



EEAEE-E

SCHOOL BUS ACCIDENT REPORT FORM

The Transportation Department requires the information specified on this form whenever a school bus is involved in an accident, regardless of the severity.

The bus driver must complete a School Bus Accident Report Form ensuring they have filled in all relevant sections providing as much detail as possible. For assistance filling in the form, please contact the Transportation Manager.

The completed form must be submitted to the Transportation Manager as early as possible. It will be processed in accordance with divisional procedures and guidelines concerning a bus accident and student transportation guidelines.

General Accident Information

School Bus Unit Number: _____

Accident Date: _____ Day of the Week: M T W Th F Sa Su

Accident Location (e.g., street, highway number, driver's residence): _____

Town/City: _____ **OR** ☐ On rural route

Time of Accident: _____ a.m. p.m.

Number of Students on Bus (excluding driver): _____

Type of Bus:	Van (Type A1)	Van (Type A2)	Handi-Transit (Type A1)	Conventional (Type C)	Flat Nose (Type D)
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School Bus Use at Time of Accident:	<input type="checkbox"/> Regular route	<input type="checkbox"/> Maintenance/fueling
	<input type="checkbox"/> Special education	<input type="checkbox"/> Off duty
	<input type="checkbox"/> Field trip	<input type="checkbox"/> Other (specify) _____

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School Bus Driver Information

Driver's Name: _____

School Bus Driver Experience:

- ☐ Less than 1 year ☐ 3-5 years ☐ More than 10 years
- ☐ 1-2 years ☐ 6-10 years

Number of school bus accidents in past three years: _____

Did driver receive 24 hours of school bus operator instruction prior to being certified?

- ☐ Yes ☐ No

Has driver received eight hours of in-servicing in the past 12 months? ☐ Yes ☐ No

At Time of Accident

Posted Speed Limit: _____ km/h **OR** ☐ Not applicable

Approximate Speed of Bus: _____ km/h **OR** ☐ Stopped

Was the driver wearing a seat belt? ☐ Yes ☐ No ☐ Driver off bus at time of accident

Is the bus strobe light equipped? ☐ Yes ☐ No Was it activated at the time of the accident? ☐ Yes ☐ No

Were the police notified? ☐ Yes ☐ No

Was a police report completed? ☐ Yes ☐ No

1. The accident involved the school bus and:

- ☐ School bus only ☐ Animal
☐ Another motor vehicle ☐ Pedestrian
☐ Fixed object (specify): _____ ☐ Cyclist
☐ Train ☐ Other (specify): _____



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2. Amount of damage to all property involved (i.e., vehicles and/or other objects):
☐ No damage ☐ \$1,000 or less ☐ More than \$1,000
3. Did the accident occur at an intersection?
☐ Yes ☐ No
4. Type of collision between vehicles or objects:
☐ Angle ☐ One vehicle backing
☐ Head-on ☐ Rollover
☐ Rear end ☐ Other (specify): _____
5. Direction of vehicles at the time of the accident:
☐ Angle, both moving ☐ One vehicle stopped
☐ Same direction, both moving ☐ Single vehicle accident
☐ Opposite direction, both moving ☐ Vehicle direction not a factor
6. Contributing Circumstance(s):

Bus Driver Actions

- ☐ Improper speed
- ☐ Failed to yield right of way
- ☐ Failed to obey stop sign
- ☐ Failed to obey traffic signal
- ☐ Crossed centre line
- ☐ Improper passing
- ☐ Improper turning
- ☐ Improper backing
- ☐ Followed too closely

Other Circumstances

- ☐ Actions of other driver
- ☐ Obstructed view
- ☐ Weather conditions/visibility
- ☐ Vehicle defect (specify): _____
- ☐ Road conditions (specify): _____
- ☐ Other circumstances (specify): _____

7. Weather Conditions/Visibility:

- ☐ Clear ☐ Snow/sleet
- ☐ Cloud cover/overcast ☐ Haze/smoke
- ☐ Rain ☐ Exhaust fog
- ☐ Fog ☐ Other (specify): _____

8. Road Surface:

- ☐ Pavement ☐ Gravel ☐ Dirt

9. Road Condition:

- ☐ Dry ☐ Snow packed
- ☐ Wet ☐ Potholes/ruts
- ☐ Muddy ☐ Under repair
- ☐ Icy ☐ Other (specify): _____



