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: _______________________________________

ADA Compliant 6/2019
Year/ Make/ Model of Veh: ____________________________________________________________
Additional Relevant Info: ___________________________________________________________________________

PART 1: SCHOOL BUS/VEH. PHYSICALLY INVOLVED:

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:**
   Left [], Bus/Veh. Backing Up [], Other Action: ________________________________
   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 [ ], Sleeting [ ], 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.: ______________________________________________________________

   ________________________________________________________________
   ________________________________________________________________