



UNIFORM SCHOOL BUS ACCIDENT REPORT

Instructions: Pursuant to Section 1035.45 of the Illinois Administrative Code, report accidents to the Secretary of State as soon as possible. Send this form to your local Regional Office of Education. Do not submit to the Illinois State Board of Education.

SCHOOL DISTRICT		BUS OWNER	
BUS BODY MAKE	BUS CHASSIS MAKE	MODEL YEAR	VIN (Vehicle Identification Number)
BUS DRIVER NAME (Last, First, MI.)	DRIVER LICENSE NUMBER	CITATION ISSUED	POLICE REPORT NUMBER (If known)
LOCATION (County)	DATE OF ACCIDENT	DAY OF ACCIDENT	TIME OF ACCIDENT

PART I - SCHOOL BUS PHYSICALLY INVOLVED

1. Type of Accident (Enter only one response):

- | | | |
|---|---|--|
| <input type="checkbox"/> Between Motor Vehicles | <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Other collision (animal, animal-drawn vehicle, streetcar) |
| <input type="checkbox"/> Fixed Object (complete question 2) | <input type="checkbox"/> Pedalcycle | |
| <input type="checkbox"/> Non collision | <input type="checkbox"/> Railroad train | |

2. Complete if Fixed Object Accident (enter only one response, that which caused most damage):

- | | | |
|---|---|---|
| <input type="checkbox"/> Bridge rail | <input type="checkbox"/> Fence | <input type="checkbox"/> Sign |
| <input type="checkbox"/> Culvert or head wall | <input type="checkbox"/> Fire hydrant | <input type="checkbox"/> Tree |
| <input type="checkbox"/> Curb or wall | <input type="checkbox"/> Guardrail | <input type="checkbox"/> Utility pole |
| <input type="checkbox"/> Embankment | <input type="checkbox"/> Median barrier | <input type="checkbox"/> Other, specify _____ |

3. Did accident result in (enter only one response):

- | | |
|--|--|
| <input type="checkbox"/> Fatality | <input type="checkbox"/> Nonincapacitating injury (moderate) |
| <input type="checkbox"/> Incapacitating injury (serious) | <input type="checkbox"/> Possible injury (minor) |

3a. Property damage only. If property damage occurred, was it:

- | | |
|---|--|
| <input type="checkbox"/> More than \$500.00 | <input type="checkbox"/> Less than \$500 |
|---|--|

4. Number injured? (See Part III) _____

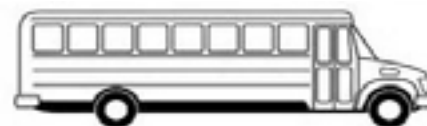
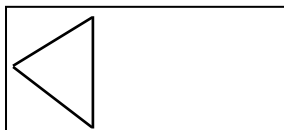
5. Manner of collision between vehicles or objects:

- | | | | |
|--------------------------------|-----------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Angle | <input type="checkbox"/> Rear-end | <input type="checkbox"/> Head-on | <input type="checkbox"/> Other: _____ |
|--------------------------------|-----------------------------------|----------------------------------|---------------------------------------|

6. Bus direction analysis (enter only one response):

<p style="text-align: center;">Collision with Pedestrian</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Intersection</p> <input type="checkbox"/> Bus going straight <input type="checkbox"/> Bus turning right <input type="checkbox"/> Bus turning left <input type="checkbox"/> Bus backing <input type="checkbox"/> Other action, specify _____</td> <td style="width: 50%;"> <p>Non Intersection</p> <input type="checkbox"/> Bus going straight <input type="checkbox"/> Bus turning right <input type="checkbox"/> Bus turning left <input type="checkbox"/> Bus backing <input type="checkbox"/> Other action, specify _____</td> </tr> </table>	<p>Intersection</p> <input type="checkbox"/> Bus going straight <input type="checkbox"/> Bus turning right <input type="checkbox"/> Bus turning left <input type="checkbox"/> Bus backing <input type="checkbox"/> Other action, specify _____	<p>Non Intersection</p> <input type="checkbox"/> Bus going straight <input type="checkbox"/> Bus turning right <input type="checkbox"/> Bus turning left <input type="checkbox"/> Bus backing <input type="checkbox"/> Other action, specify _____	<p style="text-align: center;">Collision with Other Vehicle</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Intersection</p> <input type="checkbox"/> Entering at angle, both moving <input type="checkbox"/> Entering same direction, both moving <input type="checkbox"/> Entering opposite direction, both moving <input type="checkbox"/> Other action, specify _____</td> <td style="width: 50%;"> <p>Nonintersection</p> <input type="checkbox"/> Same direction, both moving <input type="checkbox"/> Opposite direction, both moving <input type="checkbox"/> One vehicle stopped <input type="checkbox"/> Other action, specify _____</td> </tr> </table>	<p>Intersection</p> <input type="checkbox"/> Entering at angle, both moving <input type="checkbox"/> Entering same direction, both moving <input type="checkbox"/> Entering opposite direction, both moving <input type="checkbox"/> Other action, specify _____	<p>Nonintersection</p> <input type="checkbox"/> Same direction, both moving <input type="checkbox"/> Opposite direction, both moving <input type="checkbox"/> One vehicle stopped <input type="checkbox"/> Other action, specify _____
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<p style="text-align: center;">All Other Collisions</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Intersection</p> <input type="checkbox"/> Fixed object <input type="checkbox"/> Other road vehicle, training, pedacycle <input type="checkbox"/> Other object, animal</td> <td style="width: 50%;"> <p>Nonintersection</p> <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other road vehicle, training, pedacycle <input type="checkbox"/> Other object, animal</td> </tr> </table>	<p>Intersection</p> <input type="checkbox"/> Fixed object <input type="checkbox"/> Other road vehicle, training, pedacycle <input type="checkbox"/> Other object, animal	<p>Nonintersection</p> <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other road vehicle, training, pedacycle <input type="checkbox"/> Other object, animal	<p style="text-align: center;">Noncollision</p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <p>Intersection</p> <input type="checkbox"/> Overturn <input type="checkbox"/> Other noncollision</td> <td style="width: 50%;"> <p>Nonintersection</p> <input type="checkbox"/> Overturn <input type="checkbox"/> Other noncollision</td> </tr> </table>	<p>Intersection</p> <input type="checkbox"/> Overturn <input type="checkbox"/> Other noncollision	<p>Nonintersection</p> <input type="checkbox"/> Overturn <input type="checkbox"/> Other noncollision
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7. First point of impact (enter only one response): _____



