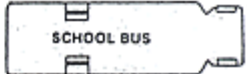


**WEST VIRGINIA
SCHOOL BUS ACCIDENT REPORT**

Preventable
 Non-Preventable

Read Carefully - Fill Out Completely
Original to State Department of Education - Copy to County Transportation Director
Division of School Transportation

County _____

T I M E	Date of Accident 19..... Day of Week Hour a.m. / p.m.		Circle Damaged Areas  Asterisk (*) Point of Initial Impact																												
L O C A T I O N	<input type="checkbox"/> CITY PLACE WHERE ACCIDENT OCCURRED City, Or Town <input type="checkbox"/> RURAL County If accident was outside city limits indicate distance from nearest town. Use two distances and two directions if necessary. <table style="display:inline-table; border:none; vertical-align:middle;"> <tr> <td style="font-size:2em; vertical-align:middle;">}</td> <td style="padding:0 10px;">.....miles north-south</td> <td rowspan="2" style="font-size:2em; vertical-align:middle;">}</td> <td rowspan="2" style="padding:0 10px;">City or Town</td> </tr> <tr> <td style="font-size:2em; vertical-align:middle;">}</td> <td style="padding:0 10px;">.....miles east-west</td> </tr> </table>			}miles north-south	}	City or Town	}miles east-west																						
}miles north-south	}	City or Town																												
}miles east-west																														
D R I V E R S	ROAD ON WHICH ACCIDENT OCCURRED: Give name of street or highway number (U.S. or State) <input type="checkbox"/> AT ITS INTERSECTION WITH: Name of intersecting street or highway number OR <input type="checkbox"/> NOT AT INTERSECTION feet of (Check and complete one) { north-south } Show nearest intersecting street or highway, house number, curve, bridge, railroad crossing, alley, driveway, culvert, milepost, underpass, numbered telephone pole, or other identify landmark. Show exact distance, using two directions and two distances if necessary. { east-west }																														
V E H I C L E S	VEHICLE NO 1 - School Bus	VEHICLE NO 2																													
I N J U R I E S	Driver's Name Address Chauffeur City And State Driver's License Age Sex Driving experience yrs Age Sex Odometer Reading of bus at accident scene (If vehicle driven by other than owner) Driver's Seat Belt in use at time of accident <input type="checkbox"/> Yes <input type="checkbox"/> No Owner's name Type of Run Regular <input type="checkbox"/> Activity <input type="checkbox"/> Other (Specify) Address City and State																														
W I T N E S S E S	Type of Vehicle Make Year No. License State No. State No. Describe Vehicle Damage and \$ estimate cost \$ Describe Other Properly Damage and estimate cost \$																														
*In case of multiple-pupil passenger injuries, please list on a separate sheet, names, seating location at time of accident, and description of injuries for each pupil																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Sex</th> <th>Age</th> <th>Injured</th> <th>Hospitalized</th> <th>Killed</th> </tr> </thead> <tbody> <tr> <td>School Bus Operator</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Pupil Passengers*</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Address	Sex	Age	Injured	Hospitalized	Killed	School Bus Operator							Pupil Passengers*							Other						
Name	Address	Sex	Age	Injured	Hospitalized	Killed																									
School Bus Operator																															
Pupil Passengers*																															
Other																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Address</th> <th>Remarks</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name	Address	Remarks																									
Name	Address	Remarks																													
Police Badge no. Was citation issued																															

TURN THE PAGE - COMPLETE BOTH SIDES!

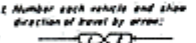
MOVEMENT	VEHICLES	PEDESTRIAN	PASSENGER	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Going straight ahead <input type="checkbox"/> Meeting in curve <input type="checkbox"/> Passing <input type="checkbox"/> Entering intersection <input type="checkbox"/> Being passed <input type="checkbox"/> Making right turn <input type="checkbox"/> Making left turn <input type="checkbox"/> Pulling from curb or loading zone <input type="checkbox"/> Pulling into curb or loading zone <input type="checkbox"/> Backing <input type="checkbox"/> Stopped in traffic lane <input type="checkbox"/> _____ (Specify other)	<input type="checkbox"/> Walking with traffic <input type="checkbox"/> Walking against traffic <input type="checkbox"/> Coming from behind parked vehicle <input type="checkbox"/> Crossing at intersection <input type="checkbox"/> Crossing not at intersection <input type="checkbox"/> Alighting from a vehicle <input type="checkbox"/> Working in roadway <input type="checkbox"/> Playing in roadway <input type="checkbox"/> Not on pavement <input type="checkbox"/> _____ (Specify other)	<input type="checkbox"/> Boarding vehicle <input type="checkbox"/> Alighting from vehicle <input type="checkbox"/> Caught in doors <input type="checkbox"/> Seated <input type="checkbox"/> In motion inside vehicle <input type="checkbox"/> Crossing roadway to bus <input type="checkbox"/> Crossing roadway from bus <input type="checkbox"/> _____ Other (describe) _____ _____ Number passengers on board	

