



# BUS ACCIDENT REPORT

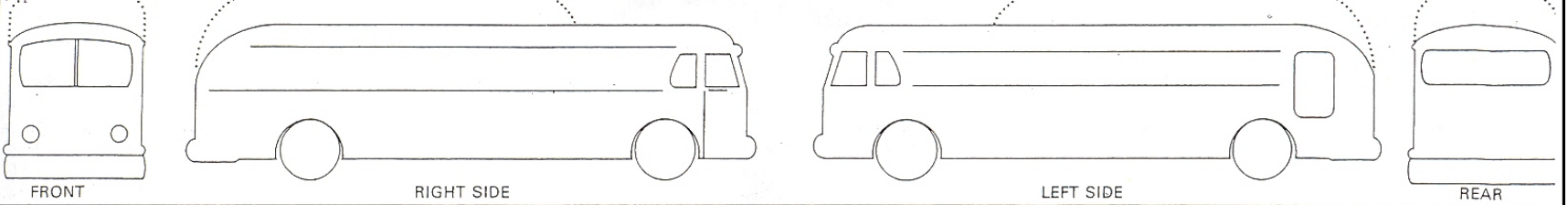
CALIFORNIA RISK MANAGEMENT AUTHORITY  
(559) 476-2999

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Fresno, CA 93720  
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## CONFIDENTIAL DOCUMENT

NAME OF SCHOOL DISTRICT <b>CHAWANAKEE UNIFIED</b>						LOCATED IN (CITY OR TOWN)										
NAME OF SCHOOL						LOCATED IN (CITY OR TOWN)										
<b>A C C I D E N T</b>	DATE OF ACCIDENT (MO., DAY, YR.)				DAY OF THE WEEK				TIME <input type="checkbox"/> AM <input type="checkbox"/> PM							
	LOCATION OF ACCIDENT (ADDRESS, STREET OR HIGHWAY)															
	<input type="checkbox"/> IN		CITY OR TOWN				COUNTY				STATE					
<input type="checkbox"/> NEAR																
<b>B U S  D R I V E R</b>	NAME						HOME TELEPHONE NUMBER									
	ADDRESS (STREET & NUMBER)						CITY				STATE					
	AGE	<input type="checkbox"/> MALE	BUS DRIVING EXPERIENCE		SOCIAL SECURITY #		OPERATOR LICENSE NUMBER		<input type="checkbox"/> REGULAR LICENSE	STATE						
	<input type="checkbox"/> FEMALE	YRS	MOS				<input type="checkbox"/> CHAUFFEURS LICENSE	CA								
	NAME OF DRIVER'S SUPERVISOR						LOCATION/TELEPHONE NUMBER WHERE SUPERVISOR CAN BE CONTACTED									
<b>T R I P</b>	RUN ON WHICH ACCIDENT OCCURRED		BEGAN AT				DATE		TIME		<input type="checkbox"/> AM <input type="checkbox"/> PM					
			DESTINATION				DATE		TIME		<input type="checkbox"/> AM <input type="checkbox"/> PM					
			PURPOSE OF TRIP													
<b>B U S</b>	YEAR	MAKE & MODEL				BUS VIN NUMBER			BUS NUMBER		MAX. PASSENGER CAPACITY					
	DESCRIBE DAMAGE															
											<input type="checkbox"/> MINOR		<input type="checkbox"/> MOD.	<input type="checkbox"/> MAJOR		
<b>V E H I C L E  2</b>	DRIVER'S NAME					OPERATOR'S LICENSE NUMBER			STATE		AGE (EST.)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)								TELEPHONE NUMBER							
	OWNER'S NAME					OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	VEH. YEAR	MAKE & MODEL				VEHICLE COLOR			VEHICLE -VIN NUMBER		STATE					
	INSURANCE COMPANY & POLICY #					INSURANCE/AGENT PHONE NUMBER										
	DESCRIBE DAMAGE															
											<input type="checkbox"/> MINOR		<input type="checkbox"/> MOD.	<input type="checkbox"/> MAJOR		
<b>V E H I C L E  3</b>	DRIVER'S NAME					OPERATOR'S LICENSE NUMBER			STATE		AGE (EST.)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				
	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)								TELEPHONE NUMBER							
	OWNER'S NAME					OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	VEH. YEAR	MAKE & MODEL				VEHICLE COLOR			VEHICLE VIN NUMBER		STATE					
	INSURANCE COMPANY & POLICY #					INSURANCE/AGENT PHONE NUMBER										
	DESCRIBE DAMAGE															
											<input type="checkbox"/> MINOR		<input type="checkbox"/> MOD.	<input type="checkbox"/> MAJOR		
<b>O T H E R P R O P E R T Y</b>	OWNER'S NAME					OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	TELEPHONE NUMBER			DESCRIBE DAMAGE												
											<input type="checkbox"/> MINOR		<input type="checkbox"/> MOD.	<input type="checkbox"/> MAJOR		
<b>P A S S E N G E R S</b>	A. NO. OF PASSENGERS (INCLUDING DRIVER)		BUS	VEHICLE 2		VEHICLE 3		S P E E D	A. SPEED LIMIT			BUS	VEHICLE 2		VEHICLE 3	
						B. SPEED PRIOR TO ACCIDENT (EST)										
B. NO. OF PASSENGERS COMPLAINING OF INJURY																
POLICE INVESTIGATE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION								NAME OF OFFICER						
CITATION ISSUED? <input type="checkbox"/> BUS DRIVER <input type="checkbox"/> DRIVER VEH. 2 <input type="checkbox"/> DRIVER VEH. 3								IF SO, CHARGE								

