MISSISSIPPI DEPARTMENT OF EDUCATION  
SCHOOL BUS ACCIDENT REPORT  

SCHOOL DISTRICT ___________________________ DATE: ___________________________  

INFORMATION: Year: _______ Chassis: ____________ Body: _______________ Type: ___________  

Bus Driver Name: ___________________________ Driver License Number _______ _______ Age: _______  
1. ___ Male 2. ___ Female  
School Bus Driver Charged 1. ___ Yes 2. ___ No  

Years of Driving Experience ___________________________  

Date of Accident: ___________________________ Day of Week: ___________________________  

Time of Accident: ___________________________ Location of Accident: ___________________________  
1. ___ a.m. 2. ___ p.m.  

Number of students aboard bus at the time of accident: _______  School bus use at the time of accident: _______  
1. ___ Regular Route 2. ___ Exception/Ed 3. ___ Activity Trip 4. ___ Other  

I. Type of Accident:  
1. ___ Collision between motor vehicles  
2. ___ Non-collision (such as over turned bus)  
3. ___ Pedestrian  
4. ___ Other (collision with other such as tree, light pole or bridge): (specify)  

II. Accident resulted in:  

<table>
<thead>
<tr>
<th>1. bus driver</th>
<th>2. bus aide</th>
<th>3. student</th>
<th>4. occupant of other vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. Serious injury #</td>
<td>b. Serious injury #</td>
<td>b. Serious injury #</td>
<td>b. Serious injury #</td>
</tr>
</tbody>
</table>

5. Did the injury or fatality occur in the loading/unloading zone? Yes _______ No _______  
If yes, was the student hit by bus or other vehicle? ___________________________  

III. Property Damage:  
1. ___ Less than $500.00  
2. ___ More than $500.00  

IV. Bus Accident Direction Analysis:  
1. ___ loading  
2. ___ unloading  
3. ___ changing lanes  
4. ___ backing  
5. ___ turning left  
6. ___ turning right  
7. ___ stopped at train tracks  
8. ___ moving forward  
9. ___ other (specify)  

_____________________________
V. Contributing circumstances as noted on Investigating Officers Report as pertaining to the bus:

01 ___ speed
02 ___ passed stop sign
03 ___ failed to yield
04 ___ improper lane change
05 ___ improper parking
06 ___ improper passing
07 ___ defective road surface
08 ___ defective equipment
09 ___ careless driving
10 ___ view obstructed by object (tree, fence, shrubbery, etc.)
11 ___ backing
12 ___ disregarded traffic signal
13 ___ drove to left of center
14 ___ followed too closely
15 ___ improper turn
16 ___ improper stop in roadway
17 ___ bus rear ended by other vehicle
18 ___ improper actions by other drivers
19 ___ other (specify)

VI. Weather condition:
1. ___ clear
2. ___ rainy
3. ___ fog
4. ___ snow
5. ___ sleet
6. ___ other

Written description of accident:

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

VII. Use the space below to show direction and positions of vehicles involved, designation clearly the point of contact. (If a diagram will not serve for the accident in question, attach a separate sheet with illustration). Indicate arrow direction of North.

Report completed by: ____________________________

(PLEASE PRINT YOUR NAME, POSITION AND TELEPHONE NUMBER)

This form must be completed within (7 – 10 working days) after the accident and returned to:

Mississippi Department of Education
Division of Pupil Transportation
Post Office Box 771
Jackson, MS 39205-0771