## C R MA

## **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

	•	CONTIDE				IVILIAI			-pcrcz@cm	ia jpa.org				
NAME OF	SCHOOL DISTRICT	HIDOM		ED				LOCATED I	N (CITY OR TO	OWN)				
COALINGA-HURON UNIFIED NAME OF SCHOOL							LOCATEDII	LOCATED IN (CITY OR TOWN)						
IVAIVIL OI	GONOGE							LOCATED	14 (0111 010 10	JVVIV)				
A C	DATE OF ACCIDENT (MO., DAY	, YR.)	DA	Y OF THE	WEEK			TIME					AM	
C													PM	
I D	LOCATION OF ACCIDENT (ADD	RESS, STREET OR HIC	SHWAY)											
E N	IN CITY OR TOWN	I				COUNTY				STATE				
T	NEAR													
В	NAME					HOME TELEPHONE NUMBE			BER					
U S	ADDRESS (STREET & NUMBER	·)				CITY		<u> </u>			STATE			
D	,	,												
R	AGE MALE BUS DRIVING EXPERIENCE SOCIAL SECURITY #					OPERATOR LICENSE NUMBER			REGULAR LICENSE		STATE			
V	NAME OF DRIVER'S SUPERVIS		MOS	LO	CATION	CHAUFFEURS LICENS WITELEPHONE NUMBER WHERE SUPERVISOR CAN BE CONTACTED				E CA				
E R														
		BEGAN AT					DA	TE		TIME			AM	
т	RUN ON WHICH											] PM		
R I	ACCIDENT	DESTINATION					TE	E			AM			
Р	OCCURRED	PURPOSE OF TRIP											PM	
	YEAR MAKE & MODE	<u> </u>  -				BUS VIN NUMBER		BU	S NUMBER	MAX	(. PASSE	NGER C	APACITY	
В														
U S	DESCRIBE DAMAGE							•		<u> </u>				
	DRIVER'S NAME					OPERATOR'S LICENSE NU	UMBER	STATE	LI MINOF		OD. (EST.)	MA.	JOR LE	
											FEN	MALE		
v	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)					TELEPHONE NUMBER								
E H	OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)													
- 1	OWINER & STREET, CITT													
C L	VEH. YEAR MAKE & MODEL				VEHICLE COLOR		VEHICLE -VII	CLE -VIN NUMBER STATE						
E	INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER													
2														
	DESCRIBE DAMAGE											П		
	DRIVER'S NAME					OPERATOR'S LICENSE NU	UMBER	STATE	☐ MINOF		OD. (EST.)	MA.	JOR LE	
												FEN	<b>MALE</b>	
V E	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)						TELEPHONE NUMBER							
H	VEH. YEAR MAKE & MODE	VEHICLE COLOR		VEHICLE VIN	NUMBER	STATE								
С														
E 3	INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER													
	DESCRIBE DAMAGE  MINOR MOD. MAJOR										IOB			
OTHER PROPERTY	OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & S							PTATE)	IVIIINOF	X L IVI	OD.	IVIA	JOK	
	OTHER OF ADDRESS (NOWDER & STREET, STIT & S						STATE)							
	TELEPHONE NUMBER DESCRIBE DAMAGE													
		DUO VE	UIOLE O	VELHOLE O		A ODEED LIMIT		, n		MINOR C	MOD.		MAJOR	
P A S S	A. NO. OF PASSENGERS (INCLUDING DRIVER)  B. NO. OF PASSENGERS					A. SPEED LIMIT		Bl	JS	VEHICLE	2	VEF	HICLE 3	
						B. SPEED PRIOR TO ACCIDENT (EST)								
POLICE IN	COMPLAINING OF INJURY	F DEPARTMENT OR PA	ATROL & LOC	ATION	D	5. SI ELD FRIOR TO AC	CIDEINI (ESI)	NAME OF C	OFFICER					
YES			200	<del>-</del>										
CITATION		——————————————————————————————————————		SO, CHARC	GE									
BUS	DRIVER DRIVER VEH. 2	DRIVER VE	:H. 3											

INSTRUCTIONS  1. Choose sections of diagram that will show outling of accident.  2. Use solid line to show path of vehicle BEFORE accident:  dotted line AFTER accident:  3. Number each vehicle and show	BUS  BUS  BUS  BUS  BUS  BUS  BUS		LEFT SIDE	REAR
6. Show TRAFFIC LIGHT by: 7. Show STOP SIGN by: 8. Indicate distance and direction from point of in bridge, culvert, or other landmarks. 9. Indicate names of streets or route numbers of the streets.	npact to nearest			
NO. OF LANES   LANES MARKED   STRAIGH   CURVE   DOWN G   DOWN G   UP GRAE   CURVE   DOWN G   UP GRAE   CURVE   CURVE   DOWN G   UP GRAE   CURVE   CURVE   DOWN G   UP GRAE   CURVE   C	RADE  MUDDY    S SNOWY    ICY	TRAFFIC LIGHT	PAVING  WEAT  MENT  REVIA  RAIN  RICK  SNOW  SPHALT  RAVEL  DNE  (OTHE  LOCATION  TY & SUBURBAN  INTERSECTI  JRAL  NON-INTERS	DAYLIGHT DARK DUSK DAWN  IF DARK, WAS HIGHWA LIGHTED?  YES NO  ON SECTION DAYLIGHT D
	ECTION DISTANCE TO VELING IMPACT			OTHER)  DISTANCE TRAV. LENGTH OF SKID MARKS  FT.  FT.
DESCRIBE ACCIDENT FULLY (CONTINUE ON ADDITIONAL S	SHEET IF REQUIRED.)		•	·
SIGNATURE OF DRIVER'S SUPERVISOR	DATE	DRIVER'S SIGNATUR	RE	DATE OF REPORT
and the second s	J	STATE OF STA	<del></del>	J. I. S. HEI OH

PERSONAL INJURIES: PERSONS COMPLAINI	ING OF OR SUFFERING INJURIES - HOWEVER SLI		CI	CHECK OR INDI			TE WI	нсн	AGE
NAMES OF PERSONS INJURED OR KILLED	ADDRESS (STREET & NO., CITY & STATE)	EXTENT OF INJURIES (SHOW AS "KILLED" ANY PERSONS WHO DIED OF INJURIES)	BUS	S —	VEH. 2 VEH. 3		_	OTHER (EXPL)	(EST
		WHO DIED OF INJURIES)	T		FAG	DIX	FAG		
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IF MEDICAL AID GIVEN, SHOW NAME & ADDRESS OF DOCTOR OR HOSPITAL									<u> </u>
OCCUPANTS OF OTHER VEHICLES						VEHIC		# 3	AGE (EST
NAME S	STREET		STAT	ſΕ				# 5	
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WITNESSES - VERY IMPORTANT -	PERSONS OTHER THAN OCCUPANTS OF VEHICLES INVOLVED: LIST PASSERBY, OTHER MOTORISTS OR PERSONS AT SCENE OF ACCIDENT-WHETHER EYE WITNESS OR NOT.							
NAME	STREET & NO.	CITY	STATE	AGE				
				(EST)				
OCCUPANTS OF BUS DO NOT F	REPEAT NAMES OF THOSE SHOWN	AS INJURED ABOVE						
NAME	STREET & NO.	CITY	STATE	ACE				
				AGE (EST)				