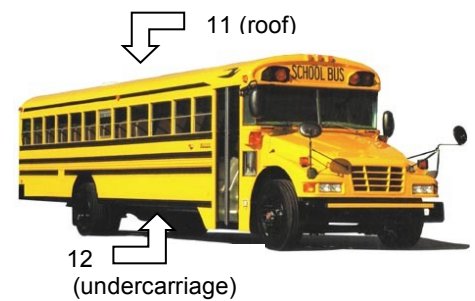
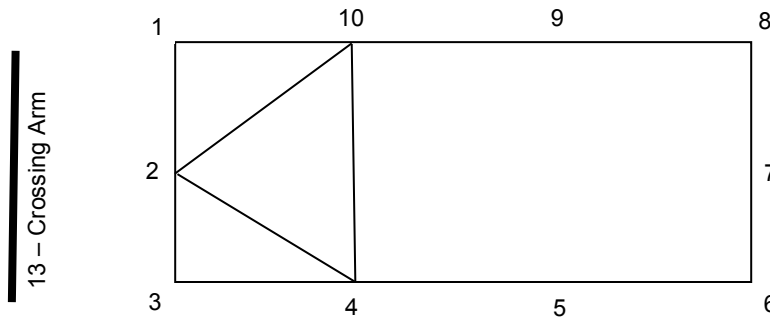
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10. Lighting:

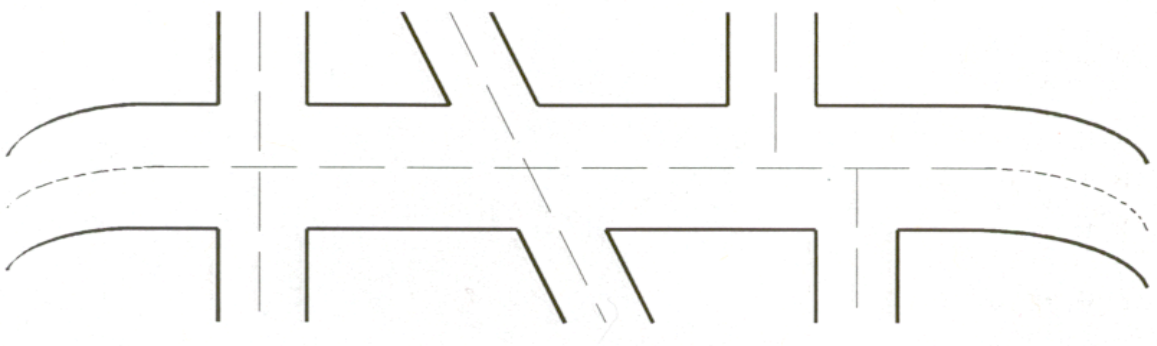
- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Dark |
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Dark, artificial illumination |
| <input type="checkbox"/> Dusk | |

11. Identify the point of impact:



14 No impact/other circumstance (specify): _____

12. Please provide a brief description of the accident. If it assists with the explanation, complete the accident sketch below.





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COMPLETE ONLY IF THE ACCIDENT OCCURRED WHILE LOADING/UNLOADING:

13. At the time of accident, the bus was:
☐ Entering the loading area ☐ Stopped in the loading area ☐ Leaving the loading area
14. Did a "don't pass law" violation occur?
☐ Yes ☐ No
15. Was anyone injured in this accident?
☐ Yes ☐ No
- If yes, was the student/other person injured in the loading area?
- ☐ Struck by the bus ☐ Struck by another vehicle ☐ Other incident (specify): _____

COMPLETE ONLY IF THE ACCIDENT INVOLVED A PEDESTRIAN/CYCLIST:

16. Direction of the bus at the time of accident:
☐ Straight ☐ Backing
☐ Turning right ☐ Bus stopped
☐ Turning left ☐ Other (specify): _____
17. At the time of accident, the pedestrian/cyclist was:
☐ On the side of the road ☐ In a crosswalk
☐ In the roadway ☐ Other (specify): _____

COMPLETE ONLY IF THE ACCIDENT RESULTED IN INJURY:

Severity of Injury	Number of Injured ON Bus			Number of Injured OFF Bus		
	Students	Driver	Other Persons	Students	Driver	Other Persons
Minor						
Moderate						
Serious						
Fatal						

Cross Reference:		
Date Adopted: August 1, 2017	Date Amended:	Board Motion(s):
Procedure: EEAEE	Guidelines:	Exhibit: