



STATE OF ALASKA DEPARTMENT OF EDUCATION AND EARLY DEVELOPMENT
PUPIL TRANSPORTATION
SCHOOL BUS ACCIDENT REPORT
INSTRUCTIONS AND DEFINITIONS

INSTRUCTIONS:

REPORTING REQUIREMENTS: A SCHOOL BUS ACCIDENT REPORT SHOULD BE COMPLETED BY OWNER / LEASEHOLDER OF SCHOOL BUS WHEN A SCHOOL BUS:

1. OFF TERMINAL PREMISES: (A) MAKES CONTACT WITH ANOTHER VEHICLE, OBJECT OR PERSON; OR (B) LEAVES A ROADWAY OR PARKING AREA.

2. ON TERMINAL PREMISES: MAKES CONTACT THAT RESULTS IN INJURY TO A PUPIL PASSENGER (WHETHER PUPIL IS INSIDE OR OUTSIDE BUS).

DISTRIBUTION:

ORIGINAL - DOEED WITH MONTHLY ACCIDENT SUMMARY REPORT; *COPY* - SCHOOL DISTRICT; *COPY* - OWNER/LEASEHOLDER.

DEFINITION – SCHOOL BUS

A bus that is sold, or introduced in interstate commerce, for purposes that include carrying students to and from school related events, but does not include a bus designated and sold for operating as a common carrier in urban transportation (Code of Federal Regulation, Title 49, Transportation.)

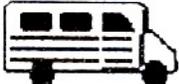
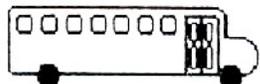
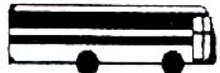
There are four types of school buses:

- TYPE A - A conversion or body constructed and installed upon a van-type compact truck or front-section vehicle, with a gross vehicle weight rating of 10,000 pounds or less, designed for carrying more than 10 persons.
- TYPE B - A conversion or body constructed and installed upon a van or front-section chassis, or stripped chassis, with a gross vehicle weight rating of more than 10,000 pounds, designed for carrying more than 10 persons. Part of the engine is beneath and/or behind the windshield and beside the driver's seat.
- TYPE C - A body installed upon a flat back cowl chassis with a gross vehicle weight rating of more than 10,000 pounds, designed for carrying more than 10 persons. All of the engine is in front of the windshield and the entrance door is behind the front wheels.
- TYPE D - A body installed upon a chassis, with the engine mounted in the front, midship, or rear, with a gross vehicle weight rating of more than 10,000 pounds, designed for carrying more than 10 persons. The engine may be behind the windshield and beside the driver's seat; it may be at the rear of the bus, behind the rear wheels, or midship between the front and rear axles. The entrance door is ahead of the front wheels.



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 SCHOOL BUS ACCIDENT REPORT

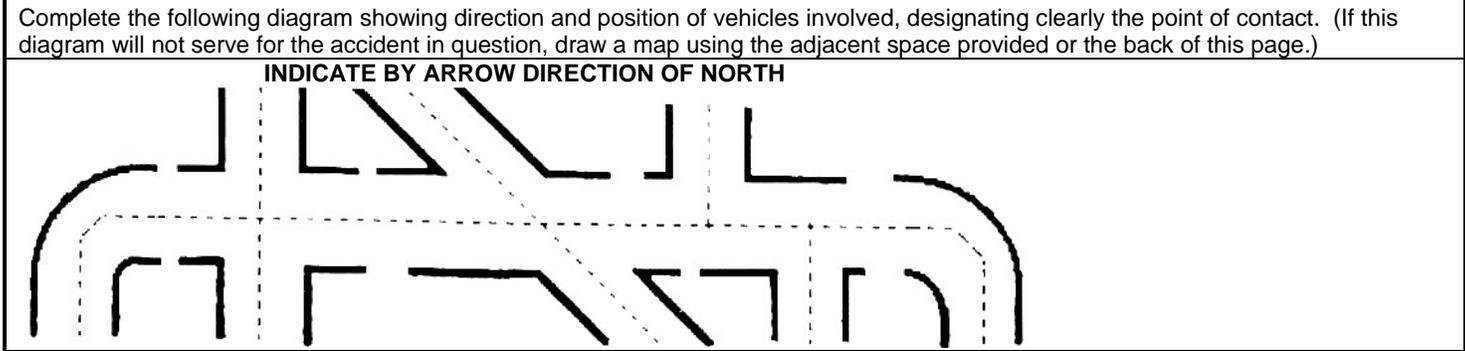
| I GENERAL INFORMATION | | | | | |
|--|--|---------------------------------------|---|--|------------------------------|
| 1. SCHOOL DISTRICT NAME | | | 2. DISTRICT CODE | | |
| 3. PUBLIC SAFETY CASE NUMBER | | | 4. CITATION ISSUED TO BUS DRIVER | | YES <input type="checkbox"/> |
| | | | OTHERS | | YES <input type="checkbox"/> |
| 5. CITY/BOROUGH WHERE ACCIDENT OCCURED | | | | | |
| 6. ACCIDENT LOCATION | | | | | |
| 7. DATE OF ACCIDENT | | 8. DAY OF ACCIDENT | | 9. TIME OF ACCIDENT | |
| | | | | AM <input type="checkbox"/> | |
| | | | | PM <input type="checkbox"/> | |
| 10. BUS NUMBER | | | 11. LICENSE PLATE AND VEHICLE IDENTIFICATION NUMBER | | |
| 12. USE OF BUS AT TIME OF ACCIDENT | | 13. NUMBER OF PASSENGERS ON BUS | | 14. NUMBER OF PASSENGERS ON BUS IN WHEEL CHAIR | |
| <input type="checkbox"/> REGULAR | | PUPILS <input type="checkbox"/> | | FORWARD FACING <input type="checkbox"/> | |
| <input type="checkbox"/> SPECIAL EDUCATION | | AIDES <input type="checkbox"/> | | REAR FACING <input type="checkbox"/> | |
| <input type="checkbox"/> FIELD/ACTIVITY TRIP | | DRIVERS <input type="checkbox"/> | | SIDE FACING <input type="checkbox"/> | |
| <input type="checkbox"/> OTHER | | OTHER <input type="checkbox"/> | | | |
| 15. TOTAL NUMBER OF INJURIES ON BUS | | 16. TOTAL NUMBER OF FATALITIES ON BUS | | 17. PROPERTY DAMAGE | |
| _____ | | _____ | | <input type="checkbox"/> \$0-\$500 <input type="checkbox"/> OVER \$500 | |

