

Sausalito Marin City School District

School Bus Accident Report Form

Regardless of severity, a School Bus Accident Report Form must be submitted whenever a school bus is involved in an accident.

Please complete the form and make a copy for your records. The completed form can then be submitted:

Sausalito Marin City School District
Attn: Transportation Dept.
200 Phillips Drive Marin City, CA 94965
OR
Fax to (415) 332-9643

Report Submitted by:

Name and Position

Date

SMCSD Transportation Dept.

General Accident Information

School Bus Unit Number: _____ Time of Accident: _____

Accident Date : _____

Accident Location (eg. street, highway number, driver's residence): _____

Town/City: _____ Other: _____

School Bus Use at Time of Accident: _____

Type of Bus: _____ Number of Students on Bus (excluding Driver): _____

School Bus Driver Information

Driver's Name: _____

School Bus Driver Experience: _____

Number of School Bus Accidents in past 3 years: _____

Did driver receive 40 hours of school bus operator instruction prior to being certified? _____

Has driver received 10 hours of in-service in the past 12 months? _____

At Time of Accident

Posted Speed limit: _____ mph/h **or** ☐ Not applicable

Approximate speed of bus: _____ mph/h **or** ☐ Stopped

Was driver wearing seat belt? _____

Is bus strobe light equipped? _____ Was it activated at time of accident? _____

Were the police notified? _____ Was a police report completed? _____

1. Accident involved school bus and: _____

Specify fixed object: _____ Specify other: _____

2. Amount of damage to all property involved (i.e. vehicles and/or other objects): _____

3. Did accident occur at an intersection? _____

4. Type of collision between vehicles or objects: _____

Specify other: _____

5. Direction of vehicles at time of accident: _____

6. Factor(s) contributing to accident:

Bus Driver Actions: _____

Other factor(s): _____

Specify other circumstance: _____

7. Weather Conditions/Visibility: _____

Specify Other: _____

8. Road surface: _____

9. Road Condition: _____

Specify Other _____

10. Lighting: _____

11. Identify point of impact: _____

14 No impact/other circumstance (specify): _____

12. Provide a brief description of the accident:

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COMPLETE ONLY IF ACCIDENT OCCURRED WHILE LOADING/UNLOADING

13. At time of accident, was the bus: _____

14. Did a "don't pass law" violation occur? _____

15. Was anyone injured in this accident? _____

If answered yes, was the pupil/other person injured in the loading area: _____

Specify other Incident: _____

COMPLETE ONLY IF ACCIDENT INVOLVED A PEDESTRIAN/CYCLIST

16. Direction of bus at time of accident: _____

Specify other : _____

17. At time of accident, the pedestrian/cyclist was: _____

Specify other: _____

COMPLETE ONLY IF ACCIDENT RESULTED IN INJURY

Number of injured ON Bus:

Severity of Injury	Students	Driver	Other Passengers
Minor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Moderate:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serious:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fatal:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Number of Injured OFF Bus:

Severity of Injury	Students	Driver	Other Passengers
Minor:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Moderate:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Serious:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fatal:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Bus Seating Chart

Driver's Side

Row 1 _____

Row 2 _____

Row 3 _____

Row 4 _____

Row 5 _____

Row 6 _____

Emergency Exit

Row 8 _____

Row 9 _____

Row 10 _____

Row 11 _____

Row 12 _____

Row 13 _____

Row 14 _____

Row 1 _____

Row 2 _____

Row 3 _____

Row 4 _____

Row 5 _____

Row 6 _____

Row 7 _____

Row 8 _____

Row 9 _____

Row 10 _____

Row 11 _____

Row 12 _____

Emergency Exit

Row 14 _____

Form cannot be saved. Please print a copy for your file