
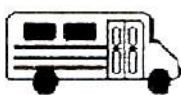
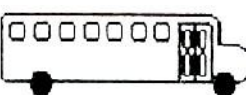





**TEXAS DEPARTMENT OF PUBLIC SAFETY
SCHOOL BUS TRANSPORTATION PROGRAM
SCHOOL BUS ACCIDENT REPORT WITH ADVERTISEMENT**

MAIL TO: SCHOOL BUS TRANSPORTATION, TEXAS DEPARTMENT OF PUBLIC SAFETY, BOX 4087, AUSTIN, TX, 78773-0525

| I. GENERAL INFORMATION | | | | | |
|--|--|--------------------------------------|----------------------------------|-------------------------------------|------------------------------|
| 1. SCHOOL DISTRICT NAME | | | 2. DISTRICT NUMBER | | |
| 3. SCHOOL DISTRICT ADDRESS | | | 4. CITATION ISSUED TO BUS DRIVER | | YES <input type="checkbox"/> |
| | | | OTHERS | | YES <input type="checkbox"/> |
| | | | | | NO <input type="checkbox"/> |
| | | | | | NO <input type="checkbox"/> |
| 5. CITY/LOCATION WHERE ACCIDENT OCCURED | | | | | |
| 7. DATE OF ACCIDENT | | 8. DAY OF ACCIDENT | | 9. TIME OF ACCIDENT | |
| | | | | AM <input type="checkbox"/> | |
| | | | | PM <input type="checkbox"/> | |
| 10. USE OF BUS AT TIME OF ACCIDENT | | 11. NUMBER OF PASSENGERS ON BUS | | 12. NUMBER OF PASSENGERS ON BUS | |
| <input type="checkbox"/> ROUTE (TO & FROM SCHOOL/HOME) | | PUPILS _____ | | IN WHEEL CHAIR | |
| <input type="checkbox"/> SPECIAL EDUCATION | | AIDES _____ | | FORWARD FACING _____ | |
| <input type="checkbox"/> FIELD/ACTIVITY TRIP | | DRIVERS _____ | | REAR FACING _____ | |
| <input type="checkbox"/> OTHER _____ | | OTHER _____ | | SIDE FACING _____ | |
| 13. TOTAL NUMBER OF INJURIES _____ | | 14. TOTAL NUMBER OF FATALITIES _____ | | 15. PROPERTY DAMAGE | |
| | | | | <input type="checkbox"/> \$0-\$500 | |
| | | | | <input type="checkbox"/> OVER \$500 | |

| II. INFORMATION REGARDING SCHOOL BUS IN ACCIDENT | | | | | |
|---|--|---|---------------|--|--|
| 1. OWNER/LEASEHOLDER | | | 2. MODEL YEAR | | |
| 3. BODY MAKE | | 4. CHASSIS MAKE | | | |
| 5. RATED CAPACITY | | 6. TYPE OF TRANSMISSION | | 7. INSPECTION TYPE | |
| | | <input type="checkbox"/> STANDARD <input type="checkbox"/> AUTOMATIC | | <input type="checkbox"/> STATE <input type="checkbox"/> COMMERCIAL | |
| 8. SCHOOL BUS TYPE | | | | | |
| [] TYPE A | | [] TYPE B | | [] TYPE C | |
| [] TYPE D | | [] OTHER | | | |
|  | |  | |  | |
|  | | | | | |
| 7. WHEEL CHAIR RESTRAINTS IN USE | | 10. DRIVER SEAT RESTRAINTS IN USE | | SEAT RESTRAINT TYPE | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> LAP/SHOULDER | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | <input type="checkbox"/> LAP | |
| 11. PASSENGER RESTRAINTS IN USE | | SEAT RESTRAINT TYPE | | 12. OTHER SPECIAL LIGHTS / EQUIPMENT | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> LAP/SHOULDER | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | <input type="checkbox"/> LAP | | | |

| III. INFORMATION REGARDING SCHOOL BUS DRIVER | | | | | |
|--|--|--|--|-----------------------|--|
| 1. NAME | | | | | |
| 2. DRIVER LICENSE NO. | | | | 3. DATE OF BIRTH | |
| 4. EMPLOYER | | | | | |
| 8. DRIVER TRAINING | | | | | |
| BUS DRIVER ENROLLMENT CERTIFICATE | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | EXPIRATION DATE _____ | |
| BUS DRIVER CERTIFICATION | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | EXPIRATION DATE _____ | |
| BUS DRIVER RE-CERTIFICATION | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | EXPIRATION DATE _____ | |

IV. DESCRIPTION OF ACCIDENT (ATTACH ADDITIONAL SHEETS IF NECESSARY)

| |
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V. WEATHER AND ROAD CONDITIONS

1. CHARACTERISTICS OF ROAD

- | | |
|--------------------------------------|---|
| a. <input type="checkbox"/> STRAIGHT | e. <input type="checkbox"/> DRIVEWAY |
| b. <input type="checkbox"/> CURVE | f. <input type="checkbox"/> PARKING LOT |
| c. <input type="checkbox"/> HILL | g. <input type="checkbox"/> OTHER _____ |
| d. <input type="checkbox"/> BRIDGE | |
- SPECIFY

2. CONDITION OF ROAD

- | | |
|--|--|
| a. <input type="checkbox"/> WET | e. <input type="checkbox"/> MUDDY |
| b. <input type="checkbox"/> DRY | f. <input type="checkbox"/> HOLES |
| c. <input type="checkbox"/> ICE | g. <input type="checkbox"/> UNDER REPAIR |
| d. <input type="checkbox"/> SNOW-COVERED | h. <input type="checkbox"/> OTHER _____ |
- SPECIFY

3. LIGHT CONDITION

- | |
|---|
| a. <input type="checkbox"/> DAWN |
| b. <input type="checkbox"/> DAYLIGHT |
| c. <input type="checkbox"/> DUSK |
| d. <input type="checkbox"/> DARK – ARTIFICIALLY ILLUMINATED |
| e. <input type="checkbox"/> DARK – NO ILLUMINATION |

4. WEATHER CONDITIONS

- | | |
|-----------------------------------|---|
| a. <input type="checkbox"/> CLEAR | f. <input type="checkbox"/> SMOG/SMOKE |
| b. <input type="checkbox"/> SLEET | g. <input type="checkbox"/> DUST |
| c. <input type="checkbox"/> RAIN | h. <input type="checkbox"/> ICE FOG |
| d. <input type="checkbox"/> FOG | i. <input type="checkbox"/> WIND |
| e. <input type="checkbox"/> SNOW | j. <input type="checkbox"/> OTHER _____ |
- SPECIFY

VI. DESCRIPTION OF ADVERTISING

1. NAME/TYPE

2. LOCATION(S) OF ADVERTISEMENT

3. SIZE OF ADVERTISEMENT

4. COMMENTS

REPORT COMPILED BY: _____

DATE

REPORT SUBMITTED BY: _____
NAME (PRINT)

TITLE

SIGNATURE

DATE

SCHOOL DISTRICT