

SCHOOL BUS ACCIDENT REPORT

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION

Return Within 5 Days To:
Special Driver Programs, Bureau of Driver Licensing
P.O. Box 68684, Harrisburg, PA 17106-8684**IMPORTANT!** Please refer to the instructional packet (DL-739A) if clarification is needed when completing this form. Answer each section applicable to the accident. If additional information is necessary, attach a sheet to original.**1. School District**

Intermediate Unit

2. Bus Owner

- A. School District
- B. Contractor
- C. Intermediate Unit
- D. Other (specify) _____
- Z. Unknown

3. Date of Crash

____ / ____ / ____

4. Day of Crash

- A. Monday
- B. Tuesday
- C. Wednesday
- D. Thursday
- E. Friday
- F. Saturday/Sunday

5. Time of Crash

- A. Midnight - 6 a.m.
- B. 6 a.m. - 9 a.m.
- C. 9 a.m. - 11 a.m.
- D. 11 a.m. - 1 p.m.
- E. 1 p.m. - 3 p.m.
- F. 3 p.m. - 6 p.m.
- G. 6 p.m. - 8 p.m.
- H. 8 p.m. - Midnight

6. Location by State

7. Location by County

8. Location of Crash

- A. Rural
- B. Urban
- C. Residential
- D. Business District
- E. School Property
- F. Bus Owner Property
- G. Other (specify) _____
- Z. Unknown

9. Type of Crash

- A. Head On
- B. Side Swipe
- C. Our Right Turn
- D. Our Left Turn
- E. Rear End (our)
- F. Rear End (other)
- G. Backing
- H. Our U-Turn
- I. Accelerating
- J. Hit Fixed Object
- K. Slowing
- L. Passing
- M. Intersection
- N. Lane Change
- O. Lost Control
- P. Railroad Crossing
- Q. Rollaway
- R. Stopped
- S. Non-Collision
- T. Pedestrian
- U. Fire - Engine
- V. Fire - Brakes
- W. Fire - Other
- X. Other (specify) _____
- Z. Unknown

10. Purpose for Transporting

- A. Regular Route
- B. Activity Trip
- C. Other (specify) _____
- Z. Unknown

11. Injuries/Fatalities

- A. No
- B. Yes
(If yes, complete supplement - Item 35)

12. Bus Occupied By

- A. Unoccupied
- B. Driver Only
- C. Driver/Students
- D. Students Only - (Give total number of students) _____
- Z. Unknown

13. Vehicle Make

14. Vehicle Capacity

- A. Type I
- B. Type II
- C. School Vehicle
- Z. Unknown

15. Vehicle Age

- A. 2 years or less
- B. 2-5 years
- C. 5-8 years
- D. Over 8 years
- Z. Unknown

16. Driver's Name

17. Driver's Operator Number

18. Driver's Age

- A. 16 -17
- B. 18 -19
- C. 20 - 24
- D. 25 - 34
- E. 35 - 44
- F. 45 - 59
- G. 60 - 74
- H. 75 or over

19. Years Driving a Bus

- A. 1 or less
- B. 1 - 2
- C. 3 - 4
- D. 5 - 10
- E. Over 10

20. Driver's Condition

- A. Normal
- B. Sick
- C. Impaired
- D. Fatigue
- E. Other (specify) _____

21. Driver's Status

- A. Instructor
- B. Instructor Coordinator
- C. Neither

22. Highway Type

- A. Divided
- B. Not Divided
- C. Non-Highway
- Z. Unknown

23. Highway Lanes

- A. 1
- B. 2
- C. 3
- D. 4 or More
- E. Not Applicable

24. Posted Speed Limit

- A. Not Applicable
- B. Under 20 MPH
- C. 20 - 35 MPH
- D. 40 - 45 MPH
- E. 50 - 55 MPH
- F. Over 55 MPH

25. Weather

- A. No Adverse Condition
- B. Raining
- C. Snowing
- D. Sleet/Hail
- E. Fog/Smoke

- F. Other (specify) _____

- Z. Unknown

26. Visibility

- A. Unrestricted
- B. Hill
- C. Curve
- D. Other (specify) _____

- Z. Unknown

27. Road Condition

- A. Dry
- B. Wet
- C. Muddy
- D. Snow/Ice
- E. Other (specify) _____

- Z. Unknown

28. Light

- A. Daylight
- B. Dark
- C. Artificial
- D. Other (specify) _____

29. Collision With

- A. Non-Collision
- B. Fixed Object
- C. Train
- D. Animal
- E. Pedestrian
- F. Motor Vehicle (M/V) - Car, Bus, Truck, Motorcycle, etc. (If M/V, complete supplement - Item 36.)
- G. Other (specify) _____

30. Damage (bus)

- A. \$100 or less
- B. \$100 - \$500
- C. \$500 - \$2,000
- D. \$2,000 and Up
- E. None
- Z. Unknown

31. Damage (all other)

- A. \$100 or less
- B. \$100 - \$500
- C. \$500 - \$2,000
- D. \$2,000 and Up
- E. None
- Z. Unknown

32. Causes, Check all that Apply

- A. Follow Too Close
- B. Too Fast for Conditions
- C. Improper Pass
- D. Improper Backing
- E. Improper Right Turn
- F. Improper Left Turn
- G. Improper Stop
- H. Improper Loading
- I. Inattention
- J. Right of Way
- K. Mechanical Defect
- L. Other (specify) _____

33. Police Report

- A. No
- B. Yes - Give Report Number _____
- Z. Unknown

34. Any Traffic Citation Issued?

- A. No
- B. Yes
- Z. Unknown

35. Supplement to Item 11

- A. Injuries
 - a. None
 - b. Bus Driver
 - c. Student(s)-Number _____
 - d. Other Vehicle - _____
Occupant(s)-Number _____
 - e. Pedestrian(s)-Number _____
 - f. Other (specify) _____
- B. Fatalities
 - a. None
 - b. Bus Driver
 - c. Student(s)-Number _____
 - d. Other Vehicle - _____
Occupant(s)-Number _____
 - e. Pedestrian(s)-Number _____
 - f. Other (specify) _____
- C. At Scene First Aid Administered
 - a. No
 - b. None
 - z. Unknown
- D. Medical Assistance Summoned
 - a. No
 - b. None
 - z. Unknown

**36. Supplement to Item 29
(collision with another M/V)**

1-A. Other Driver's Name

B. Other Driver's Operator Number

C. Other Vehicle, Type, Make, Model

(If Required):

2-A. Other Driver's Name

B. Other Driver's Operator Number

C. Other Vehicle, Type, Make, Model

If more than 2 other motor vehicles are involved, attach separate sheet giving information as shown in (A), (B), (C).

Report Submitted By: _____ Date: _____
(signature)

Name: _____
(please print)

Position: _____

Phone Number: _____