

<b>ODE USE ONLY</b>	Chargeable: Y N
Received: _____	Accident # _____


**Section 1 – Accident Location / Information**

Accident Date	Day of Week	Time of Day	County	Closest City	Accident Occurred: Inside city OR _____ miles from city
Road or other location where accident occurred			Nearest intersecting road or mile post	Accident Occurred: At intersection OR within _____ Feet Miles of intersection	
Type of accident (mark all that apply): Two vehicles More than two vehicles Bicycle / Pedestrian Motorcycle				Road Condition (mark all that apply): Dry Wet Snowy Icy	
Train Overturned vehicle Animal Fixed Object / Property				Under Repair Holes / Ruts Muddy Other: _____	
Light Condition Daylight Dark (lighted)		Weather Conditions (mark all that apply): Clear Cloudy Raining		Number of Lanes Divided: Yes	
Dawn or Dusk Dark (unlighted)		Snowing Fog		Sleeting Dust Smoke / Smog Other: _____	
Road Surface (e.g. concrete)					
This accident resulted in (check all that apply): An injury requiring medical or dental treatment; Vehicle #s with injured occupants: _____ Citation issued to driver of vehicle # _____; The citation was for: _____					
A fatality A vehicle towed from scene Emergency Service Response; Agencies _____ Total combined damage in excess of \$500					


**Section 2 – Vehicle #1 School Bus / Activity Vehicle Information**

School District				School bus or school activity vehicle owner Same			
Driver's Name (Last, First MI)			Driver's License Number		State	Age of Driver	Years of experience driving bus / activity vehicle
Driver Address				City		State	ZIP Code
Vehicle Year	Chassis Make	Body Make	Model	Fleet Number	Vehicle Plate Number	Vehicle Identification Number	Vehicle Capacity
Total # of Passengers	Pupils	Aides / Employees	Other Adults	Wheelchairs	Driver Restraint Type Lap / Shoulder    Lap Only		Driver restraint in use? Yes    No    N/A (Parked Vehicle)
Type of School Bus or School Activity Vehicle Type A-I    Type D Type A-II    Type 10 Type B    Type 20 Type C    Type 21		Use of vehicle at time of crash Regular Education Route Special Education Route Field / Activity Trip Other: _____		At the time of the crash, you were (mark all that apply): Going straight ahead    Entering driveway    Leaving parked position    Disregard stop sign Turning left    Stopped    Parked    Loading students Turning right    Entering parked position    In wrong lane    Unloading students Making a U-turn    Slowing / Stopping    Disregard stop light    Crossing Students Backing    Leaving driveway    Other: _____			
Activated lights at time of the crash Turn signal    Amber bus safety lights Hazards    Red bus safety lights		Speed information Speed: _____    Posted: _____		Estimated damage		If a mechanical deficiency contributed to the accident, check box and explain _____	


Circle the letter of first impact. K indicates the roof and L indicates the undercarriage



Shade damaged areas



**Section 3 – Vehicle #2 Information (attach additional sheets for more than 2 vehicles)**

Driver's Name (Last, First MI) or description of object (if fixed object crash)			Driver's License Number		State	Insurance Company & Policy Number
Driver's Address			City		State	ZIP Code
Vehicle Year	Make	Model	At the time of the crash, vehicle #2 was (mark all that apply): Going straight ahead    Entering driveway    Leaving parked position Turning left    Stopped    Parked Turning right    Entering parked position    In wrong lane Making a U-turn    Slowing / Stopping    Disregard stop light Backing    Leaving driveway    Other: _____			
Body Style	Vehicle Plate and State	Estimated Damage	Describe damage to vehicle or fixed object: Shade damaged areas			
						

This form must be type-filled for processing. Handwritten forms will be returned for revision.

**Section 4 – If Accident Involved a Pedestrian or Bicyclist**  
List Name and Information in Section and complete the following

Pedestrian or Bicyclist	Pedestrian / Bicyclist was going:	Name of Street
Pedestrian      Bicyclist	N      E      S      W	Along or      Across      _____
Pedestrian / Bicyclist Action Crossing at intersection or crosswalk Crossing NOT at intersection or crosswalk Walking / riding in roadway with traffic Walking / riding in roadway AGAINST traffic Standing in roadway Other: _____	Pushing or working on vehicles in roadway Other working in road Playing in road Hitchhiking Not in roadway	Pedestrian / Bicyclist Injury Deceased Incapacitated Visible injury Momentary unconsciousness No apparent injury (treatment later) No apparent injury (no treatment)

**Section 5 – Accident Description**

Describe what happened:

