OREGON DEPARTMENT OF EDUCATION School Bus and Activity Vehicle Accident Report

Public Service Building 255 Capitol Street NE Salem, OR 97310

ODE USE ONLY Chargeable: Y N
Received: _____ Accident # _____

Transportation & Fingerprinting Unit	
503-947-5600	
FAX 503-378-5156	
buslicense@ode.oregon.gov	

			S	ection 1 –	Accident	t Location / In	formatio	on				
Accident Date	Day of We	ek	Time of Day	Count		t Location / in	Closest Ci		Accident Occurr	ed:		
	.,		,		,			,				
									Inside city O	OR	miles from city	
Road or other loca	ation where	accident occurre	ed	Nearest int	ersecting roa	ad or mile post	Accident	Occurred:				
							At inter	section OR w	ithin f	Feet M	iles of intersection	on
Type of accident (mark all that	t apply):				Į.		ondition (mark			Number of Land	es
Two vehicles		Train			ollision injur	ries on bus	Dry	•	der Repair			
More than tw			ed vehicle		e off road		We		les / Ruts		Divided:	
Bicycle / Pede Motorcycle	estrian	Animal Fixed Ohi	ect / Property		(specify):		lcy	•	ıddy ner:		Yes	
					Ca.adiriaa	/					Dand Courfess	
Light Condition Daylight		Dawn o	r Dusk		r Conditions ear	(mark all that apply Snowing	y): Sleet	ting G	Smoke / Smog		Road Surface (e.g. concrete)	
Dark (lighted	1)		nlighted)		oudy	Fog	Dust	-	Other:		(e.g. concrete)	
				Ra	ining							
This accident resu				A C-1-	1	A distribute of Co.		-	ta ta ta a sa la ta a a la			
\/ab:ala #a		cal or dental tre ed occupants:		A fata	Г	A vehicle towed from ergency Service F			otal combined	damage in	excess of \$500	
Citation issue	ed to drive	r of vehicle #		_ ; The	citation wa	s for:	,	gee.e				
		C	aatian 2	Vabiala #	1 Cab a a l	Due / Activity	Vahiala	المراجع	•			
School District		3	ection 2 –	venicie #	T 2CHOOL	Bus / Activity School bus or sci						
School District						3611001 bus 01 361	noor activit	ty vernicle owne				
						Same						
Driver's Name (La	st, First MI)			0	river's Licen	se Number	St	ate	Age of Driver		experience drivin	ηg
										bus / act	ivity vehicle	
Driver Address						City			State		ZIP Code	
						,						
Vehicle Year	Chassis Ma	ake	Body Make	Model		Fleet Number	Vehicle	Plate Number	Vehicle Ident	ification N	umber Vehicle	
			, ,								Capacit	ty
Talal Haf	D .:1.	A:-l / 5l-	011		de e el ele el ee	D.d. and David and all	T					
Total # of Passengers	Pupils	Aides / Employ	ees Otner	Adults W	heelchairs'	Driver Restraint	туре		Driver restraint i	in use?		
russengers						Lap / Should	er La	ap Only	Yes No	N/A	(Parked Vehicle)	
Type of School Bu	s or	Use of vehicle	at time of cra	sh At the t	ime of the c	rash, you were (ma	rk all that	apply):				
School Activity Ve		_	ducation Route		ng straight a		g driveway		ing parked posit		Disregard stop sig	_
Type A-I Type A-II	Type D Type 10	Field / Act	ucation Route ivity Trin		ning left ning right	Stoppe	u g parked po	Park osition In w	ea rong lane	oading students Inloading studen		
Type B	Type 20	Other:	ivity inp		king a U-tur		s / Stopping		egard stop light	•		
Type C	Type 21			Bac	king	Leaving	driveway	Othe	er:			
												_
Activated lights at			Speed inf	ormation		Estimated damage			ency contribute	d to the ac	cident, check box	Х
Turn signal Hazards		s safety lights Ifety lights	Speed:	Poste	d:		and ex	xpiain				
		, 0					_					
Circle the let impact. K ind			J I	н		K	Shad	le damaged				7
roof and Line	dicates th		1	G /			area	_				
undercarriag -	е	و	D E	E F	$\overline{}$							_ ا
	9	Section $3 - N$	/ehicle #2	Informati	on (attac	h additional sh	neets fo	r more thai	n 2 vehicles)		
Driver's Name (La	st, First MI)	or description of	f object (if fixe	d object cras	h) Driver'	s License Number	State	Insuranc	e Company & Po	olicy Numb	er	
Driver's Address						City			State		ZIP Cod	de
												_
Vehicle Year	Make	Model			At the	time of the crash, v	ehicle #2 w	vas (mark all th	at apply):			
						ng straight ahead		ntering drivewa	-		rked position	
Body Style	Vehicle Plate	e and State	stimated Dam	age		ning left ning right		topped ntering parked p		Parked In wrong la	ane	
Dody Style	vernore i iau	L and State L	Januarea Dalli	чъс		iking a U-turn		lowing / Stoppi		Disregard		
					Вас	cking	Le	eaving driveway		Other:		
Describe damage	to vehicle or	fixed object:						Shade dama	ged areas			
												

