

# SCHOOL BUS ACCIDENT REPORT

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



Return Within 5 Days To:  
Special Driver Programs, Bureau of Driver Licensing  
P.O. Box 68684, Harrisburg, PA 17106-8684

**IMPORTANT!** Please refer to the instructional packet (DL-739A) if clarification is needed when completing this form. Answer each section applicable to the accident. If additional information is necessary, attach a sheet to original.

## 1. School District

\_\_\_\_\_  
Intermediate Unit  
\_\_\_\_\_

## 2. Bus Owner

- A. ☐ School District  
B. ☐ Contractor  
C. ☐ Intermediate Unit  
D. ☐ Other (specify) \_\_\_\_\_  
Z. ☐ Unknown

## 3. Date of Crash

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 4. Day of Crash

- A. ☐ Monday  
B. ☐ Tuesday  
C. ☐ Wednesday  
D. ☐ Thursday  
E. ☐ Friday  
F. ☐ Saturday/Sunday

## 5. Time of Crash

- A. ☐ Midnight - 6 a.m.  
B. ☐ 6 a.m. - 9 a.m.  
C. ☐ 9 a.m. - 11 a.m.  
D. ☐ 11 a.m. - 1 p.m.  
E. ☐ 1 p.m. - 3 p.m.  
F. ☐ 3 p.m. - 6 p.m.  
G. ☐ 6 p.m. - 8 p.m.  
H. ☐ 8 p.m. - Midnight

## 6. Location by State

\_\_\_\_\_

## 7. Location by County

\_\_\_\_\_

## 8. Location of Crash

- A. ☐ Rural  
B. ☐ Urban  
C. ☐ Residential  
D. ☐ Business District  
E. ☐ School Property  
F. ☐ Bus Owner Property  
G. ☐ Other (specify) \_\_\_\_\_  
Z. ☐ Unknown

## 9. Type of Crash

- A. ☐ Head On  
B. ☐ Side Swipe  
C. ☐ Our Right Turn  
D. ☐ Our Left Turn  
E. ☐ Rear End (our)  
F. ☐ Rear End (other)  
G. ☐ Backing  
H. ☐ Our U-Turn  
I. ☐ Accelerating  
J. ☐ Hit Fixed Object  
K. ☐ Slowing  
L. ☐ Passing  
M. ☐ Intersection  
N. ☐ Lane Change  
O. ☐ Lost Control  
P. ☐ Railroad Crossing  
Q. ☐ Rollaway  
R. ☐ Stopped  
S. ☐ Non-Collision  
T. ☐ Pedestrian  
U. ☐ Fire - Engine  
V. ☐ Fire - Brakes  
W. ☐ Fire - Other  
X. ☐ Other (specify) \_\_\_\_\_  
Z. ☐ Unknown

## 10. Purpose for Transporting

- A. ☐ Regular Route  
B. ☐ Activity Trip  
C. ☐ Other (specify) \_\_\_\_\_  
Z. ☐ Unknown

## 11. Injuries/Fatalities

- A. ☐ No  
B. ☐ Yes  
(If yes, complete supplement - Item 35)

## 12. Bus Occupied By

- A. ☐ Unoccupied  
B. ☐ Driver Only  
C. ☐ Driver/Students  
D. ☐ Students Only - (Give total number of students) \_\_\_\_\_  
Z. ☐ Unknown

## 13. Vehicle Make

\_\_\_\_\_

## 14. Vehicle Capacity

- A. ☐ Type I  
B. ☐ Type II  
C. ☐ School Vehicle  
Z. ☐ Unknown

## 15. Vehicle Age

- A. ☐ 2 years or less  
B. ☐ 2-5 years  
C. ☐ 5-8 years  
D. ☐ Over 8 years  
Z. ☐ Unknown

## 16. Driver's Name

\_\_\_\_\_

## 17. Driver's Operator Number

\_\_\_\_\_

**18. Driver's Age**

- A. ☐ 16 -17  
 B. ☐ 18 -19  
 C. ☐ 20 - 24  
 D. ☐ 25 - 34  
 E. ☐ 35 - 44  
 F. ☐ 45 - 59  
 G. ☐ 60 - 74  
 H. ☐ 75 or over

**19. Years Driving a Bus**

- A. ☐ 1 or less  
 B. ☐ 1 - 2  
 C. ☐ 3 - 4  
 D. ☐ 5 - 10  
 E. ☐ Over 10

**20. Driver's Condition**

- A. ☐ Normal  
 B. ☐ Sick  
 C. ☐ Impaired  
 D. ☐ Fatigue  
 E. ☐ Other (specify) \_\_\_\_\_