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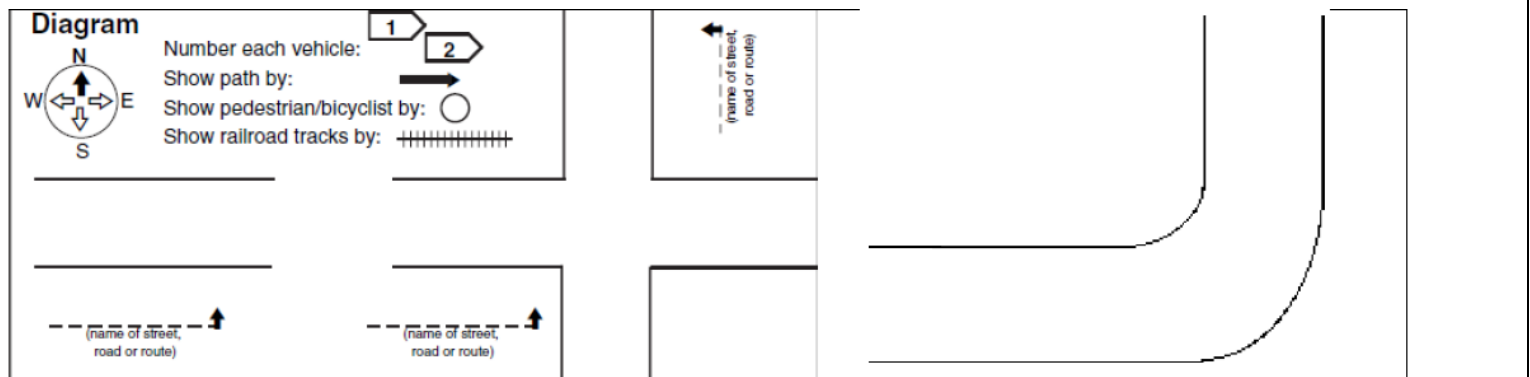
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**Section 6 – Injuries**

Attach additional sheets if needed – Fill out all information for Vehicle 1. Only name for other vehicles

V - Vehicle Number  
 S - Side of bus: Left (L) or Right (R) R - Row by #  
 P - Position (1 by window, 2 in middle, 3 in aisle)  
 Equip - Safety equipment available (1 none, 2 lap belt, 3 lap / shoulder belt, 4 infant seat, 5 removable toddler seat, 6 integrated car seat, 7 safety vest, 8 wheelchair securement)  
 Use - indicate if safety equipment was used with a Y or N Injury - (1 deceased, 2 incapacitated, 3 visible injury, 4 momentary unconsciousness, 5 no apparent injury, sought medical treatment at a later time)


V	S	R	P	NAME	Sex	Age	Equip	Use	Injury

**Signatures:** I certify all information given on this report is true and accurate to the best of my knowledge


Driver \_\_\_\_\_ Date: \_\_\_\_\_ Supervisor \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor email address \_\_\_\_\_


**Section 3 Additional Information (Vehicle #3)**

Driver Name (Last, First MI) or description of object (if fixed object crash)		Driver License Number	State	Insurance Company & Policy Number
Driver Address		City	State	Zip Code
Vehicle Year	Make	Model	At the time of the crash, vehicle #3 (mark all that apply)	
Body Style	Vehicle Plate and State	Estimated damage	<input type="checkbox"/> Going straight ahead <input type="checkbox"/> Entering driveway <input type="checkbox"/> Leaving parked pos. <input type="checkbox"/> Turning left <input type="checkbox"/> Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Turning right <input type="checkbox"/> Entering parked pos. <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Slowing / stopping <input type="checkbox"/> In wrong lane <input type="checkbox"/> Backing <input type="checkbox"/> Leave driveway <input type="checkbox"/> Disregard traffic light	
Describe damage to vehicle or fixed object			Shade damaged areas 	

**Section 3 Additional Information (Vehicle #4)**

Driver Name (Last, First MI) or description of object (if fixed object crash)		Driver License Number	State	Insurance Company & Policy Number
Driver Address		City	State	Zip Code
Vehicle Year	Make	Model	At the time of the crash, vehicle #4 (mark all that apply)	
Body Style	Vehicle Plate and State	Estimated damage	<input type="checkbox"/> Going straight ahead <input type="checkbox"/> Entering driveway <input type="checkbox"/> Leaving parked pos. <input type="checkbox"/> Turning left <input type="checkbox"/> Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Turning right <input type="checkbox"/> Entering parked pos. <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Slowing / stopping <input type="checkbox"/> In wrong lane <input type="checkbox"/> Backing <input type="checkbox"/> Leave driveway <input type="checkbox"/> Disregard traffic light	
Describe damage to vehicle or fixed object			Shade damaged areas 	