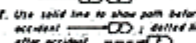
CONDITIONS	DRIVERS AND PEDESTRIAN	VEHICLES	WEATHER	ROADWAY
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 Ped. <input type="checkbox"/> Influenced by alcohol <input type="checkbox"/> Asleep or fatigued <input type="checkbox"/> Sick <input type="checkbox"/> Influenced by medication <input type="checkbox"/> Not known	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Defective brakes <input type="checkbox"/> Defective steering <input type="checkbox"/> Defective lights <input type="checkbox"/> Defective tires <input type="checkbox"/> No defects <input type="checkbox"/> _____ (Specify other)	<input type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Snowing <input type="checkbox"/> Sleet <input type="checkbox"/> Fog <input type="checkbox"/> _____ (Specify other)	<input type="checkbox"/> Paved <input type="checkbox"/> Under repair <input type="checkbox"/> Holes or ruts <input type="checkbox"/> Slippery <input type="checkbox"/> Muddy <input type="checkbox"/> Icy or snowy <input type="checkbox"/> No defects


CONSTRAINTS	OPERATORS		VEHICLES
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Did not have right-of-way <input type="checkbox"/> Following too closely <input type="checkbox"/> Failure to signal intentions <input type="checkbox"/> Speed too fast for conditions <input type="checkbox"/> Disregarded traffic signs or signals <input type="checkbox"/> Improper passing <input type="checkbox"/> Improper turning	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Improper backing <input type="checkbox"/> Improper traffic lane <input type="checkbox"/> Improper parking <input type="checkbox"/> Lack of tire chains <input type="checkbox"/> _____ (Specify other)	

INDICATE ON THIS DIAGRAM WHAT HAPPENED

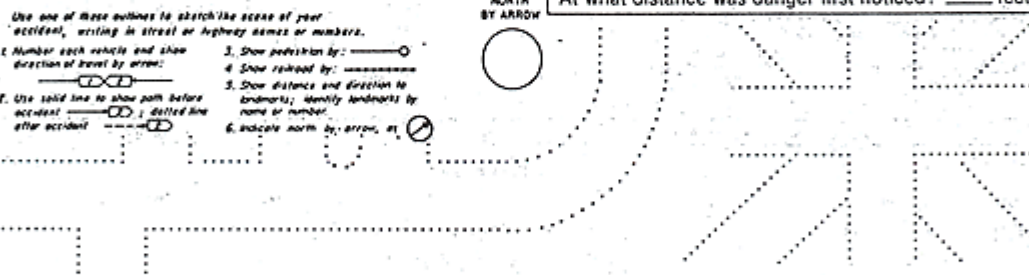
Use one of these outlines to sketch the scene of your accident, writing in street or highway names or numbers.

1. Number each vehicle and show direction of travel by arrow:


2. Use the solid line to show path before accident; dotted line after accident:


3. Show pedestrian by: _____
 4. Show railroad by: _____
 5. Show distance and direction to landmarks; identify landmarks by name or number.
 6. Indicate north by arrow, as:


At what distance was danger first noticed? _____ feet



(Draw vehicles in proportion to width of roadway)

DRIVER'S ACCOUNT OF ACCIDENT

(Refer to vehicles by number)
 Use this space for listing additional injured persons. Also explain questions not fully answered by checking in the boxes provided.

If more space is needed use another form or a sheet of paper the same size.

I could have avoided the accident. Accidents involved this year _____

I could not have avoided the accident. Total for All Years _____

Suggestions for PREVENTING future accidents of this type:

.....

.....

*SIGNATURE

Bus Operator Transportation Director