



# BUS ACCIDENT REPORT

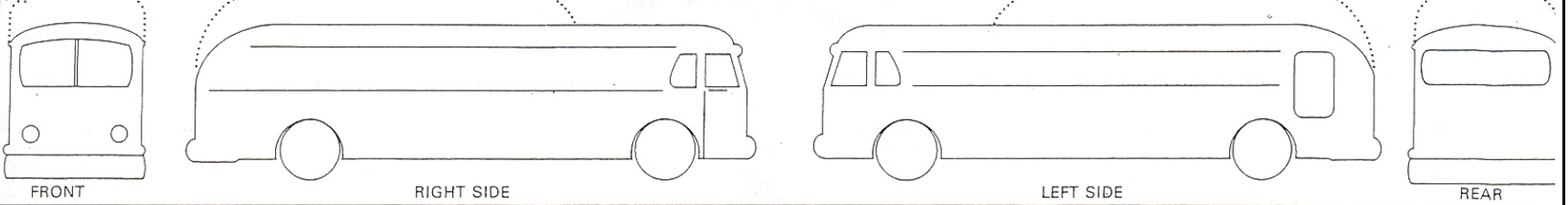
CALIFORNIA RISK MANAGEMENT AUTHORITY

(559) 476-2999  
1430 W. Herndon Ave  
Fresno, CA 93711

## CONFIDENTIAL DOCUMENT

|   |   |  |   |  |  |                           |   |  |  |                 |  |                                  |  |           |  |           |  |
|---|---|--|---|--|--|---------------------------|---|--|--|-----------------|--|----------------------------------|--|-----------|--|-----------|--|
| NAME OF SCHOOL DISTRICT<br><b>Bass Lake Joint Union School District</b>   |   |  |   |  |  | LOCATED IN (CITY OR TOWN) |   |  |  |                 |  |                                  |  |           |  |           |  |
| NAME OF SCHOOL  |   |  |   |  |  | LOCATED IN (CITY OR TOWN) |   |  |  |                 |  |                                  |  |           |  |           |  |
| <b>A<br/>C<br/>C<br/>I<br/>D<br/>E<br/>N<br/>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<br/>U<br/>S<br/><br/>D<br/>R<br/>I<br/>V<br/>E<br/>R</b>   | NAME  |  |   |  |  |                           | HOME TELEPHONE NUMBER                                       |  |  |                 |  |                                  |  |           |  |           |  |
|   | ADDRESS (STREET & NUMBER)   |  |   |  |  |                           | CITY  |  |  |                 | STATE  |                                  |  |           |  |           |  |
|   | AGE   |  | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE   |  | BUS DRIVING EXPERIENCE<br>YRS      MOS |                           | SOCIAL SECURITY #   |  | OPERATOR LICENSE NUMBER                                      |                 | <input type="checkbox"/> REGULAR LICENSE <input type="checkbox"/> CHAUFFEURS LICENSE |                                  | STATE<br><b>CA</b>   |           |  |           |  |
|   | NAME OF DRIVER'S SUPERVISOR   |  |   |  |  |                           | LOCATION/TELEPHONE NUMBER WHERE SUPERVISOR CAN BE CONTACTED |  |  |                 |  |                                  |  |           |  |           |  |
|   |   |  |   |  |  |                           |   |  |  |                 |  |                                  |  |           |  |           |  |
| <b>T<br/>R<br/>I<br/>P</b>  | RUN ON WHICH<br>ACCIDENT<br>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<br/>U<br/>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<br/>E<br/>H<br/>I<br/>C<br/>L<br/>E<br/><br/>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<br/>E<br/>H<br/>I<br/>C<br/>L<br/>E<br/><br/>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 |  |   |  |  |                           |   |  |  |                 |  |                                  |  |           |  |           |  |
|   | OWNER'S NAME  |  |   |  |  |                           | OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)             |  |  |                 |  |                                  |  |           |  |           |  |
| <b>O<br/>T<br/>H<br/>E<br/>R<br/>P<br/>R<br/>O<br/>P<br/>E<br/>R<br/>T<br/>Y</b>  | TELEPHONE NUMBER  |  | DESCRIBE DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> MAJOR |  |  |                           |   |  |  |                 |  |                                  |  |           |  |           |  |
|   |   |  |   |  |  |                           |   |  |  |                 |  |                                  |  |           |  |           |  |
| <b>P<br/>A<br/>S<br/>S<br/>E<br/>N<br/>G<br/>E<br/>R<br/>S</b>  | A. NO. OF PASSENGERS<br>(INCLUDING DRIVER)  |  | BUS   |  | VEHICLE 2                              |                           | VEHICLE 3   |  | S<br>P<br>E<br>E<br>D  | A. SPEED LIMIT  |  | BUS                              |  | VEHICLE 2 |  | VEHICLE 3 |  |
|   |   |  | B. NO. OF PASSENGERS<br>COMPLAINING OF INJURY   |  |  |                           |   |  |  |                 |  | B. SPEED PRIOR TO ACCIDENT (EST) |  |           |  |           |  |
| POLICE INVESTIGATE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |   | IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION |   |  |  |                           |   |  |  | NAME OF OFFICER |  |                                  |  |           |  |           |  |
| CITATION ISSUED?<br><input type="checkbox"/> BUS DRIVER <input type="checkbox"/> DRIVER VEH. 2 <input type="checkbox"/> DRIVER VEH. 3 |   |  |   |  |  | IF SO, CHARGE             |   |  |  |                 |  |                                  |  |           |  |           |  |

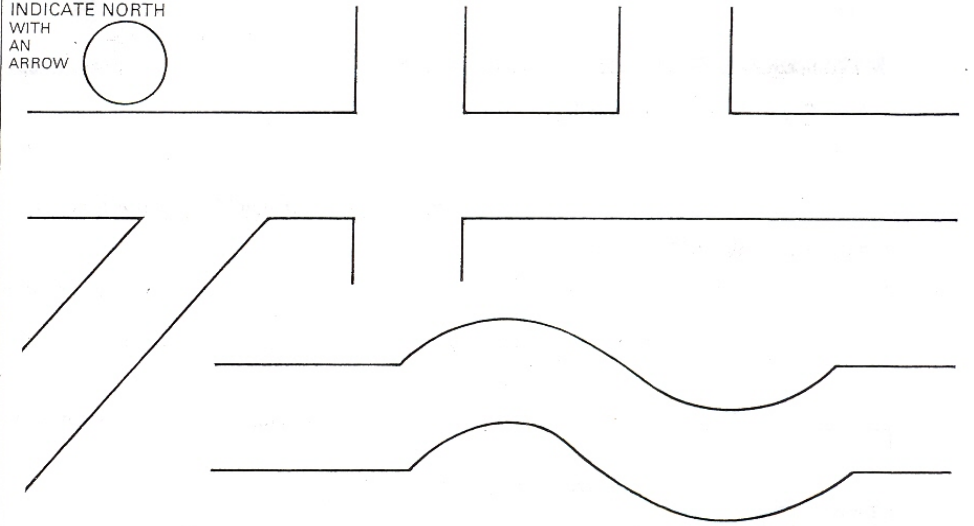
MARK X WHERE DAMAGE OR CONTACT OCCURED



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

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



