\_\_

Bus Owner \_\_\_\_\_ Chassis Make \_\_\_\_\_ Body Make \_\_\_\_\_ Model Year \_\_\_\_\_

**Police Report:**

Complaint #: \_\_\_\_\_ Was the bus driver ticketed? (circle one) YES NO

1. TYPE OF ACCIDENT (check only ONE response)

- Between motor vehicles     Pedestrian     Pedacycle     Other collision (animal, animal-drawn vehicle, streetcar, etc.)  
 Noncollision     Fixed object     Railroad train

2. COMPLETE IF FIXED OBJECT ACCIDENT (check ONE response)

- Embankment     Sign     Fence     Curb or wall  
 Noncollision     Guardrail     Median Barrier     Culvert or headwall  
 Tree     Bridgerail     Fire Hydrant     Other \_\_\_\_\_

3. PROPERTY DAMAGE ONLY: Was the damage     More than \$500.00     Less than \$500.00

**SCHOOL TRANSPORTATION RELATED PERSONNEL**

INJURY SEVERITY	Age	Sex	Total (Numbered)	On-Board			**Off Bus		
				Pupil	Driver	Other	Load Pupil	Unload Driver	Zone Other
1. Killed									
2. Severe (incapacitating)									
3. Moderate (nonincapacitating)									
4. Minor (possible)									

**\*\* OFF BUS LOADING UNLOADING ACCIDENTS ONLY** (answer the following three questions)

a. AT THE TIME OF THE ACCIDENT, WAS THE BUS? (check only one response)

- Approaching the zone     Stopped in zone     Leaving zone     Not in sight

b. WAS THE PUPIL?     Hit by the bus     Hit by other vehicle

c. LOCATION OF THE INJURED PUPIL(S):     On side of road     On sidewalk     In roadway

4. MANNER OF COLLISION BETWEEN VEHICLES OR OBJECTS:

- Angle     Head-on     Rear-End     Other \_\_\_\_\_

5. BUS DIRECTIONAL ANALYSIS (check only one response for the entire question)

**COLLISION WITH OTHER VEHICLE**

Intersection

- Entering at angle, both moving  
 Entering same direction, both moving  
 Entering opposite direction, both moving  
 Other action \_\_\_\_\_  
(specify)

Nonintersection

- Same direction, both moving  
 Opposite direction, both moving  
 One vehicle stopped  
 Other action \_\_\_\_\_  
(specify)

**ALL OTHER COLLISION**

- At Intersections:     Fixed object     Other road vehicle, train, pedacycle  
 Other object, animal  
Nonintersections:     Fixed object     Other road vehicle, train, pedacycle  
 Other object, animal



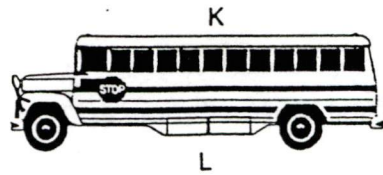
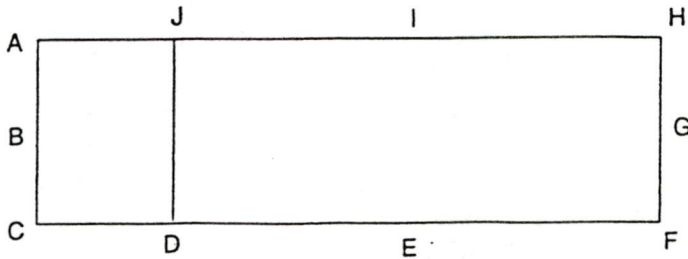
NONCOLLISION

At Intersections: ...
Nonintersections:

[ ] Overturned
[ ] Overturned

[ ] Other collision
[ ] Other Collision

FIRST POINT OF IMPACT (enter only one response in box)



Enter [ ]

7. CONTRIBUTING CIRCUMSTANCES (check as many responses as applicable):

Bus Driver

- [ ] Speed
[ ] Failed to yield right of way
[ ] Passed stop sign
[ ] Disregarded signal
[ ] Drove left of center
[ ] Improper overtaking/passing
[ ] Made improper turn
[ ] Followtoo closely
[ ] Backing
[ ] Sudden movement
[ ] No improper action
[ ] Other circumstances: (specify)

