

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:

1. bus driver	2. bus aide	3. student	4. occupant of other vehicle
a. Fatality	a. Fatality	a. Fatality	a. Fatality
b. Serious injury #	b. Serious injury #	b. Serious injury #	b. Serious injury #
c. Minor injury #	c. Minor injury #	c. Minor injury #	c. Minor injury #

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