Pupil Transportation & Fingerprinting Unit 503-947-5600 FAX 503-378-5156 buslicense@ode.oregon.gov

		List	Name	and Inforr	nation in S					e the fo	ollowing					
Pedestrian or Bicycl	ist	Pedest	trian / Bi	cyclist was g	going:					Na	ime of Str	reet				
Pedestrian	Bicyclist	N	E	S W		A	long	or	Acro	ss						
Crossing NOT a Walking / ridin	ersection or cross at intersection or g in roadway with g in roadway AGA adway	crosswalk n traffic		Other wor Playing in Hitchhikin Not in road	g dway 				•		De Inc Vi: M No	rian / Bicycliseceased capacitated sible injury omentary ui o apparent in o apparent in	nconsciou njury (trea	atment lat		
Describe what happ				Section	on 5 – Acc	iden	t De	scrip	tion							
W SE S	iumber each veh how path by: how pedestrian/t how railroad trac	bicyclist by:	f street, —	<u> </u>	(varre of steel,	road or route)		_					<u></u>			
	At ach add	litional shee	ts if ne	eded – Fil	Section I out all inf				ehicle	e 1. Or	lv name	e for othe	vehicle	25		
V - Vehicle Nun	nber					V		R	Р		NAME	Sex		Equip	Use	Inju
S - Side of bus: by #	Left (L) or Righ	nt (R) R - Rov	N													
by # P - Position (1 b	y window, 2 i	n middle, 3 i	in aisle)									-			
Equip - Safety e	quipment ava	ilable (1 noi	ne, 2 la	p belt, 3 l												
	ler belt, 4 infa ated car seat,				r seat, 6											
secure	ment)	•			India de											
Use - indicate if deceased, 2 inc				n a y or N	injury - (1											
	entary uncons	-		parent												
	sought medica															
Signatures: I certify a	all information give	n on this report	is true an	d accurate to	the best of m	y know	ledge									
Oriver			Date	e:	Sup	erviso	or							Date:		
					_	_	_									
					Sup	ervis	or Er	mail <i>A</i>	Addre	ess						
vrm E01 22E0 I	NA /D 42 /2 4	\ 2 -f 4			This forn	n mus	t be t	vpe-fil	led for	r proces	sing. Ha	ndwritten fo	rms will	be return	ed for r	evisi

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School Bus and Activity Vehicle Accident Report

Pupil Transportation & Fingerprinting Unit 503-947-5600 FAX 503-378-5156 busiloense@ode.oregon.gov

				Section 3	Add	litio	nal In	form	atior	n (Vehicle #	3)					
Driver Name (L	ast, First N	II) or description of obje	ct (if fixe	d object crash)	Drive	r Licer	nse Nur	nber		State	Insurance Company &	Policy N	umber			
Driver Address									(ity	Stat	:e		Zip Co	ode	
Vehicle Year	Make		Model							ehicle #3 (mark					1 1	
							Going Turnir			ead	Entering driveway Stopped			aving pai rked	кеа ро	os.
Body Style		Vehicle Plate and State	1	Estimated damge			Turnin	g righ	nt		Entering parked pos	•		wrong la		
							Makin Backir		-turn	H	Slowing / stopping Leave driveway		H Di:	sregard t	raffic li	ght
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										Shad	e damaged	/		1		
										areas						
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									atior	n (Vehicle #						
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Driver Address									(City	Stat	:e		Zip Co	ode	
Vehicle Year	Make		Model							ehicle #4 (mark				avina na	rkad ne	NC.
							Going Turnir			eau 📙	Entering driveway Stopped			aving pai rked	keu po)5.
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						H	Makin Backir		turn	H	Slowing / stopping Leave driveway			sregard t	raffic li	ght
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												Policy N	umber			
Driver Address													umber			
									(City	Stat		umber	Zip Co	ode	
										City	Stat		umber	Zip Co	ode	
Vehicle Year	Make		Model						crash, V	City Gehicle #5 (mark	Stat					ns.
			Model				Going Turnir	straig ng left	crash, V ght ah	City Gehicle #5 (mark	Stat all that apply) Entering driveway Stopped	re	Le	aving pa	ked po	os.
Vehicle Year Body Style	Make	Vehicle Plate and State	Model	Estimated damge			Going Turnir Turnin	straig ng left ng righ	crash, V ght aho	City Gehicle #5 (mark	Stat all that apply) Entering driveway Stopped Entering parked pos	re	Le Pa	aving par rked wrong la	rked po	
	Make	Vehicle Plate and State	Model	Estimated damge			Going Turnir	straig ng left ng righ g a U-	crash, V ght aho	City Gehicle #5 (mark	Stat all that apply) Entering driveway Stopped	re	Le Pa	aving pa	rked po	
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This form must be type-filled for processing. Handwritten forms will be returned for revision.

OREGON DEPARTMENT OF EDUCATION
Public Service Building
255 Capitol Street NE
Salem, OR 97310

Pupil Transportation & Fingerprinting Unit 503-947-5600 FAX 503-378-5156 busilcense@ode.oregon.gov

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 than 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.