C_RM_A

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

| | CONTIDENTIA | LDUCC | JIVILIV I | | <u> Ереге 2 (фента-ј</u> р | a.org | | |
|-------------------|--------------------------------------------------------------|-----------------------------------|-------------------------------|-------------------------|----------------------------|-----------------|-----------------|--|
| NAME OF | school district Raymond-Knowles Elementar | v Union | School District | | LOCATED IN (CITY OR TOWN) | 1 | | |
| NAME OF | • | | | | LOCATED IN (CITY OR TOWN) | 1 | | |
| Α | DATE OF ACCIDENT (MO., DAY, YR.) | AY OF THE WEEK | | | TIME | | AM | |
| C C | SALE OF AGGILLATION, SAN, TRA | DATE OF ACCIDENT (MO., DAY, YR.) | | | | | PM | |
| I D | LOCATION OF ACCIDENT (ADDRESS, STREET OR HIGHWAY) | | | | | | | |
| E N T | ☐ IN CITY OR TOWN ☐ NEAR | | COUNTY | | | STATE | | |
| B U | NAME | | | | HOME TELEPHONE NUMBER | • | | |
| S D R | ADDRESS (STREET & NUMBER) | CITY | | | STATE | | | |
| | AGE MALE BUS DRIVING EXPERIENCE SOCI | OPERATOR LICENSE NUMBER | | REGULAR LICENSE | STATE | | | |
| I V | FEMALE YRS MOS | II OCATIO | N/TELEPHONE NUMBER WHERE S | II IDED\/I | CHAUFFEURS LICENSE | O/ (| | |
| E R | INAME OF BRIVER'S SUPERVISOR | LOCATIO | WIELEFHONE NOWIBER WHERE S | OFLICT | SON CAN BE CONTACTED | | | |
| _ | BEGAN AT | | DATI | | Ë | TIME | ☐ AM | |
| T R | RUN ON WHICH ACCIDENT DESTINATION | | | DAT | E | TIME | AM | |
| P | OCCURRED PURPOSE OF TRIP | | | | | <u> </u> | PM | |
| | YEAR MAKE & MODEL | | BUS VIN NUMBER | | BUS NUMBER | MAX. PASSE | ENGER CAPACITY | |
| B U | DESCRIBE DAMAGE | | | | | | | |
| ø | | | | | ☐ MINOR | MOD. | ☐ MAJOR | |
| | DRIVER'S NAME | | OPERATOR'S LICENSE NUMBER | | STATE | AGE (EST.) | MALE FEMALE | |
| v | DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) | | | TELEPHONE NUMBER | | | | |
| E H | OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) | | | | | | | |
| C | VEH. YEAR MAKE & MODEL | VEHICLE COLOR VEHICLE -VIN NUMBER | | | STATE | | | |
| L E | VER. TEAR MAKE & MODEL | VEHICLE COLOR | | VEHICLE -VIIN INUIVIBER | | | | |
| 2 | INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER | | | | | | | |
| | DESCRIBE DAMAGE | I | | | | | | |
| | DRIVER'S NAME | | OPERATOR'S LICENSE NUMBER | | STATE MINOR | MOD. AGE (EST.) | MAJOR MALE | |
| v | DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) | | | | TELEPHONE NUMBER | | FEMALE | |
| E | DAVENS ADDRESS (NOWBER & STREET, STIT & STATE) | | | | TELETHONE NOWIBER | | | |
| C | VEH. YEAR MAKE & MODEL | | VEHICLE COLOR | | VEHICLE VIN NUMBER | STATE | | |
| L E | INSURANCE COMPANY & POLICY # | INSURAN | ICE/AGENT PHONE NUMBER | | | | | |
| 3 | | | | | | | | |
| | DESCRIBE DAMAGE MINOR MOD. N | | | | | | MAJOR | |
| OTHER PROPERTY | OWNER'S NAME | OWNER'S | S ADDRESS (NUMBER & STREET, C | CITY & S | TATE) | | | |
| | TELEPHONE NUMBER DESCRIBE DAMAGE | | | | | | | |
| | BUS VEHICLE 2 | VEHICLE 3 S | A. SPEED LIMIT | | MINO! | R MOD | MAJOR VEHICLE 3 | |
| P A S | A. NO. OF PASSENGERS (INCLUDING DRIVER) | A. SPEED LIWIT | | виз | VERICLE 2 | VERICLE 3 | | |
| S | B. NO. OF PASSENGERS COMPLAINING OF INJURY | E E D | B. SPEED PRIOR TO ACCIDENT | (EST) | | | | |
| POLICE IN | IVESTIGATE? IF SO, NAME OF DEPARTMENT OR PATROL & LOC | CATION | | | NAME OF OFFICER | | | |
| CITATION | ISSUED? IF | SO, CHARGE | | | <u> </u> | | | |
| BUS | DRIVER DRIVER VEH. 2 DRIVER 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 | | | |
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| 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 SIGNATURE DATE OF REPORT | | | | | | | |
| Control of the transfer of the | | STATE OF STA | | J. I. S. HEI OH | | | |

| PERSONAL INJURIES: PERSONS COMPLAINI | ING OF OR SUFFERING INJURIES - HOWEVER SLI | | CI | CHECK OR IND | | NDICA | 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 — | EH. 2 | PAS DR PAS | | 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 VE WHETHER EYE WITNESS OR NOT. | HICLES INVOLVED: LIST PASSERBY, OTHE | ER MOTORISTS OR PERSONS AT SCEN | NE OF ACCIDENT- |
|------------------------------|----------------------------------------------------------------|--------------------------------------|---------------------------------|-----------------|
| NAME | STREET & NO. | CITY | STATE | AGE |
| | | | | (EST) |
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| OCCUPANTS OF BUS DO NOT F | REPEAT NAMES OF THOSE SHOWN | AS INJURED ABOVE | | |
| NAME | STREET & NO. | CITY | STATE | ACE |
| | | | | AGE (EST) |
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