| II INFORMATION REGARDING SCHOOL BUS IN ACCIDENT | | | | | |
|---|--|---|--|---|----------------------------------|
| 1. OWNER/LEASEHOLDER | | 2. BODY MAKE | 3. CHASSIS MAKE | 4. MODEL YEAR | |
| 5. RATED CAPACITY | | 6. TYPE OF TRANSMISSION | | 7. TIRES | SIPED <input type="checkbox"/> |
| | | <input type="checkbox"/> STANDARD <input type="checkbox"/> AUTOMATIC | | | STUDDED <input type="checkbox"/> |
| | | | | | CHAINED <input type="checkbox"/> |
| | | | | | OTHER <input type="checkbox"/> |
| 8. SCHOOL BUS TYPE (SEE DEFINITIONS) | | | | | |
| TYPE A | | TYPE B | TYPE C | TYPE D | [] OTHER |
|  | |  |  |  | |
| 9. WHEEL CHAIR RESTRAINTS | | IN USE | | 10. DRIVER SEAT RESTRAINTS IN USE | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> LAP-SHOULDER IN USE | |
| | | | | <input type="checkbox"/> OTHER _____ | |
| | | | | SPECIFY | |
| 11. PASSENGER RESTRAINTS | | IN USE | | 12. OTHER SPECIAL LIGHTS/EQUIPMENT | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> LAP RESTRAINTS IN USE | |
| | | | | <input type="checkbox"/> OTHER _____ | |

