Louisiana Department of Education  
BUREAU OF SCHOOL TRANSPORTATION  
UNIFORM SCHOOL BUS ACCIDENT REPORT FORM

Parish __________________________ Date of Accident ___________ 20 ___________ Day of Accident ___________

Location(Parish) __________________________ Street, Road, Hwy, __________________________ City, Town __________________________

Driver’s Name __________________________ Driver’s License Number __________________________

Bus Owner __________________________ Chassis Make __________________________ Body Make __________________________ Model Year __________________________

Police Reports:
Complaint # __________________________ Was the bus driver ticketed? (circle one) YES NO

1. TYPE OF ACCIDENT (Check only ONE response)
   - Between Motor Vehicles
   - Pedestrian
   - Pedacycle
   - Other collision (Animal, animal-drawn vehicle, streetcar, etc.)

2. COMPLETE IF FIXED OBJECT ACCIDENT (Check ONE response)
   - Embankment
   - Sign
   - Fence
   - Curb or wall
   - Non-collision
   - Guardrail
   - Median barrier
   - Culvert or headwall
   - Tree
   - Bridge rail
   - Fire Hydrant
   - Other __________________________

3. PROPERTY DAMAGE ONLY: Was the damage
   - More than $500.00
   - Less than $500.00

SCHOOL TRANSPORTATION RELATED PERSONNEL

<table>
<thead>
<tr>
<th>INJURY SEVERITY</th>
<th>AGE</th>
<th>SEX</th>
<th>TOTAL (NUMBERED)</th>
<th>On-Board</th>
<th>**Off Bus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Pupil</td>
<td>Driver</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Load Pupil</td>
<td>Unload Driver</td>
</tr>
</tbody>
</table>

1. Killed
2. Severe (Incapacitating)
3. Moderate (Nonincapacitating)
4. Minor (Possible)

**OFF BUS LOADING UNLOADING ACCIDENTS ONLY (answer the following three questions)

a. AT THE TIME OF THE ACCIDENT, WAS THE BUS? (check only one response)
   - Approaching the zone
   - Stopped in zone
   - Leaving zone
   - Not in sight

b. WAS THE PUPIL? (check only one response)
   - Hit by the bus
   - Hit by other vehicle

c. LOCATION OF THE INJURED PUPIL(S): (check only one response)
   - On side of road
   - On sidewalk
   - In roadway

4. MANNER OF COLLISION BETWEEN VEHICLES OR OBJECTS:
   - Angle
   - Head-on
   - Rear-End
   - Other __________________________

5. BUS DIRECTIONAL ANALYSIS (check only one response for the entire question)

   **INTERSECTION**
   - Entering at angle, both moving
   - Entering same direction, both moving
   - Entering opposite direction, both moving
   - Other action __________________________

   **NONINTERSECTION**
   - Same direction, both moving
   - Opposite direction, both moving
   - One vehicle stopped
   - Other action __________________________

   (specify) (specify)

ALL OTHER COLLISION

At Intersections:
   - Fixed object
   - Other object, animal

Nonintersections:
   - Fixed object
   - Other object, animal
NONCOLLISION

At Intersections: □ Overturned □ Other Collision
Nonintersections: □ Overturned □ Other Collision

FIRST POINT OF IMPACT (enter only one response in box)

6. CONTRIBUTING CIRCUMSTANCES (check as many responses as applicable):

- Bus Driver
  - Speed
  - Failed to yield right of way
  - Passes stop sign
  - Disregarded signal
  - Drove left of center
  - Improper overtaking/passing
  - Made improper turn
  - Follow too close
  - Backing
  - Sudden movement
  - No improper action
  - Other circumstances (Specify)

- Other Driver
  - Speed
  - Failed to yield right of way
  - Passes stop sign
  - Disregarded signal
  - Drove left of center
  - Improper overtaking/passing
  - Made improper turn
  - Follow too close
  - Backing
  - Sudden movement
  - No improper action
  - Other circumstances (Specify)

- School Bus Vehicle Defects
  - Tires
  - Brakes
  - Lights
  - Steering
  - No Defects
  - Roadway Condition
  - Defective surface (e.g., potholes)
  - Slippery
  - Inoperative traffic signal
  - View obstructed (e.g., tree, fence)
  - Other (Specify)

7. TOTAL NUMBER OF LANES IN ROADWAY: ___________________________

8. WAS ROADWAY DIVIDED? □ YES □ NO

DRIVER PROFILE

A. SEX □ Male □ Female
   B. Age: __________
   C. How many accidents in the last 3 years? __________
   D. Preservice driving training? □ YES □ NO
   E. In-service training this year? □ YES □ NO
   F. Years of experience: __________

SCHOOL BUS PROFILE

A. Type □ A □ B □ C □ D □ Other (Specify) □
   B. Rated capacity __________
   C. Pupils Aboard __________
   D. Is lap belt on bus? □ YES □ NO
   E. Was belt being used? □ YES □ NO
   F. School bus use at time of accident:
      □ Regular Route □ Spec. Ed. Route
      □ Field/Activity Trip □ Other (Specify)

CONDITION OF ROAD

□ Dry □ Wet □ Icy □ Under Repair
□ Holes or ruts □ Snow packed
□ Other (Specify) __________

WEATHER CONDITIONS

□ Clear □ Rain □ Fog □ Snow □ Dust
□ Other (Specify) __________

DESCRIPTION OF ACCIDENT: __________________________________________________________________________

NAME(S) OF INJURED PUPILS (IF ANY):__________________________________________________________

NAME(S) OF WITNESSES (IF ANY):____________________________________________________________

PLEASE DESCRIBE BEHAVIOR OF PUPILS IN LOADING ZONE ACCIDENT: __________________________________

9. POSTED SPEED LIMIT: __________

10. APPROXIMATE SPEED OF SCHOOL BUS: __________
Complete the following diagram showing direction and positions of vehicles involved, designating clearly point of contact. (If this diagram will not serve for the accident in question, attach a drawing to this form.)

REPORT SUBMITTED BY:

______________________________
NAME

______________________________
SIGNATURE

______________________________
SCHOOL BUS OPERATOR

______________________________
POSITION

______________________________
DATE

INFORMATION REQUIRED BY LOCAL SCHOOL SYSTEM:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________