



BUS ACCIDENT REPORT

CALIFORNIA RISK MANAGEMENT AUTHORITY

(559) 476-2999

7170 N. Financial Drive Suite#130

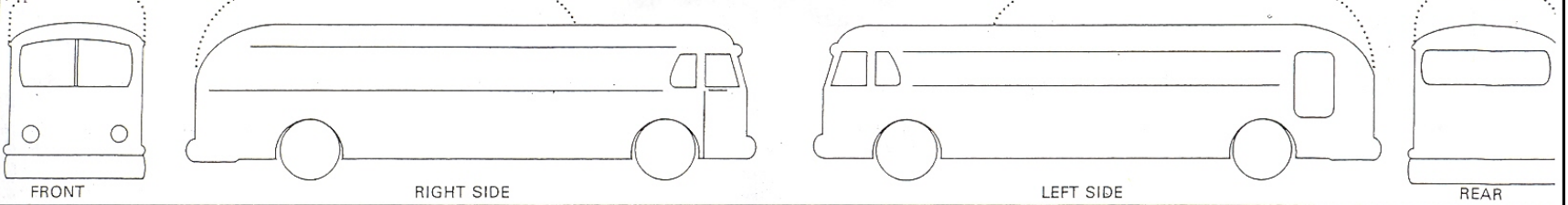
Fresno, CA 93720

Lperez@crma-jpa.org

CONFIDENTIAL DOCUMENT

NAME OF SCHOOL DISTRICT Corcoran Unified 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		<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 U S D R I V E R	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 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	<input type="checkbox"/> AM <input type="checkbox"/> PM		
		DESTINATION			DATE	TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM		
		PURPOSE OF TRIP							
B U S	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								
V E H I C L E 2	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								
V E H I C L E 3	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)					
O T H E R P R O P E R T Y	TELEPHONE NUMBER		DESCRIBE DAMAGE <input type="checkbox"/> MINOR <input type="checkbox"/> MOD. <input type="checkbox"/> 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? <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							

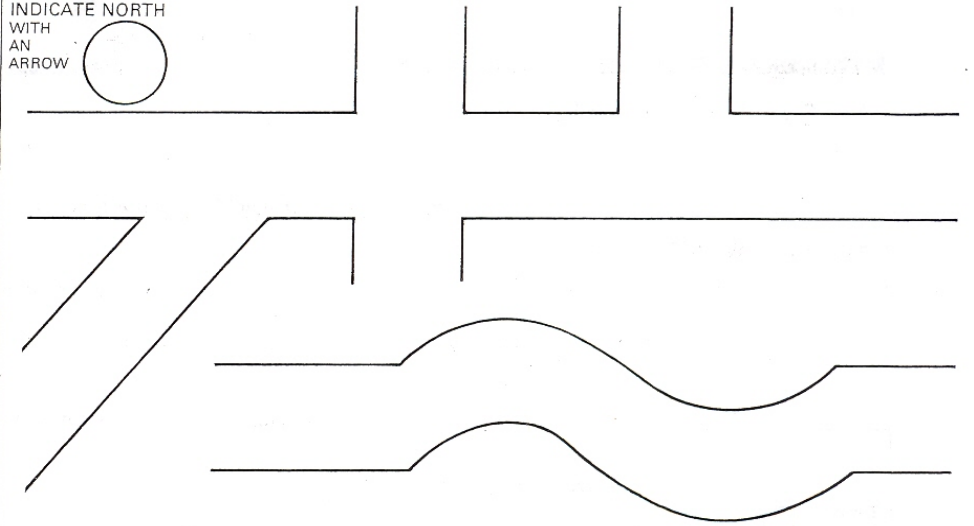
MARK X WHERE DAMAGE OR CONTACT OCCURED



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 <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"/> 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"/> DAYLIGHT <input type="checkbox"/> DARK <input type="checkbox"/> DUSK <input type="checkbox"/> DAWN	<input type="checkbox"/> DIVIDED. <input type="checkbox"/> _____ (OTHER)	<input type="checkbox"/> NO ROAD DEFECTS <input type="checkbox"/> HOLES, RUTS, ETC. <input type="checkbox"/> LOOSE MATERIAL	<input type="checkbox"/> FLAG, FLARE, FUSEE, ETC. DISPLAYED:	<input type="checkbox"/> WORKING <input type="checkbox"/> NOT WORKING	<input type="checkbox"/> CITY & SUBURBAN <input type="checkbox"/> RURAL	<input type="checkbox"/> INTERSECTION <input type="checkbox"/> NON-INTERSECTION	IF DARK, WAS HIGHWAY LIGHTED? <input type="checkbox"/> YES <input type="checkbox"/> NO <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
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