

UNIFORM SCHOOL BUS ACCIDENT/ADJUDICATION REPORT

Date of Accident: _____ / _____ / _____ Time of Accident: _____ A.M. P.M.

Day of Week: _____ School year: _____

Driver Name: _____ Driver SS#: _____

Driver License #: _____ Driver DOB: _____ Sex: Female Male

Location of Accident: _____

Location (City, State): _____

School District Name: _____ School District Code: _____ District Accident #: _____

Bus/Unit #: _____ Vehicle License #: _____ Bus Body Make: _____

Bus Chassis Make: _____ Model Year: _____ Bus Owner's Name _____

Investigating Agency: _____ Police Report #: _____

Bus Driver Citation Issued: Yes No If yes, type: _____

Adjudication: Preventable Non-Preventable NSC Code # _____

District Signature: _____

PART I – SCHOOL BUS PHYSICALLY INVOLVED

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

- 01 Between motor vehicles 04 Fixed object (complete #3) 07 Other collision
 02 Noncollision 05 Pedalcycle (animal, animal-drawn vehicle, streetcar)
 03 Pedestrian 06 Railroad train

2. Type of Accident Continued (enter only one response):

- 01 Pupil struck approaching/leaving school bus 05 Bus struck while loading/unloading on roadway with flashers in operation
 02 Pupil struck by other vehicle while approaching/leaving stopped school bus 06 Bus struck while stopped at RxR crossing
 03 Pupil struck on road by school bus while approaching/leaving school bus 07 Bus struck while loading/unloading on shoulder
 04 Pupil struck on road by while approaching/leaving zone with school bus not present 08 Other _____

3. Complete if Fixed Object (enter only one response—that which caused most damage):

- 01 Embankment 05 Guardrail 09 Fire hydrant
 02 Utility pole 06 Bridgerail 10 Curb or wall
 03 Tree 07 Fence 11 Culvert or headwall
 04 Sign 08 Median barrier 12 Other _____

4. Did accident result in (enter only one response):

- 01 Fatality 03 Nonincapacitating injury (minor) Only property damage (see below)
 02 Incapacitating injury (serious) 04 Possible injury (minor)

If only property damage occurred, was it?

- 05 Less than \$500.00 06 \$500.00 or more

5. Number injured onboard bus:

Injury Severity	Total Number	100	020	003
		Pupil	Driver	Other
Fatality				
Serious				
Moderate				
Minor				

6. Manner of Collision between Vehicles or Objects:

- 01 Angle 02 Head-on 03 Rear-end 04 Other

7. Bus Directional Analysis (enter only one response—01 through 28):

COLLISION WITH PEDESTRIAN

Intersection (see def.)

- 01 Bus going straight
 02 Bus turning right
 03 Bus turning left
 04 Bus backing
 05 Other action _____

Nonintersection

- 06 Bus going straight
 07 Bus turning right
 08 Bus turning left
 09 Bus backing
 10 Other action _____

COLLISION WITH OTHER VEHICLE

Intersection (see def.)

- 11 Entering at angle, both moving
 12 Entering same direction, both moving
 13 Entering opposite direction, both moving
 14 Other action _____

Nonintersection

- 15 Same direction, both moving
 16 Opposite direction, both moving
 17 One vehicle stopped
 18 Other action _____

ALL OTHER COLLISIONS

Intersection (see def.)

- 19 Fixed object
 20 Other road vehicle, train, pedalcycle
 21 Other object, animal

Nonintersection

- 22 Fixed object
 23 Other road vehicle, train, pedalcycle
 24 Other object, animal

NONCOLLISION

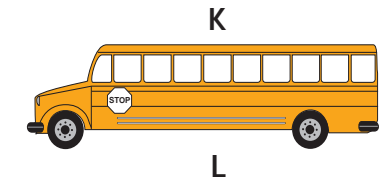
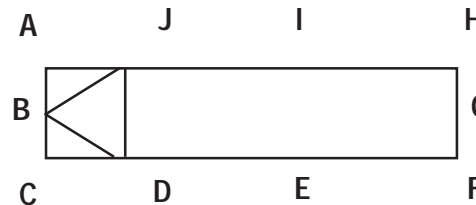
Intersection (see def.)

