



Karen B. Salmon, Ph.D.  
State Superintendent of Schools

# MSDE Accident Reporting Form

Accident Number \_\_\_\_\_ Is the Accident between two School Buses?  Yes  No

If the Accident is between two School Buses, it is MANDATORY to enter data for both School Buses. Please enter data for School Bus 'A' first.

## Enter Bus Driver Information:

Driver's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last name: \_\_\_\_\_ Gender:  Male  Female

Driver's age: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Driver Type:  Regular  Substitute  Other: \_\_\_\_\_

Drivers experience driving school bus:  Less than 6 months  2-5 years  
 6 months to 1 year,  5- 10 years  
 1-2 Years  over 10 years

## Enter Bus Driver Details:

Citation Issued to Bus Driver?  Yes  No

Was the Bus Driver's seat belt in use when the Accident occurred?  Yes  No

In the past three years, how many previous School Bus Accidents has the driver had? \_\_\_\_\_

Prior to transporting pupils, did the Bus Driver receive the minimum hours of Pre-Service instruction in accordance with COMAR 13A.06.07.09A?  Yes  No

In the past 12 months, did the Bus Driver receive at least 6 hours of In-Service instruction in accordance with COMAR 13A.06.07.09B?  Yes  No

## Enter School Bus Information:

Bus Owned by County?  Yes  No

Bus Owner Name: \_\_\_\_\_

Bus Owner Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



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## Enter School Bus Details:

Bus Body Make: \_\_\_\_\_ Bus Chassis Make: \_\_\_\_\_

Bus Model Year: \_\_\_\_\_ School Bus Type:  Type A  Type B  
 Type C  Type D

Other: \_\_\_\_\_

Bus Manufacturer's Rated Seating Capacity: \_\_\_\_\_

Total Number of Passengers on Bus (excluding driver): \_\_\_\_\_

School Bus Use at the Time of Accident:

- Regular route (not at bus stop)
- Regular Route (at bus stop)
- Field/ Activity trip (School related use)
- Special education route (not at bus stop)
- Special education route (at bus stop)
- Other \_\_\_\_\_

## Enter Accident Details:

Accident Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time of the Accident: \_\_\_\_\_ AM - PM

Type of Accident:

- Motor Vehicle other than school bus
- Non-collision,  Pedestrian,
- Fixed object,  Pedalcycle,
- Railroad train,  Other School Bus
- Other Collision (Animal, Animal Drawn vehicle, Streetcar)
- Bus fire incident  Other: \_\_\_\_\_

If Bus Fire Incident:

- Under Hood (Contained)  Under Hood (Spread)
- Wheel Well (Contained)  Wheel Well (Spread)
- Begin inside  Smoke only
- Caused by collision  Other: \_\_\_\_\_

Preventability:

- Preventable  Non-preventable

Result of the Accident:

- Personal Injury  Property damage  Both

Personal Injury:

- Fatality  Serious (incapacitating) injury
- Moderate (non-incapacitating) injury,
- Minor (possible) injury

Property Damage:

- More than or equal to \$3,000  Less than \$3,000

Total Number of Injured: \_\_\_\_\_

Manner of Collision between Vehicles or Objects:  Angle  Head on  Rear-end  
Other \_\_\_\_\_

### Bus Direction Analysis:

Collision Type:  Collision with pedestrians  Collision with other vehicles  
 All other collisions  Non-collision

Accident was at:  Intersection  Non-intersection

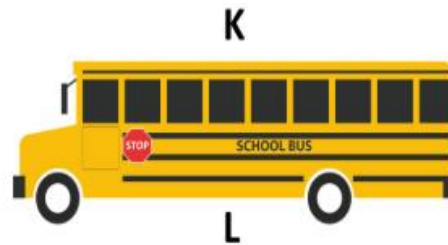
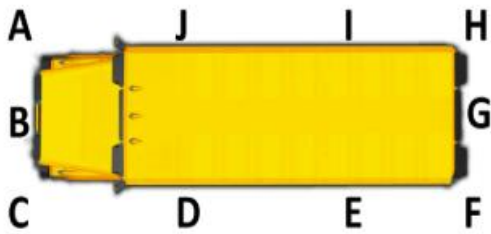
Collision action:

Pedestrians and other vehicles:  Bus going straight  Bus turning right  
 Bus turning left  Bus backing  
Other \_\_\_\_\_

All other collisions:  Fixed object  Other road vehicle  
 Train  Cycle  
 Other object  Animal

Non-collision:  Overturn  Other non-collision.