**21. Driver's Status**

- A. ☐ Instructor  
 B. ☐ Instructor Coordinator  
 C. ☐ Neither

**22. Highway Type**

- A. ☐ Divided  
 B. ☐ Not Divided  
 C. ☐ Non-Highway  
 Z. ☐ Unknown

**23. Highway Lanes**

- A. ☐ 1  
 B. ☐ 2  
 C. ☐ 3  
 D. ☐ 4 or More  
 E. ☐ Not Applicable

**24. Posted Speed Limit**

- A. ☐ Not Applicable  
 B. ☐ Under 20 MPH  
 C. ☐ 20 - 35 MPH  
 D. ☐ 40 - 45 MPH  
 E. ☐ 50 - 55 MPH  
 F. ☐ Over 55 MPH

**25. Weather**

- A. ☐ No Adverse Condition  
 B. ☐ Raining  
 C. ☐ Snowing  
 D. ☐ Sleet/Hail  
 E. ☐ Fog/Smoke

- F. ☐ Other (specify) \_\_\_\_\_

- Z. ☐ Unknown

**26. Visibility**

- A. ☐ Unrestricted  
 B. ☐ Hill  
 C. ☐ Curve  
 D. ☐ Other (specify) \_\_\_\_\_

- Z. ☐ Unknown

**27. Road Condition**

- A. ☐ Dry  
 B. ☐ Wet  
 C. ☐ Muddy  
 D. ☐ Snow/Ice  
 E. ☐ Other (specify) \_\_\_\_\_

- Z. ☐ Unknown

**28. Light**

- A. ☐ Daylight  
 B. ☐ Dark  
 C. ☐ Artificial  
 D. ☐ Other (specify) \_\_\_\_\_

**29. Collision With**

- A. ☐ Non-Collision  
 B. ☐ Fixed Object  
 C. ☐ Train  
 D. ☐ Animal  
 E. ☐ Pedestrian  
 F. ☐ Motor Vehicle (M/V) - Car, Bus, Truck, Motorcycle, etc. (If M/V, complete supplement - Item 36.)  
 G. ☐ Other (specify) \_\_\_\_\_

**30. Damage (bus)**

- A. ☐ \$100 or less  
 B. ☐ \$100 - \$500  
 C. ☐ \$500 - \$2,000  
 D. ☐ \$2,000 and Up  
 E. ☐ None  
 Z. ☐ Unknown

**31. Damage (all other)**

- A. ☐ \$100 or less  
 B. ☐ \$100 - \$500  
 C. ☐ \$500 - \$2,000  
 D. ☐ \$2,000 and Up  
 E. ☐ None  
 Z. ☐ Unknown

**32. Causes, Check all that Apply**

- A. ☐ Follow Too Close  
 B. ☐ Too Fast for Conditions  
 C. ☐ Improper Pass  
 D. ☐ Improper Backing  
 E. ☐ Improper Right Turn  
 F. ☐ Improper Left Turn  
 G. ☐ Improper Stop  
 H. ☐ Improper Loading  
 I. ☐ Inattention  
 J. ☐ Right of Way  
 K. ☐ Mechanical Defect  
 L. ☐ Other (specify) \_\_\_\_\_

**33. Police Report**

- A. ☐ No  
 B. ☐ Yes - Give Report Number \_\_\_\_\_  
 Z. ☐ Unknown

**34. Any Traffic Citation Issued?**

- A. ☐ No  
 B. ☐ Yes  
 Z. ☐ Unknown

**35. Supplement to Item 11**

- A. Injuries  
 a. ☐ None  
 b. ☐ Bus Driver  
 c. ☐ Student(s)-Number \_\_\_\_\_  
 d. ☐ Other Vehicle - \_\_\_\_\_  
     Occupant(s)-Number \_\_\_\_\_  
 e. ☐ Pedestrian(s)-Number \_\_\_\_\_  
 f. ☐ Other (specify) \_\_\_\_\_  
 B. Fatalities  
 a. ☐ None  
 b. ☐ Bus Driver  
 c. ☐ Student(s)-Number \_\_\_\_\_  
 d. ☐ Other Vehicle - \_\_\_\_\_  
     Occupant(s)-Number \_\_\_\_\_  
 e. ☐ Pedestrian(s)-Number \_\_\_\_\_  
 f. ☐ Other (specify) \_\_\_\_\_  
 C. At Scene First Aid Administered  
 a. ☐ No  
 b. ☐ None  
 z. ☐ Unknown  
 D. Medical Assistance Summoned  
 a. ☐ No  
 b. ☐ None  
 z. ☐ Unknown

**36. Supplement to Item 29**  
**(collision with another M/V)**

1-A. Other Driver's Name

\_\_\_\_\_

B. Other Driver's Operator Number

\_\_\_\_\_

C. Other Vehicle, Type, Make, Model

\_\_\_\_\_

*(If Required):*

2-A. Other Driver's Name

\_\_\_\_\_

B. Other Driver's Operator Number

\_\_\_\_\_

C. Other Vehicle, Type, Make, Model

\_\_\_\_\_

If more than 2 other motor vehicles are involved, attach separate sheet giving information as shown in (A), (B), (C).

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Report Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

Name: \_\_\_\_\_  
(please print)

Position: \_\_\_\_\_

Phone Number: (        ) \_\_\_\_\_