



ILLINOIS STATE BOARD OF EDUCATION

Funding and Disbursement Division
 100 North First Street, E-320
 Springfield, Illinois 62777-0001

UNIFORM SCHOOL BUS ACCIDENT REPORT

School District		Bus Owner	
Bus Body Make	Bus Chassis Make	Model Year	V.I.N (Vehicle Identification Number)
Bus Driver Name (Last, First, Middle Init.)	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) _____

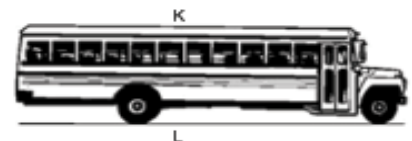
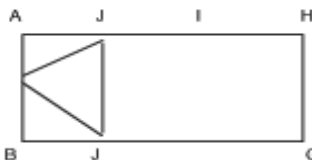
5. Manner of collision between vehicles or objects:

- | | | | |
|--------------------------------|-----------------------------------|----------------------------------|---------------------------------------|
| <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 align="center">Collision with Pedestrian</p> <table border="0"> <tr> <td>Intersection</td> <td>Nonintersection</td> </tr> <tr> <td><input type="checkbox"/> Bus going straight</td> <td><input type="checkbox"/> Bus going straight</td> </tr> <tr> <td><input type="checkbox"/> Bus turning right</td> <td><input type="checkbox"/> Bus turning right</td> </tr> <tr> <td><input type="checkbox"/> Bus turning left</td> <td><input type="checkbox"/> Bus turning left</td> </tr> <tr> <td><input type="checkbox"/> Bus backing</td> <td><input type="checkbox"/> Bus backing</td> </tr> <tr> <td><input type="checkbox"/> Other action, specify _____</td> <td><input type="checkbox"/> Other action, specify _____</td> </tr> </table>		Intersection	Nonintersection	<input type="checkbox"/> Bus going straight	<input type="checkbox"/> Bus going straight	<input type="checkbox"/> Bus turning right	<input type="checkbox"/> Bus turning right	<input type="checkbox"/> Bus turning left	<input type="checkbox"/> Bus turning left	<input type="checkbox"/> Bus backing	<input type="checkbox"/> Bus backing	<input type="checkbox"/> Other action, specify _____	<input type="checkbox"/> Other action, specify _____	<p align="center">Collision with Other Vehicle</p> <table border="0"> <tr> <td>Intersection</td> <td>Nonintersection</td> </tr> <tr> <td><input type="checkbox"/> Entering at angle, both moving</td> <td><input type="checkbox"/> Same direction, both moving</td> </tr> <tr> <td><input type="checkbox"/> Entering same direction both moving</td> <td><input type="checkbox"/> Opposite direction, both moving</td> </tr> <tr> <td><input type="checkbox"/> Entering opposite direction, both moving</td> <td><input type="checkbox"/> One vehicle stopped</td> </tr> <tr> <td><input type="checkbox"/> Other action, specify _____</td> <td><input type="checkbox"/> Other action, specify _____</td> </tr> </table>		Intersection	Nonintersection	<input type="checkbox"/> Entering at angle, both moving	<input type="checkbox"/> Same direction, both moving	<input type="checkbox"/> Entering same direction both moving	<input type="checkbox"/> Opposite direction, both moving	<input type="checkbox"/> Entering opposite direction, both moving	<input type="checkbox"/> One vehicle stopped	<input type="checkbox"/> Other action, specify _____	<input type="checkbox"/> Other action, specify _____
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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 C Other

Type B Type D

20. Total number of passengers on bus (excluding driver): _____

21. Bus rated 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 Sleeting

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): _____

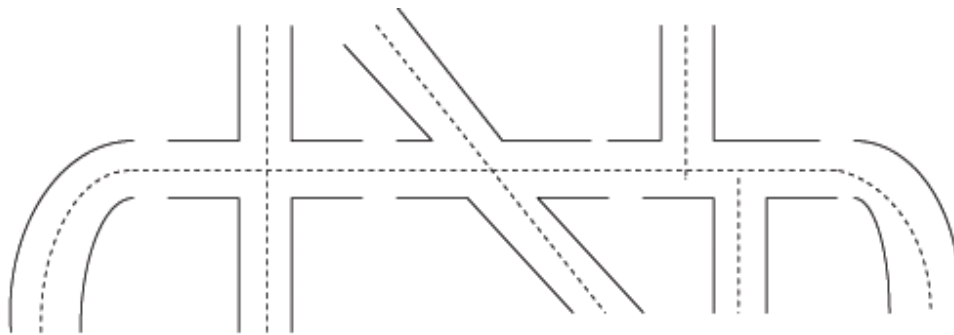
4. Location of injured pupil(s):

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		
			Serious	Moderate	Minor			Serious	Moderate	Minor
	Male	Female	All	All	All	Male	Female	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: _____

Signature	Name (Please print):
Date:	Position/Title: