

# School Bus and Activity Vehicle Accident Report

ODE USE ONLY

Chargeable: Y N

Received: \_\_\_\_\_

Accident # \_\_\_\_\_

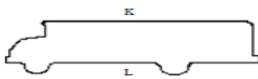
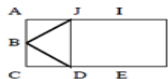
## Section 1 – Accident Location / Information

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

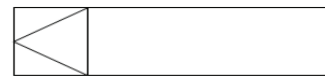
## Section 2 – Vehicle #1 School Bus / Activity Vehicle Information

|   |              |  |                         |  |  |   |  |
|---|--------------|--|-------------------------|--|--|---|--|
| School District   |              |  |                         | School bus or school activity vehicle owner<br>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<br>Lap / Shoulder Lap Only | Driver restraint in use?<br>Yes No N/A (Parked Vehicle)   |  |
| Type of School Bus or School Activity Vehicle<br>Type A-I Type D<br>Type A-II Type 10<br>Type B Type 20<br>Type C Type 21 |              | Use of vehicle at time of crash<br>Regular Education Route<br>Special Education Route<br>Field / Activity Trip<br>Other: _____ |                         | At the time of the crash, you were (mark all that apply):<br>Going straight ahead<br>Turning left<br>Turning right<br>Making a U-turn<br>Backing |  |   |  |
| Activated lights at time of the crash<br>Turn signal<br>Hazards   |              | Amber bus safety lights<br>Red bus safety lights   |                         | Speed information<br>Speed: _____ Posted: _____  |  | Estimated damage<br>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):<br>Going straight ahead<br>Turning left<br>Turning right<br>Making a U-turn<br>Backing |       |                                   |
| Body Style  | Vehicle Plate and State | Estimated Damage | Entering driveway<br>Stopped<br>Entering parked position<br>Slowing / Stopping<br>Leaving driveway   |       |                                   |
| Describe damage to vehicle or fixed object:                                     |                         |                  | Leaving parked position<br>Parked<br>In wrong lane<br>Disregard stop light<br>Other: _____   |       |                                   |
|   |                         |                  | Shade damaged areas  |       |                                   |

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

# School Bus and Activity Vehicle Accident Report

## 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  |   |
| <b>Pedestrian / Bicyclist Action</b><br>Crossing at intersection or crosswalk<br>Crossing NOT at intersection or crosswalk<br>Walking / riding in roadway with traffic<br>Walking / riding in roadway AGAINST traffic<br>Standing in roadway<br>Other: _____ |           |                                   |   | <b>Pedestrian / Bicyclist Injury</b><br>Deceased<br>Incapacitated<br>Visible injury<br>Momentary unconsciousness<br>No apparent injury (treatment later)<br>No apparent injury (no treatment) |   |

## Section 5 – Accident Description

Describe what happened:

**Diagram**

## Section 6 – Injuries


At each additional sheet 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) | 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"/> In wrong lane           |
|   |   |                          | <input type="checkbox"/> Making a U-turn                   | <input type="checkbox"/> Slowing / stopping   | <input type="checkbox"/> Disregard traffic light |
| <input type="checkbox"/> Backing  | <input type="checkbox"/> Leave driveway | <input type="checkbox"/> | Describe damage to vehicle or fixed object                 |   |  |
| 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"/> In wrong lane           |
|   |   |                          | <input type="checkbox"/> Making a U-turn                   | <input type="checkbox"/> Slowing / stopping  | <input type="checkbox"/> Disregard traffic light |
| <input type="checkbox"/> Backing  | <input type="checkbox"/> Leave driveway | <input type="checkbox"/> | Describe damage to vehicle or fixed object                 |  |  |
| 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"/> In wrong lane           |
|   |   |                          | <input type="checkbox"/> Making a U-turn                   | <input type="checkbox"/> Slowing / stopping   | <input type="checkbox"/> Disregard traffic light |
| <input type="checkbox"/> Backing  | <input type="checkbox"/> Leave driveway | <input type="checkbox"/> | Describe damage to vehicle or fixed object                 |   |  |
| Describe damage to vehicle or fixed object                                    |   | Shade damaged areas      |  |  |  |

Section 6 Additional Information

|  |   |   |   |   |      |     |     |       |     |        |
|--|---|---|---|---|------|-----|-----|-------|-----|--------|
| V - Vehicle Number   | V | S | R | P | Name | Sex | Age | Equip | Use | Injury |
| 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)                                  |   |   |   |   |      |     |     |       |     |        |

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.