



# BUS ACCIDENT REPORT

CALIFORNIA RISK MANAGEMENT AUTHORITY

(559) 476-2999

7170 N. Financial Drive Suite#130

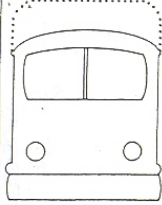
Fresno, CA 93720

Lperez@crma-jpa.org

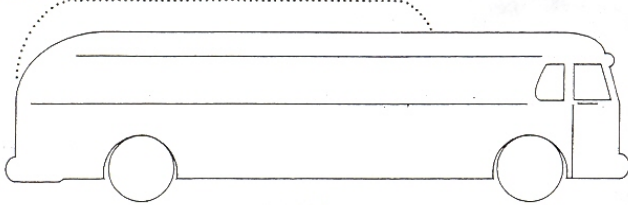
**CONFIDENTIAL DOCUMENT**

NAME OF SCHOOL DISTRICT <b>Alview-Dairyland Union School District</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 <input type="checkbox"/> NEAR		CITY OR TOWN				COUNTY				STATE						
<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 <input type="checkbox"/> FEMALE		BUS DRIVING EXPERIENCE YRS MOS		SOCIAL SECURITY #		OPERATOR LICENSE NUMBER <input type="checkbox"/> REGULAR LICENSE <input type="checkbox"/> CHAUFFEURS LICENSE		STATE <b>CA</b>								
	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										
	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. NO. OF PASSENGERS COMPLAINING OF INJURY									B. SPEED PRIOR TO ACCIDENT (EST)							
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															

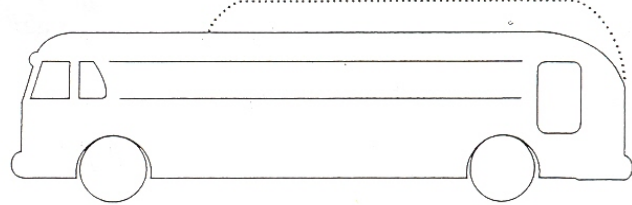
MARK X WHERE DAMAGE OR CONTACT OCCURED



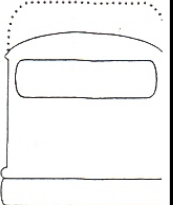
FRONT



RIGHT SIDE



LEFT SIDE

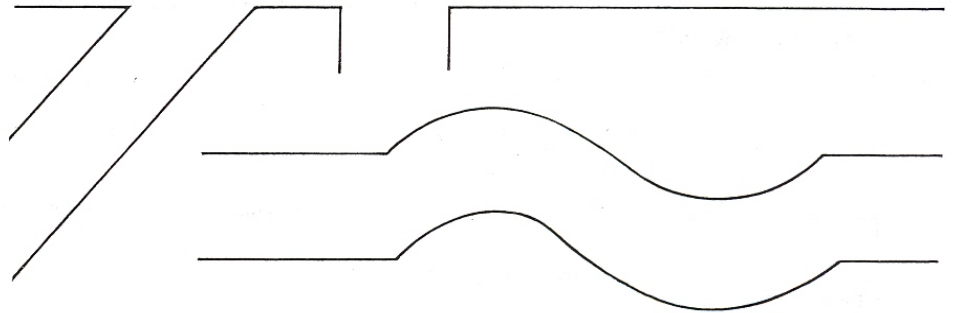


REAR

### INSTRUCTIONS

- Choose sections of diagram that will show outline of roadway at place of accident.
- Use solid line to show path of vehicle BEFORE accident: 
  
dotted line AFTER accident:
- Number each vehicle and show direction of travel by arrow:
- Show PEDESTRIAN by:
- Show RAILROAD by:
- Show TRAFFIC LIGHT by:
- Show STOP SIGN by:
- Indicate distance and direction from point of impact to nearest bridge, culvert, or other landmarks.
- 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"/> _____ (OTHER)	<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"/> _____ (OTHER)	<input type="checkbox"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN  IF DARK, WAS HIGHWAY LIGHTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DIVIDED.  <input type="checkbox"/> _____ (OTHER)	<input type="checkbox"/> _____ (OTHER)	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	<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														
OTHER VEH.														

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

SIGNATURE OF DRIVER'S SUPERVISOR	DATE	DRIVER'S SIGNATURE	DATE OF REPORT
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[illegible]

[illegible]