Other Driver

- [ ]
[ ]
[ ]
[ ]
[ ]
[ ]
[ ]
[ ]
[ ]
[ ]
[ ]

School Bus Vehicle Defects

- [ ] Tires [ ] Brakes [ ] Lights
[ ] Steering [ ] No Defects

Roadway Condition

- [ ] Defective surface (e.g., potholes)
[ ] Slippery
[ ] Inoperative traffic signal
[ ] View obstructed (e.g., tree, fence)
[ ] Other (specify)

8. TOTAL NUMBER OF LANES IN ROADWAY:

10. POSTED SPEED LIMIT:

9. WAS ROADWAY DIVIDED? [ ] Yes [ ] No

11. APPROXIMATE SPEED OF SCHOOL BUS:

DRIVER PROFILE

- a. Sex: [ ] Male [ ] Female
b. Age:
c. How many accidents in the last 3 years?
d. Preservice driving training? [ ] Yes [ ] No
e. Inservice training this year? [ ] Yes [ ] No
f. Years of experience:

SCHOOL BUS PROFILE

- a. Type A B C D Other
b. Rated capacity c. Pupils aboard
d. Is lap belt on bus? [ ] Yes [ ] No
e. Was belt being used? [ ] Yes [ ] No
f. School bus use at time of accident:
[ ] Regular route [ ] Spec. Ed. route
[ ] Field/activity trip
[ ] Other (specify)

CONDITION OF ROAD

- [ ] Dry [ ] Wet [ ] Icy [ ] Under repair
[ ] Holes or ruts [ ] Snow packed
[ ] Other (specify)

LIGHT CONDITIONS

- [ ] Dawn [ ] Daylight [ ] Dusk
[ ] Dark, artificially illuminated
[ ] Dark, not artificially illuminated

WEATHER CONDITIONS

- [ ] Clear [ ] Rain [ ] Fog [ ] Snow [ ] Dust
[ ] Other (specify)

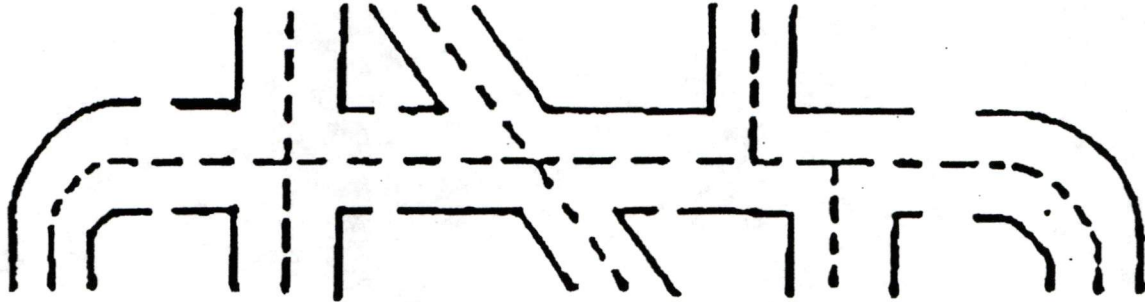
DESCRIPTION OF ACCIDENT:

NAME(S) OF INJURED PUPILS (IF ANY):

NAME(S) OF WITNESSES (IF ANY):

PLEASE DESCRIBE BEHAVIOR OF PUPILS IN LOADING ZONE ACCIDENT:

Complete the following diagram showing direction and positions of vehicles involved, designating clearly point of contact. (If this diagram will not serve for the accident in question, attach a drawing to this form.)



REPORT SUBMITTED BY:

\_\_\_\_\_

Name

\_\_\_\_\_

Signature

\_\_\_\_\_

*School Bus Operator*

Position

\_\_\_\_\_

Date

INFORMATION REQUIRED BY LOCAL SCHOOL SYSTEM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_