**Section 3 Additional Information (Vehicle #5)**

Driver Name (Last, First MI) or description of object (if fixed object crash)		Driver License Number	State	Insurance Company & Policy Number
Driver Address		City	State	Zip Code
Vehicle Year	Make	Model	At the time of the crash, Vehicle #5 (mark all that apply)	
Body Style	Vehicle Plate and State	Estimated damage	<input type="checkbox"/> Going straight ahead <input type="checkbox"/> Entering driveway <input type="checkbox"/> Leaving parked pos. <input type="checkbox"/> Turning left <input type="checkbox"/> Stopped <input type="checkbox"/> Parked <input type="checkbox"/> Turning right <input type="checkbox"/> Entering parked pos. <input type="checkbox"/> Making a U-turn <input type="checkbox"/> Slowing / stopping <input type="checkbox"/> In wrong lane <input type="checkbox"/> Backing <input type="checkbox"/> Leave driveway <input type="checkbox"/> Disregard traffic light	
Describe damage to vehicle or fixed object			Shade damaged areas 	

**Section 6 Additional Information**

V - Vehicle Number S - Side of bus: Left (L) or Right (R) R - Row by # P - Position (1 by window, 2 in middle, 3 in aisle) Equip - Safety equipment available (1 none, 2 lap belt, 3 lap / shoulder belt, 4 infant seat, 5 removable toddler seat, 6 integrated car seat, 7 safety vest, 8 wheelchair securement) Use - indicate if safety equipment was used with a Y or N Injury - (1 deceased, 2 incapacitated, 3 visible injury, 4 momentary unconsciousness, 5 no apparent injury, sought medical treatment at a later time)	V	S	R	P	Name	Sex	Age	Equip	Use	Injury	

This form must be type-filled for processing. Handwritten forms will be returned for revision.

Oregon Administrative Rules (OARs) 581-053-0210, 581-053-0230, 581-053-0330, 581-053-0430, & 581-053-0531 require that accident reports are submitted to the Oregon Department of Education within 72 hours of an accident. OAR 581-053-0003 defines an accident as:

An occurrence that results in any of the following:

- a. An injury requiring medical or dental treatment
- b. Combined vehicle and property damage in excess of \$500. This includes damage to the school bus or school activity vehicle damage to property other than the school bus or school activity vehicle, including damage to another school bus or school activity vehicle, or transportation entity property.

Please fill out this form completely and accurately.

### Section 1 - Accident Location / Information

The information in this section relates to the accident location and other basic information about the accident.

### Section 2 - Vehicle #1 School Bus / School Activity Vehicle Information

Passengers: The total # of passengers includes everyone on the bus other than the driver. Passengers are then broken down by category.. The same passenger may be in more than one of these sub-categories (i.e. a student in a wheel chair would be listed in the "Pupil" and "Wheelchair" sections.

School Bus / School Activity Vehicle Definitions: (A school bus is any vehicle that displays the words "School Bus" ORS 801.460)

Type A-I is a school bus with a GVWR of 14,500 lbs. or less and a separate door for the driver.

Type A-II is a school bus with a GVWR between 14,500 and 19,500 lbs, a passenger capacity not to exceed 36 and a separate door for the driver.

Type B is a school bus with a GVWR between 10,000 and 19,500 lbs. Most of the engine is beneath and/or behind the windshield and beside the driver's seat. The entrance door is behind the front wheels.

Type C is a school bus with all or part of the engine in front of the windshield and the entrance door behind the front wheels.

Type D is a school bus with the engine mounted in the front behind the windshield, midship, or rear. The entrance door is ahead of the front wheels.

Type 10 is an activity vehicle that has a capacity of not more than ten persons, a GVWR of not more than 10,000 lbs.

Type 20 is an activity vehicle that has a capacity of not more than 20 passengers, a GVWR of not more than 14,500 lbs, and meets school bus construction standards.

Type 21 is an activity vehicle that has a capacity of 21 or more passengers and meets school bus construction standards.

Use of vehicle: If you are driving empty when the crash occurs, please mark the type of activity you were driving to or from.

### Section 3 - Vehicle #2 Information (attach additional sheets for more than two vehicles)

This is information related to other vehicles involved in the crash. If more than one other vehicle is involved, please attach additional pages with vehicle information. Page 3 of this report as additional space if needed.

### Section 4 - If accident involved a pedestrian or bicyclist, list name and info in section 3 and complete the following

If the accident involves a pedestrian or bicycle, please fill out this section. There is no need to include this person in Section 6 because their injury will be noted in this section.

### Section 5 - Accident Description

Describe what happened during the crash. Attach additional sheets as needed. If filling out on the computer, you will need to press tab at the end of each line to continue.

### Section 6 - Injuries (Attach additional sheets as needed) Fill out all information for V1, just name for other vehicles

Complete this section for any one who is injured during the crash (other than bikes or pedestrians, which is covered in section 4) All information is required for passengers on the bus, just name is required for other injured people.