



BUS ACCIDENT REPORT

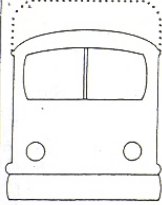
CALIFORNIA RISK MANAGEMENT AUTHORITY

7170 N. Financial Drive, Suite#130
Fresno, CA 93720
559-476-2999

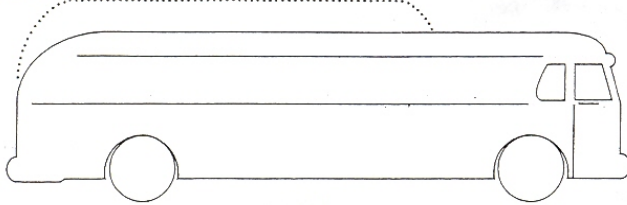
CONFIDENTIAL DOCUMENT

NAME OF SCHOOL DISTRICT Chowchilla Union High School District						LOCATED IN (CITY OR TOWN)											
NAME OF SCHOOL						LOCATED IN (CITY OR TOWN)											
A C C I D E N T	DATE OF ACCIDENT (MO., DAY, YR.)				DAY OF THE WEEK				TIME ☐ AM ☐ PM								
	LOCATION OF ACCIDENT (ADDRESS, STREET OR HIGHWAY)																
	☐ IN ☐ NEAR		CITY OR TOWN				COUNTY				STATE						
B U S D R I V E R	NAME								HOME TELEPHONE NUMBER								
	ADDRESS (STREET & NUMBER)								CITY				STATE				
	AGE		☐ MALE ☐ FEMALE		BUS DRIVING EXPERIENCE YRS MOS		SOCIAL SECURITY #		OPERATOR LICENSE NUMBER		☐ REGULAR LICENSE ☐ CHAUFFEURS LICENSE		STATE CA				
	NAME OF DRIVER'S SUPERVISOR						LOCATION/TELEPHONE NUMBER WHERE SUPERVISOR CAN BE CONTACTED										
T R I P	RUN ON WHICH ACCIDENT OCCURRED		BEGAN AT				DATE		TIME		☐ AM ☐ PM						
			DESTINATION				DATE		TIME		☐ AM ☐ PM						
			PURPOSE OF TRIP														
B U S	YEAR		MAKE & MODEL				BUS VIN NUMBER		BUS NUMBER		MAX. PASSENGER CAPACITY						
	DESCRIBE DAMAGE ☐ MINOR ☐ MOD. ☐ MAJOR																
V E H I C L E 2	DRIVER'S NAME						OPERATOR'S LICENSE NUMBER		STATE		AGE (EST.)		☐ MALE ☐ 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 ☐ MINOR ☐ MOD. ☐ MAJOR																
V E H I C L E 3	DRIVER'S NAME						OPERATOR'S LICENSE NUMBER		STATE		AGE (EST.)		☐ MALE ☐ 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 ☐ MINOR ☐ MOD. ☐ MAJOR																
O T H E R P R O P E R T Y	OWNER'S NAME						OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)										
	TELEPHONE NUMBER		DESCRIBE DAMAGE ☐ MINOR ☐ MOD. ☐ MAJOR														
P A S S E N G E R S	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? ☐ YES ☐ NO		IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION								NAME OF OFFICER							
CITATION ISSUED? ☐ BUS DRIVER ☐ DRIVER VEH. 2 ☐ DRIVER VEH. 3		IF SO, CHARGE															

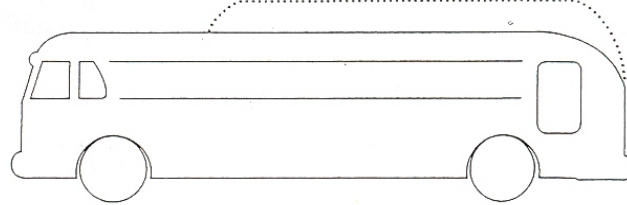
MARK X WHERE DAMAGE OR CONTACT OCCURED



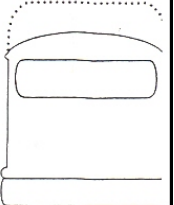
FRONT



RIGHT SIDE



LEFT SIDE



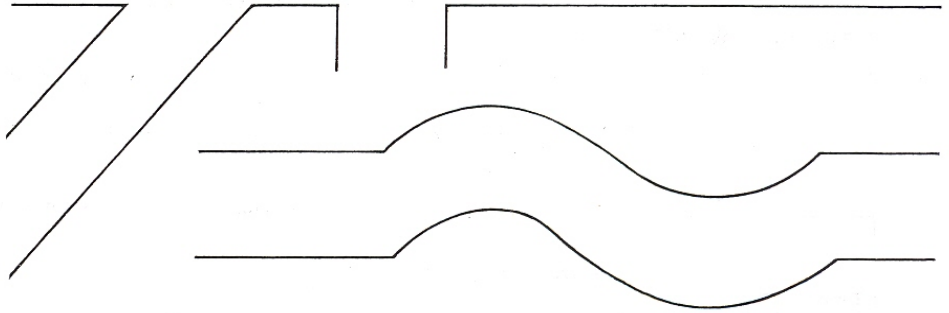
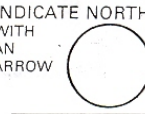
REAR

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

[illegible]

[illegible]