

SCHOOL TRANSPORTATION VEHICLE ACCIDENT REPORT FORM

Colorado Department of Education – School Transportation Unit

The information provided on this School Transportation Vehicle Accident Report Form will be used to compile accurate, uniform, and reliable information about school vehicle (school bus, small vehicle, and multi-function bus) accidents so that problems and trends may be identified and needed safety programs can be developed.

Complete and mail this form within twenty (20) business days of the accident if it involved a school bus, small vehicle, or multi-function bus and:

- \$2,500 or more of total property damage, or
- Personal injury (requiring treatment away from the scene), and/or fatality, to any involved vehicle occupant or pedestrian.

This form may be completed by a district designated person, the operator involved in the accident, or district supervisor.
A district supervisor must review and sign the completed form. Enter only one response for each question.

* * * * *

1. School District Name _____
2. Date of Accident _____ 3. Day of week _____ 4. Time _____ ☐ AM ☐ PM
5. Vehicle Body Make _____ 6. School Bus Chassis Make _____
7. Vehicle Type: Small Vehicle ☐ School Bus - A ☐ B ☐ C ☐ D ☐ Multi-function Bus ☐
8. Model Year _____ 9. Vehicle Capacity _____

10. Operator's Name _____
11. Was the Operator?
 - a. ☐ Route Operator
 - b. ☐ Activity Trip Operator
12. Operator's Age:

a. <input type="checkbox"/> 21-30	d. <input type="checkbox"/> 51-60
b. <input type="checkbox"/> 31-40	e. <input type="checkbox"/> 61-70
c. <input type="checkbox"/> 41-50	f. <input type="checkbox"/> 71 +
13. Operator's Experience Driving School Vehicle:

a. <input type="checkbox"/> Less than 1 year	d. <input type="checkbox"/> 10-14 Years
b. <input type="checkbox"/> 1-4 Years	e. <input type="checkbox"/> 15-19 Years
c. <input type="checkbox"/> 5-9 Years	f. <input type="checkbox"/> 20 + Years
14. In the last 3 years, how many school vehicle accidents has the operator had?
(do not include this accident) _____
18. Type of Accident:

a. <input type="checkbox"/> Between Vehicles	e. <input type="checkbox"/> Pedestrian
b. <input type="checkbox"/> Fixed Object (complete #19)	f. <input type="checkbox"/> Animal
c. <input type="checkbox"/> RR Crossing (with train)	g. <input type="checkbox"/> Other _____
d. <input type="checkbox"/> Overturn	(Specify)
19. Complete if Fixed Object Accident
(enter response which caused most damage):

a. <input type="checkbox"/> Parked Vehicle	g. <input type="checkbox"/> Bridge Rail
b. <input type="checkbox"/> Utility Pole	h. <input type="checkbox"/> Fence
c. <input type="checkbox"/> Tree	i. <input type="checkbox"/> Curb or Wall
d. <input type="checkbox"/> Culvert or Wall	j. <input type="checkbox"/> Median Barrier
e. <input type="checkbox"/> Sign	k. <input type="checkbox"/> Embankment
f. <input type="checkbox"/> Guardrail	l. <input type="checkbox"/> Other _____
	(Specify)
20. Were Passengers Evacuated?

a. <input type="checkbox"/> Yes	b. <input type="checkbox"/> No
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21. Were Any Passengers Secured By?

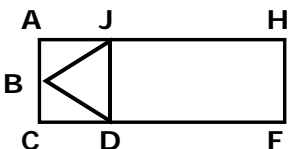
a. <input type="checkbox"/> Wheelchair	e. <input type="checkbox"/> Lapbelt
b. <input type="checkbox"/> Safety Vest	f. <input type="checkbox"/> Car Seat
c. <input type="checkbox"/> Other _____	(Specify)
d. <input type="checkbox"/> Not Secured	

Loading/Unloading Zone Accident

15. School Vehicle Use at Time of Accident:

a. <input type="checkbox"/> Route	c. <input type="checkbox"/> Field/Activity Trip
b. <input type="checkbox"/> Other _____	(Specify)
16. Total Number of Students:

a. In School Vehicle _____
b. Waiting At Zone _____
17. First Point of Impact (please circle appropriate letter)



