

School Bus Crash Report Form

School District: _____

Date: _____

Bus Information Year: _____

Chassis: _____

Body: _____

Type: _____

Bus Driver Name: _____

Driver's License Number: _____

Age: _____

<input type="checkbox"/> Male	School Bus Driver Charged	<input type="checkbox"/> Yes		Years of Driver Experience:
<input type="checkbox"/> Female		<input type="checkbox"/> No		

Date of Crash: _____

Day of Week: _____

Time of Crash: _____

A.M. or P.M. _____

Location of Crash: _____

Number of students aboard bus at the time: _____

I. Type of Crash

- Collision between two vehicles
- Non-collision such as over-turned bus
- Pedestrian
- Other: (collision with other objects such as a tree, light pole) Specify object (list): _____

School bus use at the time of crash

- Regular Route
- Exceptional/ED
- Activity Trip
- Other: _____

II. Crash Resulted in Fatality or Injury: No Yes

- | | | | |
|--|--|---|---|
| <p>1. Bus Driver</p> <input type="checkbox"/> Fatality
<input type="checkbox"/> Serious injury
<input type="checkbox"/> Minor injury | <p>2. Bus aide</p> <input type="checkbox"/> Fatality
<input type="checkbox"/> Serious injury
<input type="checkbox"/> Minor injury | <p>3. Student</p> <input type="checkbox"/> Fatality
<input type="checkbox"/> Serious injury
<input type="checkbox"/> Minor injury | <p>4. Occupant of other vehicle</p> <input type="checkbox"/> Fatality
<input type="checkbox"/> Serious injury
<input type="checkbox"/> Minor injury |
|--|--|---|---|

2. Did injury or fatality occur in the loading/unloading zone? If yes, was the student hit by bus or other vehicle? yes no

III. Property Damage Less than \$500.00 More than \$500.00

IV. Bus Crash Direction Analysis:

- loading unloading turning left turning right changing lanes backing stopped at train tracks
 moving forward other (specify) _____

V. Contributing circumstances as noted on Investigating Officer's Report as pertain to the bus: (check each applicable box)

Speed	Defective equipment	Improper stop in roadway	Other (Specify below)
Passed sign	Careless driving	Drove to left of center	
Failed to yield	Backing	Followed too closely	
Improper lane change	Disregard traffic signal	Improper turn	
Improper parking	Following too closely	Improper stop in roadway	
Defective road surface	Improper u turn	View obstructed by object (tree, fence, shrubbery, etc.)	

VI. Weather condition: clear rain fog snow sleet other _____

Written description of weather: _____

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VII. Please provide a description and/or drawing of the school bus crash.

Report completed by: _____

(PLEASE PRINT YOUR NAME, POSITION, AND TELEPHONE NUMBER)

Please submit a completed School Bus Crash Report form and a copy of the police report (if applicable) to:
Mississippi Department of Education/Division of Pupil Transportation
Post Office Box 771
Jackson, MS 39205-0771