

VI. TYPE OF ACCIDENT (Check one category)

1 <input type="checkbox"/> BUS COLLISION WITH OTHER 1. <input type="checkbox"/> BUS FRONT END 2. <input type="checkbox"/> BUS SIDE 3. <input type="checkbox"/> BUS REAR	4 <input type="checkbox"/> BUS COLLISION WITH FIXED OBJECT (Check one) 1. <input type="checkbox"/> EMBANKMENT 2. <input type="checkbox"/> UTILITY POLE 3. <input type="checkbox"/> TREE 4. <input type="checkbox"/> SIGN	5. <input type="checkbox"/> GUARDRAIL 6. <input type="checkbox"/> BRIDGERAIL 7. <input type="checkbox"/> FENCE 8. <input type="checkbox"/> MEDIAN BARRIER	9. <input type="checkbox"/> FIRE HYDRANT 10. <input type="checkbox"/> CURB OR WALL 11. <input type="checkbox"/> CULVERT OR HEADWALL 12. <input type="checkbox"/> OTHER _____ (SPECIFY)
2 <input type="checkbox"/> BUS COLLISION WITH TRAIN			
3 <input type="checkbox"/> NONCOLLISION (Check one) 1. <input type="checkbox"/> OVERTURN 2. <input type="checkbox"/> SOFTSHOULDER 3. <input type="checkbox"/> SHOULDER DROP-OFF 4. <input type="checkbox"/> OTHER _____ (SPECIFY)	5. <input type="checkbox"/> PUPIL ACCIDENT PUPIL'S AGE _____ (Check the most appropriate category listed below.) 1. <input type="checkbox"/> HIT BY BUS CROSSING TO BOARD 2. <input type="checkbox"/> HIT BY BUS CROSSING TO LEAVE 3. <input type="checkbox"/> WITHIN BUS 4. <input type="checkbox"/> HIT BY OTHER VEHICLE CROSSING TO BOARD 5. <input type="checkbox"/> HIT BY OTHER VEHICLE CROSSING TO LEAVE 6. <input type="checkbox"/> OTHER _____ (SPECIFY)		

VII. EVALUATION OF ACCIDENT

1 CONTRIBUTING CIRCUMSTANCES (Please check the PRIMARY cause of the accident)

1. BUS DRIVER ACTION 2. ROADWAY 3. OTHER VEHICLE DRIVER ACTION 4. VEHICLE DEFECT

2 ADDITIONAL CONTRIBUTING FACTORS (Please check the MOST appropriate description)

1. <input type="checkbox"/> SPEED	7. <input type="checkbox"/> TIRES	13. <input type="checkbox"/> FOLLOWING TOO CLOSELY
2. <input type="checkbox"/> PASSED STOP SIGN	8. <input type="checkbox"/> BRAKES	14. <input type="checkbox"/> DEFECTIVE SURFACE
3. <input type="checkbox"/> IMPROPER PASSING	9. <input type="checkbox"/> STEERING	15. <input type="checkbox"/> INOPERATIVE TRAFFIC SIGNAL
4. <input type="checkbox"/> IMPROPER TURN	10. <input type="checkbox"/> RIGHT OF WAY (Failure to yield)	16. <input type="checkbox"/> OBSTRUCTED VIEW
5. <input type="checkbox"/> BACKING BUS	11. <input type="checkbox"/> DISREGARDED SIGNAL	17. <input type="checkbox"/> LIGHTS
6. <input type="checkbox"/> SLICK	12. <input type="checkbox"/> DROVE OVER CENTERLINE	18. <input type="checkbox"/> OTHER _____ (SPECIFY)

VIII. DESCRIPTION OF ACCIDENT

1 DIRECTION BUS WAS TRAVELING (Check one)

1. STRAIGHT 2. BACKING 3. TURNING RIGHT 4. TURNING LEFT 5. OTHER (Specify) _____

2 POINT OF FIRST IMPACT

(Select one letter from A through L on the diagrams below that marks that point of first impact of the collision)

3 WRITTEN DESCRIPTION

4. COMPLETE THE FOLLOWING DIAGRAM OF THE ACCIDENT SCENE.
(Indicate by arrow direction of north)

REPORT SUBMITTED BY (SIGNATURE)	TITLE (SCHOOL/CONTRACTOR)	PHONE NUMBER	DATE
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