L - Underside

K - Roof
22. Location of Accident:

a. <input type="checkbox"/> On Route	c. <input type="checkbox"/> At School
b. <input type="checkbox"/> Other _____	(Specify)
23. Location Where Pupils Were Injured:

a. <input type="checkbox"/> On Side of Road	c. <input type="checkbox"/> In Roadway
b. <input type="checkbox"/> On Sidewalk	d. <input type="checkbox"/> Other _____
	(Specify)
24. School Vehicle was:

a. <input type="checkbox"/> Approaching Zone	c. <input type="checkbox"/> Stopped/Zone
b. <input type="checkbox"/> Leaving Zone	
25. Student(s) was:

a. <input type="checkbox"/> Struck by School Vehicle
b. <input type="checkbox"/> Struck by Other Vehicle

Did accident result in injuries (indicate number of):

	In School Vehicle	While Loading	While Unloading	Other Vehicle
Fatality	26.	30.	34.	38.
Serious Injury (Incapacitating)	27.	31.	35.	39.
Moderate (Non- incapacitating injury)	28.	32.	36.	40.
Minor Injury (Needing treatment away from scene)	29.	33.	37.	41.

**School Vehicle Direction
Analysis:**

	Intersection	Non- intersection
a. Vehicle Going Straight	42.	48.
b. Vehicle Turning Right	43.	49.
c. Vehicle Turning Left	44.	50.
d. Vehicle Backing	45.	51.
e. Vehicle Stopped	46.	52.
f. Other Action _____ (Specify)	47.	53.

54. Lanes in Roadway:

- a. ☐ 2 Lane
b. ☐ 4 Lane Divided
c. ☐ 4 Lane Undivided
d. ☐ Other _____ (Specify)

55. Type of Road Surface:

- a. ☐ Paved
b. ☐ Unpaved

56. Condition of Road:

- a. ☐ Dry d. ☐ Icy
b. ☐ Wet e. ☐ Snow
c. ☐ Muddy f. ☐ Other _____
(Specify)

57. Road Surface Defect:

- a. ☐ Holes or Ruts
b. ☐ Under Construction
c. ☐ Other _____ (Specify)
d. ☐ No Defect

58. Light Condition:


- a. ☐ Dawn c. ☐ Dark
b. ☐ Dusk d. ☐ Daylight



59. Weather Condition:

- a. ☐ Clear e. ☐ Fog
b. ☐ Smog f. ☐ Sleet/Hail
c. ☐ Snow g. ☐ Rain
d. ☐ Dust h. ☐ Other _____
(Specify)

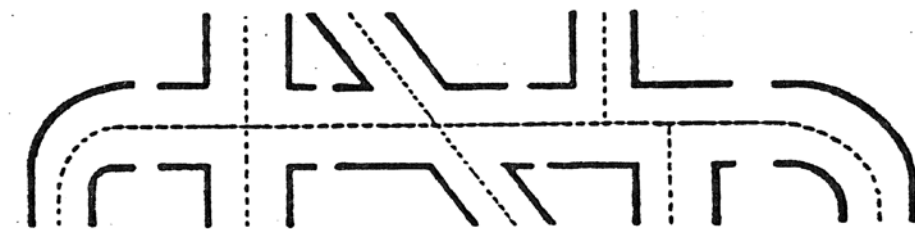
ACCIDENT DIAGRAM

Complete the following diagram showing direction and positions of vehicles involved. (If this diagram will not serve for the accident in question, attach separate sheet with illustration.)

Use solid line to show direction before accident and broken line after accident: →  ----→

Indicate school vehicle as number 1: →→→ 1  and other vehicles as numbers 2, 3, etc.: →→→ 2 

INDICATE BY ARROW DIRECTION OF NORTH



ACCIDENT DESCRIPTION (Required) (Attach separate sheet if necessary) (Please use complete sentences)

SIGNATURES

Person Completing Report _____

Reviewing District Supervisor _____

Date _____

SIGNATURE-Required

MAIL COMPLETED FORM WITHIN 20 DAYS TO:

School Transportation Unit
Colorado Department of Education
201 East Colfax Avenue
Denver, CO 80203

STU-5 (9/09)

