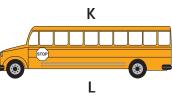
UNIFORM SCHOOL BUS ACCIDENT/ADJUDICATION REPORT

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 #: V	ehicle License #:	Bus Body Make:			
Bus Chassis Make: Model \	Year: Bus Owner's Name				
Investigating Agency:	Police Repo	rt # :			
Bus Driver Citation Issued: 🛛 Yes	□ No If yes, type:				
Adjudication: 🗆 Preventable 🛛 Non					
District Signature:					
PART I – SCHOOL BUS PH					
 02 Noncollision 03 Pedestrian 2. Type of Accident Continued (entional on Pupil struck approaching/leating) 02 Pupil struck by other vehicle approaching/leaving stopped 	06 Railroad train ter only one response): ving school bus 05 bus 05	(animal, animal-draw vehicle, streetcar) ruck while loading/unloading on ray with flashers in operation truck while stopped at RxR			
 O3 Pupil struck on road by school approaching/leaving school Pupil struck on road by whil leaving zone with school but 	bus 07 Bus st le approaching/ on sh	ing truck while loading/unloading oulder			
3. Complete if Fixed Object (enter	only one response—that which	caused most damage):			
o1 ☐ Embankment o2 ☐ Utility pole o3 ☐ Tree o4 ☐ Sign	⁰⁵ ⊡ Guardrail ⁰⁶ ⊡ Bridgerail ⁰⁷ ⊡ Fence ⁰⁸ ⊡ Median barrier	 op□ Fire hydrant 10□ Curb or wall 11□ Culvert or headwall 12□ Other 			
4. Did accident result in (enter only ⁰¹ Fatality ⁰² Incapacitating injury (serious)	 one response): ₀₃□ Nonincapacitating injury (mi ₀₄□ Possible injury (minor) 	nor) Donly property damage (see below)			
If only property damage occurred, w 05 Less than \$500.00	<i>vas it?</i> ⁰ਯ⊒ \$500.00 or more				

5. Number injured onboard bus: 100 020 003 **Injury Severity Total Number** 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.) Nonintersection ⁰¹ Bus going straight ⁰⁶ Bus going straight ⁰² Bus turning right ⁰⁷ Bus turning right 03 Bus turning left -01 THROUGH 28 ⁰⁸□ Bus turning left 04 Bus backing ⁰⁹ Bus backing 05 Other action 10 Other action COLLISION WITH OTHER VEHICLE Intersection (see def.) Nonintersection 11 Entering at angle, both moving ¹⁵ Same direction, both moving RESPONSE ¹² Entering same direction, both moving ¹⁶ Opposite direction, both moving ¹³ Entering opposite direction, both moving ¹⁷ One vehicle stopped ¹⁴ Other action 18 Other action ALL OTHER COLLISIONS ONE Intersection (see def.) Nonintersection ONLY ¹⁹ Fixed object 22 Fixed object ²⁰ Other road vehicle, train, pedacycle ²³ Other road vehicle, train, pedacycle ENTER (²¹ Other object, animal ²⁴ Other object, animal NONCOLLISION Intersection (see def.) Nonintersection ²⁵ Overturn ²⁷ Overturn ²⁶ Other noncollision ²⁸ Other noncollision 8. First Point of Impact (enter only one response in box): Н J Т Α





