## C<sub>R</sub>

## **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

	2 1	•	CONFIL	JEIN I I	AL D		IVIEIVI			Lperez@c	ппа-јра	i.org			
NAME OF SCHOOL DISTRICT  Corcoran Unified School District								L	LOCATED IN (CITY OR TOWN)						
NAME OF	IAME OF SCHOOL								L	LOCATED IN (CITY OR TOWN)					
Α	DATE OF ACCI	DENT (MO., DAY	YR )		DAY OF TH	F WFFK				ГІМЕ				AM	
C	DATE OF AGOI	DENT (MO., DAT	, 110.)		BAT OF THE	LWLLK							E	] PM	
I D	LOCATION OF ACCIDENT (ADDRESS, STREET OR HIGHWAY)														
E N	IN CITY OR TOWN						COUNTY				STATE				
T	NEAR NAME								Į,	HOME TELEPHONE NUMBER					
B U		IVANIL													
S D	ADDRESS (STREET & NUMBER)						CITY					STATE			
R	AGE MALE BUS DRIVING EXPERIENCE SOCIAL SECURITY #						OPERATOR LICENSE NUMBER			REGULAR LICE		STATE			
V E	NAME OF DRIV	FEMALE /ER'S SUPERVIS	YRS OR	MOS	[L	OCATION	CHAUFFEURS LICENSI WITELEPHONE NUMBER WHERE SUPERVISOR CAN BE CONTACTED				CA				
R															
-			BEGAN AT		•		DATE					TIME	F	☐ AM ☐ PM	
T R		N WHICH IDENT	DESTINATION				DAT			ΓE		TIME	AM		
P	occi	OCCURRED PURPOSE OF TRIP												PM	
	YEAR	MAKE & MODE	<u> </u> 				BUS VIN NUMBER			BUS NUMBER		MAX. PASSI	NGER C	APACITY	
B U	DESCRIBE DAI	MAGE													
S										☐ <sub>MIN</sub>	OR	MOD.	□ MA	AJOR	
	DRIVER'S NAME					OPERATOR'S LICENS	SE NUMBER	S	STATE		AGE (EST.)		ALE EMALE		
v	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)					1	TELEPHONE NUMBER								
E H	OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)														
C	VEH. YEAR MAKE & MODEL						VEHICLE COLOR	1	VEHICLE -VIN NUMBER STA			STATE	STATE		
E	VEIL LEAK MAKE & MODEL														
2	INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER														
	DESCRIBE DAMAGE  MINOR										☐ MOD. ☐ MAJOR				
	DRIVER'S NAM	IE					OPERATOR'S LICENS	SE NUMBER	8	STATE MIN	OR	AGE (EST.)	Ш МА	ALE	
v	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)							TELEPHONE NUMBER				FEMALE			
E H	VEH. YEAR MAKE & MODEL						VEHICLE COLOR		\/!	EHICLE VIN NUMBER	Ī	STATE			
- c .	VEH. TEAK	WARE & WODE	_				VEHICLE COLOR		VI	EFIICLE VIN NOWBER		SIAIE			
E	INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER														
3	DESCRIBE DAMAGE														
									MIN	OR	MOD.	MA	AJOR		
OTHER PROPERTY	OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & S							Y & STA	ATE)						
	TELEPHONE NUMBER DESCRIBE DAMAGE														
	A. NO. OF PASSENGERS (INCLUDING DRIVER)  B. NO. OF PASSENGERS COMPLAINING OF INJURY					A. SPEED LIMIT			BUS	MINOR	MOD VEHICLE 2	-	MAJOR EHICLE 3		
P A S								ľ			· ETHOEL Z	VE	IOLE J		
\$						B. SPEED PRIOR TO ACCIDENT (EST)		ST)							
POLICE IN		IF SO, NAME O	F DEPARTMENT	OR PATROL & I	LOCATION		•		١	NAME OF OFFICER	•				
CITATION	ISSUED?	<u> </u>			IF SO, CHA	RGE									
BUS	DRIVER	DRIVER VEH. 2	DRIN	/ER VEH. 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  WEAT  CLEAR  RAIN  SLEET  FOG  (OTHE  NON-INTERSE	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		EH. 3	OTHER (EXPL)	(EST
		WHO DIED OF INJURIES)	T		FAG	DIX	FAG		
		<del> </del>	+	$\vdash$	$\vdash$	$\vdash$	<del> </del>	igwedge	├
			igspace	$\vdash$	igspace	igspace	<u> </u>	<u> </u>	igspace
			+	+	$\dagger$	+	$\vdash$	$\vdash$	<u> </u>
+		<del>                                     </del>	$\vdash$	$\vdash$	$\vdash$	$\vdash$	<del> </del>		$\vdash$
			_	<u> </u>	igspace	<u> </u>	<u> </u>	<u> </u>	<u> </u>
							_		_
					T				
1		<del> </del>	+	$\vdash$	$\vdash$		$\vdash$		$\vdash$
+		<u> </u>	+	$\vdash$	$\vdash$	$\vdash$	<del> </del>	<u> </u>	$\vdash$
		<del>                                     </del>	+	+	$\vdash$		$\vdash$	$\vdash$	
-			igspace	$\vdash$	igspace	_	<u> </u> -	<u> </u>	igspace
							L		
								[	
			+		T		$\vdash$		$\vdash$
		+	+	$\vdash$	$\vdash$	igg	<del> </del> -		$\vdash$
			$\perp$	<u> </u>	igspace	_	<u> </u>	<u> </u>	igspace
									_
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	
									<u> </u>
ı							1		
						-			<del> </del>
						<u> </u>		<u> </u>	╀
			_	_	_				
						$\vdash$	!	<u> </u>	┼
						_			igspace
							ļ		

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)				