

# 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