⁰⁶ \$500.00 or more

9. Contributing Circumstances (enter as many responses as applicable):	22. Indicate Condition of the Road at the Time of the Accident (enter as many responses as applicable)
BUS DRIVER ACTION VEHICLE DEFECT 01 Speed 10 Tires	01 Dry 03 Under repair 05 Holes or ruts 07 Other 02 Icy 04 Snow packed 06 Muddy
02Right of way—failed to yield11Brakes03Passed stop sign12Lights04Disregarded signal13Steering	23. Light Condition (enter only one response): 01 Dawn 03 Dusk 02 Daylight 04 Dark, artificially illuminated
05 Drove left of center ROADWAY 06 Improper overtaking 14 Defective surface (i.e., pothole) 07 Make improper turn 15 Slippery 08 Followed too closely 16 Inoperative traffic signal 09 Backing bus 17 View obstructed by object (i.e., tree fe	
10. Posted Speed Limit	□□ Rural □□ □□ Urban PART II – LOADING/UNLOADING ZONE
11. Approximate Speed of Bus	1. At the Time of the Accident, was the Bus (enter only one response)?: 01 Approaching the zone 02 Stopped in the zone 04 Not in sight
12. Driver's Experience Driving School Bus: 01□ Less than 6 months 04□ 3–5 years 07□ 16–20 years	2. Was the pupil? $M \rightarrow Hit by bus M \rightarrow Hit by other vehicle$
⁰² □ 1 year or less ⁰⁵ □ 6–10 years ⁰⁸ □ 21–25 ye	rs 3. Number injured:
	25 years Injury Severity Total Number Pupil Driver Other
13. How many prior school bus accidents has the driver had?	Fatality Serious
14. Did the driver receive the pre-service school bus driver training course? or Yes	Moderate Minor
16. Was the bus driver's lap belt in use when the accident occurred? oi □ Yes 17. Indicate Type of School Bus:	2 No 4. Location of Injured Pupils: 2 No 01 On side of road 03 In roadway 05 On bus 02 On sidewalk 04 Other
o1 Type A o2 Type B o3 Type C o4 Type D o5 0 18. Total Number on Bus (including driver)? = + +	her DESCRIPTION OF ACCIDENT: +
19. Bus Rated Seating Capacity?	
20. School Bus Use at the Time of Accident: ⁰¹ Regular route ⁰³ Special education use	District Accident #:
02 Field/activity trip (school-related use) 04 Other use 21. Indicate Type of Road: 04 Other use	Name (please print):Title:Title:
Number of Lanes: 01 One 02 Two 03 Three 04 Four 05 Five 06 Six 07	Parking lot Signature: Date:
Road Design/Surface: 01 Undivided 03 Painted divider 05 Physical divider	District Contact Person: Phone #:
⁰² □ Paved ⁰⁴ □ Unpaved ⁰⁶ □ One way	Send report to School Transportation Bureau via email or mail to 300 Don Gaspar Ave. Santa

	I Show packed					
. Light Condition	(enter only one response):	:				
⁰1❑ Dawn	03 Dusk		⁰⁵ □ Dark, not artifi	cially illuminated		
⁰2❑ Daylight	⁰4⊐ Dark, artifici	ally illuminated				
. Weather Conditi	ion (enter only one respor	nse):				
⁰¹ □ Clear		⁰5□ Snowing	⁰⁷ ❑ Smog/Smoke			
⁰² □ Sleeting	₀₄⊐ Fog	₀⊡ Dust	08 Other			
	only one response):					
⁰¹ □ Rural	02 Urban					
ART II – LOAD	DING/UNLOADING	ZONE				
At the Time of the	e Accident, was the Bus	(enter only one resp	oonse)?:			
⁰¹ Approaching	□ Approaching the zone ⁰³ □ Leaving the zone					
⁰² Stopped in th	2□ Stopped in the zone 04□ Not in sight					
Was the pupil?	on Hit by bus	2 Hit by other ve	hicle			
Number injured:		200	040	006		
njury Severity	Total Number	Pupil	Driver	Other		
atality						
Serious						
Noderate						
<i>l</i> linor						
Location of Injure	Location of Injured Pupils:					
⁰¹ □ On side of road ⁰³ □ In roadway ⁰⁵ □ On bus						
⁰² □ On sidewalk	04 🗖 🕻	Other				
ESCRIPTION OF ACCIDENT:						
	ACCIDENT					
	<u>.</u>					
		D	istrict Accident #:			
<i>port Submitted by:</i> ne (please print):Title:Title:						
nature: Date:						
strict Contact Pers	rict Contact Person: Phone #:					
nd upport to 0.1	ol Trononostation D		ail to 200 Date Cours	an Arra Carta		
nu report to Scho	ool Transportation Bure	eau via email or n	ian to 500 Don Gasp	ai Ave. Santa		

Revised 09/2024