- 25 Overturn
 26 Other noncollision

Nonintersection

- 27 Overturn
 28 Other noncollision

8. First Point of Impact (enter only one response in box):



ENTER ONLY ONE RESPONSE—01 THROUGH 28

9. Contributing Circumstances (enter as many responses as applicable):

BUS DRIVER ACTION

- 01 Speed
- 02 Right of way—failed to yield
- 03 Passed stop sign
- 04 Disregarded signal
- 05 Drove left of center
- 06 Improper overtaking
- 07 Make improper turn
- 08 Followed too closely
- 09 Backing bus

VEHICLE DEFECT

- 10 Tires
- 11 Brakes
- 12 Lights
- 13 Steering
- ROADWAY**
- 14 Defective surface (i.e., pothole)
- 15 Slippery
- 16 Inoperative traffic signal
- 17 View obstructed by object (i.e., tree fence, etc.)
- 18 Other: _____

10. Posted Speed Limit

11. Approximate Speed of Bus

12. Driver's Experience Driving School Bus:

- 01 Less than 6 months
- 02 1 year or less
- 03 1–2 years
- 04 3–5 years
- 05 6–10 years
- 06 11–15 years
- 07 16–20 years
- 08 21–25 years
- 09 More than 25 years

13. How many prior school bus accidents has the driver had?

14. Did the driver receive the pre-service school bus driver training course? 01 Yes 02 No

15. Did the driver receive in-service training in the last 12 months? 01 Yes 02 No

16. Was the bus driver's lap belt in use when the accident occurred? 01 Yes 02 No

17. Indicate Type of School Bus:

- 01 Type A
- 02 Type B
- 03 Type C
- 04 Type D
- 05 Other

18. Total Number on Bus (including driver)? = + + + +
Total Driver Pupil(s) Attendant(s) Other(s)

19. Bus Rated Seating Capacity?

20. School Bus Use at the Time of Accident:

- 01 Regular route
- 02 Field/activity trip (school-related use)
- 03 Special education use
- 04 Other use

21. Indicate Type of Road:

- Number of Lanes:* 01 One 02 Two 03 Three 04 Four 05 Five 06 Six 07 Parking lot
- Road Design/Surface:* 01 Undivided 02 Paved 03 Painted divider 04 Unpaved 05 Physical divider 06 One way

22. Indicate Condition of the Road at the Time of the Accident (enter as many responses as applicable):

- 01 Dry
- 02 Icy
- 03 Under repair
- 04 Snow packed
- 05 Holes or ruts
- 06 Muddy
- 07 Other _____

23. Light Condition (enter only one response):

- 01 Dawn
- 02 Daylight
- 03 Dusk
- 04 Dark, artificially illuminated
- 05 Dark, not artificially illuminated

24. Weather Condition (enter only one response):

- 01 Clear
- 02 Sleet
- 03 Raining
- 04 Fog
- 05 Snowing
- 06 Dust
- 07 Smog/Smoke
- 08 Other _____

25. Location (enter only one response):

- 01 Rural
- 02 Urban

PART II – LOADING/UNLOADING ZONE

1. At the Time of the Accident, was the Bus (enter only one response)?:

- 01 Approaching the zone
- 02 Stopped in the zone
- 03 Leaving the zone
- 04 Not in sight

2. Was the pupil? 01 Hit by bus 02 Hit by other vehicle

3. Number injured:

Injury Severity	Total Number	200		
		Pupil	Driver	Other
Fatality				
Serious				
Moderate				
Minor				

4. Location of Injured Pupils:

- 01 On side of road
- 02 On sidewalk
- 03 In roadway
- 04 Other _____
- 05 On bus

DESCRIPTION OF ACCIDENT: _____

_____ District Accident #: _____

Report Submitted by: _____
 Name (please print): _____ Title: _____

Signature: _____ Date: _____

District Contact Person: _____ Phone #: _____

Send report to: School Transportation Unit, 300 Don Gaspar – Education Bldg – G16,
 Santa Fe, NM 98501-2786, or fax to: (505) 827-6696 or (505) 827-5802.