First Point of Impact:



Description of Accident:



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## Injury/Fatality Details

Were there any Injuries/Fatalities ON BOARD THE BUS?  Yes  No

Number of Injuries/Fatalities ON BOARD THE BUS: \_\_\_\_\_

Were there any Injuries/Fatalities OFF THE BUS and/or IN THE LOADING/UNLOADING ZONE?  Yes  No

Number of Injuries/Fatalities OFF THE BUS and/or IN THE LOADING/UNLOADING ZONE: \_\_\_\_\_

Number of PUPIL INJURIES/FATALITIES IN THE LOADING/UNLOADING ZONE: \_\_\_\_\_

## Pupil Injuries/Fatalities in the Loading/Unloading Zone

At the time of the Accident, where was the bus?

- Approaching the zone  Stopped in the zone  
 Leaving the zone  Not in sight.

Was the pupil(s) hit by Bus or other Vehicle?  Hit by bus  Hit by other vehicle

Number of Pupil Injuries or Fatalities \_\_\_\_\_

Location of Injured Pupil(s)  On side of road  On sidewalk  In roadway

Other \_\_\_\_\_

Please describe behavior of pupil(s) in the Loading/Unloading Zone:



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**Add each Injury/Fatality ON BOARD THE BUS, OFF THE BUS, AND/OR IN THE LOADING/UNLOADING ZONE:**

	Injury Location (On Bus/ Off Bus)	Injured Person (Pupil, Driver, Other)	Injured Age	Injured Gender (Male/ Female)	Injury Type (Minor, Moderate, Severe, Fatality)
1					
2					
3					
4					
5					
6					
7					
8					
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33					
34					



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## Contributing Circumstances

Select as many responses as applicable for Bus Driver Action, Other Vehicle Driver Action, Roadway, and School Vehicle Defect.

Bus Driver Action:

- |                                                          |                                                           |
|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Speed too fast for conditions   | <input type="checkbox"/> Right of way-failed to yield     |
| <input type="checkbox"/> Improper distance judgment      | <input type="checkbox"/> Disregard traffic control device |
| <input type="checkbox"/> Drove left of center            | <input type="checkbox"/> Improper overtaking              |
| <input type="checkbox"/> Improper turning                | <input type="checkbox"/> Followed too closely             |
| <input type="checkbox"/> Backing                         | <input type="checkbox"/> Sudden movement                  |
| <input type="checkbox"/> Medical conditions              | <input type="checkbox"/> Other medical conditions         |
| <input type="checkbox"/> Long distance driving           | <input type="checkbox"/> Reckless driving                 |
| <input type="checkbox"/> Falling asleep behind the wheel | <input type="checkbox"/> No improper action               |

Other Vehicle Action:

- |                                                          |                                                           |
|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Speed too fast for conditions   | <input type="checkbox"/> Right of way-failed to yield     |
| <input type="checkbox"/> Improper distance judgment      | <input type="checkbox"/> Disregard traffic control device |
| <input type="checkbox"/> Drove left of center            | <input type="checkbox"/> Improper overtaking              |
| <input type="checkbox"/> improper turning                | <input type="checkbox"/> Followed too closely             |
| <input type="checkbox"/> Backing                         | <input type="checkbox"/> Sudden movement                  |
| <input type="checkbox"/> Medical conditions              | <input type="checkbox"/> Other medical conditions         |
| <input type="checkbox"/> Long distance driving           | <input type="checkbox"/> Reckless driving                 |
| <input type="checkbox"/> falling asleep behind the wheel | <input type="checkbox"/> No improper action               |

Roadway:

- |                                                    |                                            |                                                     |
|----------------------------------------------------|--------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Defective Surface         | <input type="checkbox"/> Slippery          | <input type="checkbox"/> Inoperative traffic signal |
| <input type="checkbox"/> View obstructed by object | <input type="checkbox"/> No roadway defect |                                                     |
| <input type="checkbox"/> Other: _____              |                                            |                                                     |

School Vehicle Defect(s):

- |                                       |                                 |                                 |                                   |                                            |
|---------------------------------------|---------------------------------|---------------------------------|-----------------------------------|--------------------------------------------|
| <input type="checkbox"/> Tires        | <input type="checkbox"/> Brakes | <input type="checkbox"/> Lights | <input type="checkbox"/> Steering | <input type="checkbox"/> No vehicle defect |
| <input type="checkbox"/> Other: _____ |                                 |                                 |                                   |                                            |

Total Number of Lanes on Roadway (both directions): \_\_\_\_\_

Posted Speed Limit: \_\_\_\_\_ Approximate Speed of the Bus: \_\_\_\_\_

Road Condition:  Dry  Icy  Under repair  Snow packed  Holes or ruts  Muddy  Wet  
 Other: \_\_\_\_\_

Weather Condition:  Clear  Sleetng  Raining  Fog  Snowing  Dust  Smog/ Smoke  
 Other: \_\_\_\_\_

Light Condition:  Dawn  Daylight  Dusk  
 Dark (Artificial Illumination)  Dark (Not Artificial Illumination)

## Certification Statement

Person Completing the Report: \_\_\_\_\_ Date: \_\_\_\_\_