8. Contributing circumstances (mark with an "x" as many responses as applicable):

Driver Action	Bus Driver Action	Other Vehicle Driver Action	Roadway
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Defective surface
Right of way-failed to yield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slippery
Passed stop sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inoperative traffic signal
Disregarded signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> View obstructed by object (e.g. tree, fence, shrubbery, etc.)
Drove left of center	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Defect
Improper overtaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tires
Made improper turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brakes
Followed too closely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lights
Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steering
Sudden movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No vehicle defect
No improper action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other action, specify _____

9. Total number of lanes on roadway: _____
10. Posted speed limit: _____
11. Approximate speed of the bus: _____
12. Age of school bus driver: _____
13. Driver: Male Female
14. Driver's experience driving school bus: Less than 6 months 1-2 years 5-10 years
 1 year or less 2-5 years Over 10 years
15. In the last three years how many school bus accidents has the driver had? _____
16. Did the driver receive a pre-service school bus driver training course? Yes No
17. Did the driver receive in-service training course in the last 12 months? Yes No
18. Was the bus driver's lap belt in use when the accident occurred? Yes No
19. Type of school bus: Type A Type B Type C Type D Other
20. Total number of passengers on bus (excluding driver): _____
21. Bus related seating capacity: _____
22. School bus use at time of accident:
 Regular route
 Field/Activity trip (school related use)
 Special Education use
 Other use
23. Condition of road at time of accident (enter as many responses as applicable):
 Dry Snow packed
 Holes or ruts Under repair
 Icy Wet
 Muddy Other, specify _____
24. Light condition (enter only one response):
 Dawn
 Daylight
 Dusk
 Dark, artificially illuminated
 Dark, not artificially illuminated
25. Weather condition (enter only one response):
 Clear Sleet/sleet
 Dust Smog/smoke
 Fog Snowing
 Raining Other, specify _____

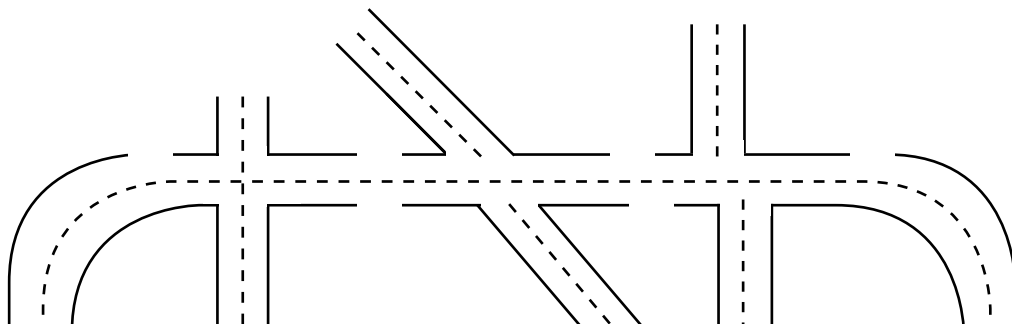
PART II – LOADING/UNLOADING ZONE ACCIDENTS

1. At the time of the accident, where was the bus? (Enter only one response)
 Approaching the zone Stopped in the zone Leaving the zone Not in sight
2. Was the pupil(s):
 Hit by the bus Hit by other vehicle
3. Number injured (See Part III) _____
4. Location of injured pupil(s):
 On side of road In roadway On sidewalk Other, specify _____

Part II - LOADING/UNLOADING ZONE ACCIDENTS (con't.)

Description of accident: (Please describe behavior of pupil(s) in loading zone in this section.)

Complete the following diagram showing direction and positions of vehicles involved, designating clearly the point of contact. (If this diagram will not serve for the accident in question, use adjacent space provided.)



PART III – INJURY TALLY SHEET - SCHOOL TRANSPORTATION-RELATED PERSONNEL

AGE	ON BOARD BUS					OFF BUS LOADING/UNLOADING ZONE				
	KILLED		INJURED			KILLED		INJURED		
	Male	Female	Serious	Moderate	Minor	Male	Female	Serious	Moderate	Minor
			All	All	All			All	All	All
Under 5										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
Over 18										
Driver										
Others										
TOTALS										

Report submitted by: _____

_____ **Original** Signature

_____ Name (Please print)

_____ Date

_____ Position/Title