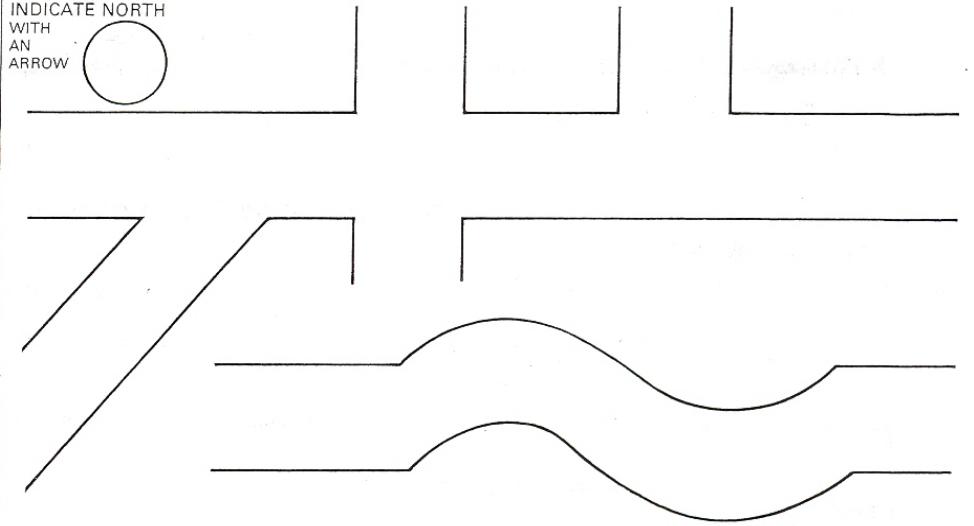
MARK X WHERE DAMAGE OR CONTACT OCCURED



**INSTRUCTIONS**

1. Choose sections of diagram that will show outline of roadway at place of accident.
2. Use solid line to show path of vehicle BEFORE accident: dotted line AFTER accident:
3. Number each vehicle and show direction of travel by arrow:
4. Show PEDESTRIAN by:
5. Show RAILROAD by:
6. Show TRAFFIC LIGHT by:
7. Show STOP SIGN by:
8. Indicate distance and direction from point of impact to nearest bridge, culvert, or other landmarks.
9. Indicate names of streets or route numbers of roadways.

INDICATE NORTH WITH AN ARROW



TRAFFIC LANES		ROADWAY		SIGNALS		PAVING		WEATHER		LIGHT				
NO. OF LANES	<input type="checkbox"/> LANES MARKED <input type="checkbox"/> LANES UNMARKED	<input type="checkbox"/> STRAIGHT <input type="checkbox"/> CURVE <input type="checkbox"/> DOWN GRADE <input type="checkbox"/> UP GRADE <input type="checkbox"/> LEVEL <input type="checkbox"/> HILLCREST	<input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> MUDDY <input type="checkbox"/> SNOWY <input type="checkbox"/> ICY <input type="checkbox"/> OILY	<input type="checkbox"/> STOP SIGN <input type="checkbox"/> TRAFFIC LIGHT <input type="checkbox"/> POLICEMAN <input type="checkbox"/> WARNING SIGNAL <input type="checkbox"/> R.R. GATES	<input type="checkbox"/> CEMENT <input type="checkbox"/> TARVIA <input type="checkbox"/> BRICK <input type="checkbox"/> ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> NONE	<input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET <input type="checkbox"/> FOG	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN	<input type="checkbox"/> DIVIDED. <input type="checkbox"/> _____ (OTHER)	<input type="checkbox"/> NO ROAD DEFECTS <input type="checkbox"/> HOLES, RUTS, ETC. <input type="checkbox"/> LOOSE MATERIAL	FLAGS, FLARES, FUSEES, ETC. DISPLAYED:	<input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING	LOCATION <input type="checkbox"/> CITY & SUBURBAN <input type="checkbox"/> RURAL	<input type="checkbox"/> INTERSECTION <input type="checkbox"/> NON-INTERSECTION	IF DARK, WAS HIGHWAY LIGHTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> _____ (OTHER)

	LOCATION ON ROADWAY WHEN DANGER NOTICED	DIRECTION TRAVELING	DISTANCE TO IMPACT	LOCATION ON ROADWAY AT IMPACT	DISTANCE TRAV. AFTER IMPACT	LENGTH OF SKID MARKS
BUS			FT.		FT.	
OTHER VEH.					FT.	

DESCRIBE ACCIDENT FULLY (CONTINUE ON ADDITIONAL SHEET IF REQUIRED.)

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SIGNATURE OF DRIVER'S SUPERVISOR	DATE	DRIVER'S SIGNATURE	DATE OF REPORT
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