BUS ACCIDENT REPORT

CONFIDENTIAL DOCUMENT

CALIFORNIA RISK MANAGEMENT AUTHORITY
(559) 476-2999
7170 N. Financial Drive Suite#130
Fresno, CA 93720
Lperez@crma-jpa.org

NAME OF SCHOOL DISTRICT: **Golden Plains Unified School District** | LOCATED IN (CITY OR TOWN)

NAME OF SCHOOL | LOCATED IN (CITY OR TOWN)

ACCIDENT

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

BUS DRIVER

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

TRIP

RUN ON WHICH ACCIDENT OCCURRED

BEGAN AT | DATE | TIME ☐ AM ☐ PM

DESTINATION | DATE | TIME ☐ AM ☐ PM

PURPOSE OF TRIP

BUS

YEAR | MAKE & MODEL | BUS VIN NUMBER | BUS NUMBER | MAX. PASSENGER CAPACITY

DESCRIBE DAMAGE ☐ MINOR ☐ MOD. ☐ MAJOR

VEHICLE 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

VEHICLE 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

OTHER PROPERTY

OWNER'S NAME | OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)

TELEPHONE NUMBER | DESCRIBE DAMAGE ☐ MINOR ☐ MOD. ☐ MAJOR

PASS.

	BUS	VEHICLE 2	VEHICLE 3
A. NO. OF PASSENGERS (INCLUDING DRIVER)			
B. NO. OF PASSENGERS COMPLAINING OF INJURY			

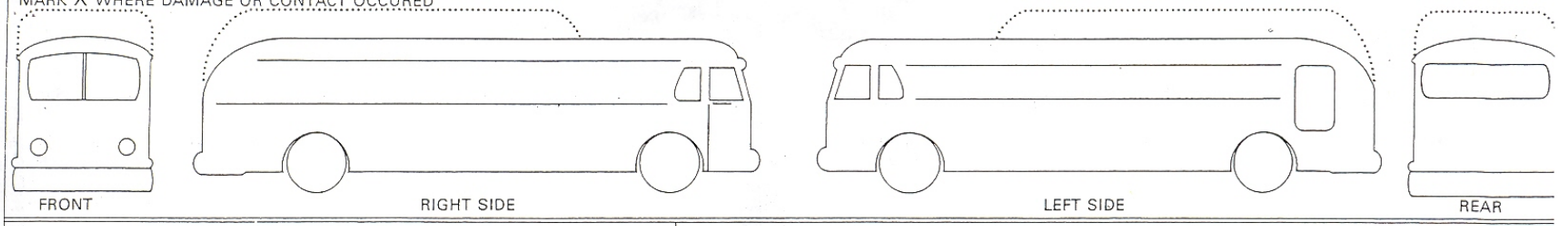
SPEED

	BUS	VEHICLE 2	VEHICLE 3
A. SPEED LIMIT			
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

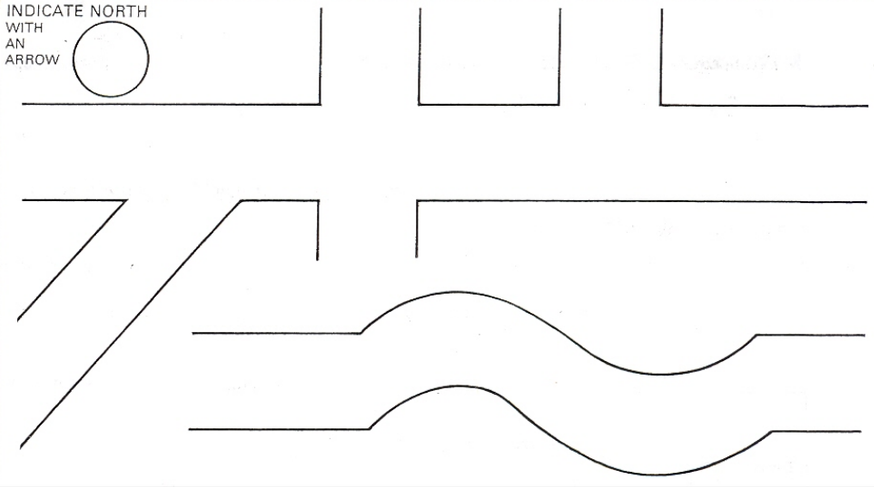
MARK X WHERE DAMAGE OR CONTACT OCCURED



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: ——→ BUS
   dotted line AFTER accident: - - - - - - - - - - → BUS
3. Number each vehicle and show direction of travel by arrow: ——→ BUS ← 2
4. Show PEDESTRIAN by: . . . . . O
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	☐ LANES MARKED	☐ STRAIGHT	☐ DRY	☐ STOP SIGN	☐ CEMENT	☐ CLEAR	☐ DAYLIGHT
	☐ LANES UNMARKED	☐ CURVE	☐ WET	☐ TRAFFIC LIGHT	☐ TARVIA	☐ RAIN	☐ DARK
WIDTH OF EACH	☐ NO ROAD DEFECTS	☐ DOWN GRADE	☐ MUDDY	☐ POLICEMAN	☐ BRICK	☐ SNOW	☐ DUSK
FT.	☐ HOLES, RUTS, ETC.	☐ UP GRADE	☐ SNOWY	☐ WARNING SIGNAL	☐ ASPHALT	☐ SLEET	☐ DAWN
☐ DIVIDED.	☐ LOOSE MATERIAL	☐ LEVEL	☐ ICY	☐ R.R. GATES	☐ GRAVEL	☐ FOG	IF DARK, WAS HIGHWA LIGHTED?
☐ _____ (OTHER)	☐ _____ (OTHER)	☐ HILLCREST	☐ OILY	☐ _____ (OTHER)	☐ NONE	☐ _____ (OTHER)	☐ YES ☐ NO
		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			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

PERSONAL INJURIES: PERSONS COMPLAINING OF OR SUFFERING INJURIES - HOWEVER SLIGHT			CHECK OR INDICATE WHICH						AGE (EST)
NAMES OF PERSONS INJURED OR KILLED	ADDRESS (STREET & NO., CITY & STATE)	EXTENT OF INJURIES (SHOW AS "KILLED" ANY PERSONS WHO DIED OF INJURIES)	BUS	VEH. 2		VEH. 3		OTHER (EXPL)	
				DR	PAS	DR	PAS		

IF MEDICAL AID GIVEN, SHOW NAME & ADDRESS OF DOCTOR OR HOSPITAL

OCCUPANTS OF OTHER VEHICLES			VEHICLE		AGE (EST)
			# 2	# 3	
NAME	STREET	STATE			

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 REPEAT NAMES OF THOSE SHOWN AS INJURED ABOVE

NAME	STREET & NO. CITY STATE	AGE (EST)