



File EPC-E

School Bus Accident Report Form

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

Please complete the following form and mail or fax to:

Pupil Transportation Unit
507—1181 Portage Avenue
Winnipeg, MB R3G 0T3
Fax: 204-948-2154

Report Submitted By:

Name and Position

School Division

Date (DD-MM-YYYY)



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GENERAL ACCIDENT INFORMATION

School Bus Unit Number: _____

Accident Date: _____ Day of Week: M T W Th F Sa Su

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

Town/City: _____ **OR** On rural route

Time of Accident: _____ a.m. Number of Students on Bus (excluding driver): _____
 p.m.

Type of Bus: Van (Type A1) Van (Type A2) Handi-Transit (Type A1) Conventional (Type C) Flat nose (Type D)

School Bus Use at Time of Accident: Regular route Maintenance/Fueling
 Special education Off duty
 Field trip Other (specify) _____

SCHOOL BUS DRIVER INFORMATION

Driver's Name: _____

School Bus Driver Experience:

Less than 1 year 3-5 years More than 10 years
 1-2 years 6-10 years

Number of school bus accidents in past three years: _____

Did driver receive 24 hours of school bus operator instruction prior to being certified?

Yes No

Has driver received eight hours of in-servicing in the past 12 months? Yes No



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AT TIME OF ACCIDENT

Posted speed limit: _____ km/h **OR** Not applicable

Approximate speed of bus: _____ km/h **OR** Stopped

Was driver wearing seat belt? Yes No

Is bus strobe light equipped? Yes No
Was it activated at time of accident? Yes No

Were the police notified? Yes No
Was a police report completed? Yes No

1. Accident involved school bus and:

- | | |
|---|--|
| <input type="checkbox"/> Another motor vehicle | <input type="checkbox"/> School bus only |
| <input type="checkbox"/> Fixed object (specify) _____ | <input type="checkbox"/> Animal |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Cyclist |
| <input type="checkbox"/> Train | <input type="checkbox"/> Other (specify) _____ |

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

- No damage \$1,000 or less More than \$1,000

3. Did accident occur at an intersection?

- Yes No

4. Type of collision between vehicles or objects:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Angle | <input type="checkbox"/> One vehicle backing |
| <input type="checkbox"/> Head on | <input type="checkbox"/> Rollover |
| <input type="checkbox"/> Rear end | <input type="checkbox"/> Other (specify) _____ |

5. Direction of vehicles at time of accident:

- | | |
|--|---|
| <input type="checkbox"/> Angle, both moving | <input type="checkbox"/> One vehicle stopped |
| <input type="checkbox"/> Same direction, both moving | <input type="checkbox"/> Single vehicle accident |
| <input type="checkbox"/> Opposite direction, both moving | <input type="checkbox"/> Vehicle direction not a factor |



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6. Contributing Circumstance(s):

Bus Driver Actions

- Improper speed
- Failed to yield right of way
- Failed to obey stop sign
- Failed to obey traffic signal
- Crossed centre line
- Improper passing
- Improper turning
- Improper backing
- Followed too closely

Other Circumstances

- Actions of other driver
- Obstructed view
- Weather conditions/visibility
- Vehicle defect (specify) _____
- Road conditions (specify) _____
- Other circumstance (specify) _____

7. Weather Conditions/Visibility:

- Clear
- Cloud/overcast
- Rain
- Fog
- Snow/sleet
- Haze/smoke
- Exhaust fog
- Other (specify) _____

8. Road Surface:

- Pavement
- Gravel
- Dirt

9. Road Condition:

- Dry
- Wet
- Muddy
- Icy
- Snow packed
- Potholes/ruts
- Under repair
- Other (specify)

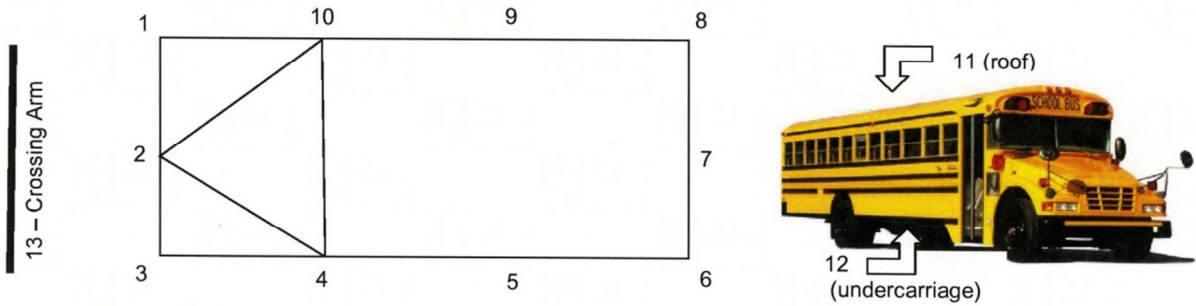
10. Lighting:

- Dawn
- Daylight
- Dusk
- Dark
- Dark, artificial illumination



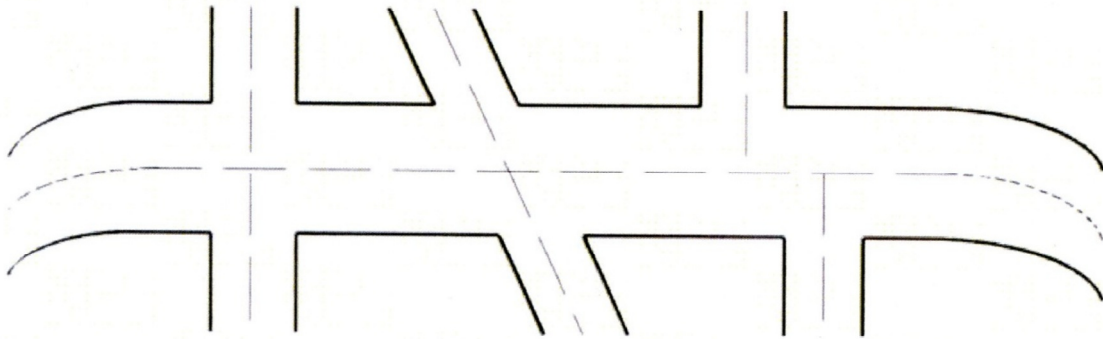
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11. Identify point of impact.



14 No impact/other circumstance. What? _____

12. Please provide a brief description of the accident, and if it assists with the explanation, complete the accident sketch below.





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COMPLETE ONLY IF ACCIDENT OCCURRED WHILE LOADING/UNLOADING

13. At time of accident, was the bus:

- Entering the loading area Stopped in the loading area Leaving the loading area

14. Did a “don’t pass law” violation occur?

- Yes No

15. Was anyone injured in this accident?

- Yes No

Was the pupil/other person injured in the loading area:

- Struck by the bus Struck by another vehicle Other circumstance (specify) _____

COMPLETE ONLY IF ACCIDENT INVOLVED A PEDESTRIAN/CYCLIST

16. Direction of bus at time of accident:

- Straight Backing
 Turning right Bus stopped
 Turning left Other (specify) _____

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

- On the side of the road In a crosswalk
 In the roadway Other (specify) _____

COMPLETE ONLY IF ACCIDENT RESULTED IN INJURY

Severity of Injury	Number of Injured ON Bus			Number of Injured OFF Bus		
	Students	Driver	Other Passengers	Students	Driver	Other Passengers
Minor						
Moderate						
Serious						
Fatal						