| III INFORMATION REGARDING SCHOOL BUS DRIVER | | | |
|---|--|--|-----------------------------|
| 1. NAME | | 2. AGE | 3. SEX |
| | | 4. ALASKA BUS PERMIT NUMBER : | |
| 5. EMPLOYER | | 6. SCHOOL BUS DRIVING EXPERIENCE _____ YEARS | |
| 7. NUMBER OF ACCIDENTS IN SCHOOL BUS PAST THREE YEARS _____ | | | |
| 8. DRIVER TRAINING | | | |
| PRE-SERVICE TRAINING IN LAST 12 MONTHS | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| PRE-SERVICE TRAINING MORE THAN 1 YEAR AGO | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| IN-SERVICE TRAINING IN LAST 12 MONTHS | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| | | | |
|---|---|--|-------------------------------------|
| IV TYPE OF ACCIDENT | | | |
| 1. ACCIDENT OCCURRED AT | <input type="checkbox"/> ROAD INTERSECTION <input type="checkbox"/> OTHER _____ | 2. POSTED SPEED LIMIT _____ | 3. NUMBER OF LANES IN ROADWAY _____ |
| SPECIFY | | | |
| 4. <input type="checkbox"/> BUS COLLISION WITH OTHER VEHICLE | 5. <input type="checkbox"/> BUS COLLISION WITH FIXED OBJECT | | |
| <input type="checkbox"/> BUS FRONT END <input type="checkbox"/> BUS REAR END <input type="checkbox"/> LEFT SIDE BUS <input type="checkbox"/> RIGHT SIDE BUS | <input type="checkbox"/> EMBANKMENT <input type="checkbox"/> TREE <input type="checkbox"/> GUARD RAIL <input type="checkbox"/> FENCE <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> CULVERT OR HEAD WALL | <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> SIGN <input type="checkbox"/> BRIDGE RAIL <input type="checkbox"/> MEDIAN BARRIER <input type="checkbox"/> CURB OR WALL <input type="checkbox"/> OTHER _____ | |
| SPECIFY | | | |
| 6. NON-COLLISION | 2. PUPILS WERE HIT BY: | 8. BUS COLLISION WITH | |
| <input type="checkbox"/> OVERTURN <input type="checkbox"/> SOFT SHOULDER <input type="checkbox"/> SHOULDER DROP-OFF <input type="checkbox"/> OTHER _____ | <input type="checkbox"/> BUS <input type="checkbox"/> OTHER VEHICLE | <input type="checkbox"/> TRAIN <input type="checkbox"/> PEDESTRIAN (OTHER THAN PUPIL) <input type="checkbox"/> PEDAL CYCLE <input type="checkbox"/> OTHER _____ | |
| SPECIFY | | | |
| 7. PUPIL LOADING/UNLOADING ZONE ACCIDENT | 3. PUPILS WERE HIT WHEN: | | |
| 1. AT TIME OF ACCIDENT, BUS WAS: | <input type="checkbox"/> CROSSING TO BOARD BUS <input type="checkbox"/> CROSSING AFTER LEAVING BUS <input type="checkbox"/> OTHER _____ | | |
| <input type="checkbox"/> APPROACHING ZONE <input type="checkbox"/> STOPPED IN ZONE <input type="checkbox"/> LEAVING ZONE <input type="checkbox"/> NOT IN SIGHT | SPECIFY | | |

| | | | |
|---|--|--|--------------------------------------|
| V DESCRIPTION OF ACCIDENT | | | |
| 1. APPROXIMATE SPEED OF BUS AT TIME OF ACCIDENT _____ MPH | | | |
| 2. DIRECTION BUS WAS TRAVELING | | | |
| <input type="checkbox"/> STRAIGHT <input type="checkbox"/> BACKING | <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> TURN RIGHT | <input type="checkbox"/> UP GRADE <input type="checkbox"/> DOWN GRADE | <input type="checkbox"/> OTHER _____ |
| SPECIFY | | | |
| 3. COLLISION WITH VEHICLE | | | |
| <input type="checkbox"/> ENTERING AT ANGLE <input type="checkbox"/> BOTH MOVING SAME DIRECTION | | <input type="checkbox"/> MOVING IN OPPOSITE DIRECTIONS <input type="checkbox"/> ONE VEHICLE STOPPED | |
| 4. POINT OF FIRST IMPACT _____ ENTER ONLY ONE RESPONSE | | | |
| | | | |
| DESCRIPTION _____ | | | |



IX EVALUATION OF ACCIDENT

1. CONTRIBUTING CIRCUMSTANCES (PLEASE CHECK THE PRIMARY CAUSE OF THE ACCIDENT)

- | | | | | | |
|----|--------------------------|-------------------|----|--------------------------|-----------------------------|
| 1. | <input type="checkbox"/> | BUS DRIVER ACTION | 3. | <input type="checkbox"/> | OTHER VEHICLE DRIVER ACTION |
| 2. | <input type="checkbox"/> | ROADWAY | 4. | <input type="checkbox"/> | VEHICLE DEFECT |

2. ADDITIONAL CONTRIBUTING FACTORS (CHECK AS MANY RESPONSES AS APPLICABLE)

DRIVER ACTION

- SPEED
- BACKING
- PASSED STOP SIGN
- DISREGARDED SIGNAL
- DROVE LEFT OF CENTER
- IMPROPER OVERTAKING
- MADE IMPROPER TURN
- RIGHT OF WAY-FAILED TO YIELD
- FOLLOWED TOO CLOSELY
- SUDDEN MOVEMENT

| |
|--------------------------|
| <input type="checkbox"/> |

BUS DRIVER ACTION

| |
|--------------------------|
| <input type="checkbox"/> |

OTHER VEHICLE DRIVER ACTION

| |
|--------------------------|
| <input type="checkbox"/> |

ROADWAY

- DEFECTIVE SURFACE
- SLIPPERY
- INOPERATIVE TRAFFIC SIGNAL
- OBSTRUCTED VIEW

VEHICLE DEFECT

- TIRES
- BRAKES
- LIGHTS
- STEERING
- OTHER

SPECIFY

REPORT COMPILED BY: _____

DATE

REPORT SUBMITTED BY: _____

NAME (PRINT)

TITLE

SIGNATURE

DATE

SCHOOL DISTRICT