

UNIFORM SCHOOL BUS / VEHICLE COLLISION REPORT FORM
SCHOOL BUS / VEHICLE OPERATIONS: APPENDIX 15

Send report to USBE if any of the following apply: Date: _____

- **Damage Exceeds \$1500** Collision/Incident No.: _____
- **The Bus Driver Receives a Citation** Dist. Telephone No.: _____
- **Any Vehicle is Towed** License Plate No.: _____
- **Any Injury Requiring Medical Assistance”**

Type: Car , Truck , Van , Bus , Drivers Ed.

School District: _____ Driver’s Name: _____

Driver’s License No.: _____ District Veh. No.: _____

Bus/Veh. Body Make: _____ Bus Chassis Make: _____

Bus/Veh. Type: _____ Year: _____ Model: _____

Veh. ID. No.: _____ GVWR: _____

Capacity: _____ Wheelchair Equipped: Yes No

No. of passengers on bus at the time of the collision (excluding driver): _____

Date/ Time of Collision: _____

Location of Collision: _____

Person Filling out Report (please print): _____

Supervisor’s Signature: _____

INJURIES: YES NO

Description of Injuries: _____

No. Injured _____

Name (s): _____

Address(es): _____

School: _____ Telephone: _____

PROPERTY DAMAGE TO OTHER VEH/PROPERTY: YES NO

Description of Property Damage: _____

Driver/Owner of Property: _____

Address: _____

City/State: _____ Phone: _____

Year/ Make/ Model of Veh: _____

Additional Relevant Info: _____

PART 1: SCHOOL BUS/VEH. PHYSICALLY INVOLVED:

Damage to bus/veh. Over \$750: Yes No

1. **Type of Collision:** Motor Veh. , Fixed Object , Non-collision pedestrian , Railroad train , Pedal Cycle , Collision Pedestrian , Slip/Trip/Fall , Struck Animal , Struck by Object , Struck by Other Veh. , Struck/Backed into Other Veh. , Fire , Theft , Vandalism , Disciplinary Action , Student Hurt the Bus , Other Collision _____

2. **Complete If Fixed Object Collision:** Embankment , Utility Pole , Sign , Guardrail , Bridge Rail , Fence , Curb or wall , Culvert or headwall , Fire Hydrant , Parked Veh. , Mailbox , Building , Other (describe) _____

3. **Did Collision Result In:** Fatality: _____ Non-Incapacitating Injury (moderate): _____ Non-Incapacitating Injury (serious): _____ Possible Injury (minor): _____ Property Damage of \$1,500 or more: _____ Citation Issued: Yes No , If yes to whom: _____ Case No.: _____ Violation Category: _____ Police Dept.: _____

4. **Manner of Collision:** Angle , Head-On , Rear-End , Broadside , Side-Swipe , Back, Rear-Impact , Other _____

5. **Bus/Vehicle Direction Analysis:**

Collision with Pedestrian:

Intersection: Bus/Veh. Going Straight , Bus/Veh. Turning Right , Bus/Veh. Turning Left , Bus/Veh. Backing Up , Other Action: _____

Non-Intersection: Bus/veh. Going Straight , Bus/Veh. Turning Right , Bus/Veh. Turning Left , Bus/Veh. Backing Up , Other Action: _____

Collision with Another Vehicle:

Intersection: Entering at an Angle, both moving , Same Direction, both moving , Opposite Directions, both moving , Other Action: _____

Non- Intersection: Entering at an Angle, both moving , Same Direction, both moving , Opposite Directions, both moving , Other Action: _____

All Other Collisions:

Intersection: Fixed Object , Other Motor Veh. , Train / Pedal Cycle , Animal , Another Object: _____

Non- Intersection: Fixed Object , Other Motor Veh. , Train / Pedal Cycle , Animal , Another Object: _____

Non-Collision:

Intersection: Overturn , Other Non-Collision: _____

Non- Intersection: Overturn , Other Non-Collision: _____

6. **Contributing Circumstances:**

BUS/EMPLOYEE DRIVER: Driver Speed: _____, (Posted Speed: _____), Failure to Yield , Ran Stop Sign , Disregarded Signal , Improper Overtaking , Improper Turn , Followed too Closely , Backing , Sudden Movement , Improper Distance Judgment , Defective Tires , Defective Brakes , Defective Lights on Veh. , Defective Steering , Drove Left of Center , Distracted Driver , Obstructed View

7. **Other Factors:**

Defective Road Surface , Slippery Road , Inoperative Signal , Obstructed View , Parking Lot , Private Road / Driveway , Construction Zone , Other Factors: _____

8. **Posted Speed Limit:** _____

9. **No. of Lanes on Roadway:** _____

10. **Approx. Speed of Bus:** _____

11. **Was Bus Driver's Safety Belt Fastened at the Time of the Collision?** Yes No

12. **School Bus Use at Time of the Collision:** Regular Route , Field Trip / Activity Trip , Special Ed. Route , Other: _____

13. **Road Conditions:** Dry , Icy , Holes/Ruts , Wet , Under Repair , Snow-packed , Muddy , Other: _____

14. **Light Conditions:** Dawn , Daylight , Dusk , Dark (Lighted) , Dark (Not Lighted)

15. **Weather Conditions:** Clear , Sleetng , Snowing , Smog , Raining , Dusty , Fog , Other: _____

PART 2: BUS LOADING / UNLOADING COLLISIONS:

1. **At the time of the collision, where was the bus?** Approaching Loading Zone , Stopped in the Zone , Leaving the Zone , Not in Sight , Other: _____

2. **Was a pupil:** Hit by the bus , Hit by Another Veh.

3. **Number Injured:** _____ If students on bus were injured attach seating chart

4. **Location of Injured:** On the Side of Road [], On Sidewalk [], In Roadway [], Other:

5. **Description of Collision:** _____

Attach Driver's Statement which should include what was seen and done prior to, at the time, and immediately after the collision / incident

DIAGRAM OF COLLISION: Attach a diagram showing direction and position of vehicles involved, and clearly designating the point of impact to a measured fixed reference point. (Indicate NORTH by an arrow).

Eyewitness-Names / Phone No.: _____

