

# School Bus Accident Report

Regardless of severity, a School Bus Accident Report is to be submitted to the Pupil Transportation Unit (PTU) whenever a school bus is involved in an accident.

The school bus driver involved in the accident should complete the Report (with assistance if required), and it should be reviewed by the school division transportation supervisor or designate for accuracy.

Submit the completed report to PTU by email to [vickie.mundle@gov.mb.ca](mailto:vickie.mundle@gov.mb.ca) or by fax at 204-948-2154.

**Report Submitted By:**

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Name and Position

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School Division

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Date (DD-MM-YYYY)

**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.  p.m. Number of Students on Bus (excluding driver): \_\_\_\_\_

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 inservicing in the past 12 months?  Yes  No

**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  Driver off bus at time of accident

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"/> Pedestrian            |
| <input type="checkbox"/> School bus only              | <input type="checkbox"/> Cyclist               |
| <input type="checkbox"/> Fixed object (specify) _____ | <input type="checkbox"/> Train                 |
| <input type="checkbox"/> Animal                       | <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) _____ |
| <input type="checkbox"/> Side swipe |  |

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 |

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:

- |   |  |
|---|--|
| <input type="checkbox"/> Clear          | <input type="checkbox"/> Snow/sleet            |
| <input type="checkbox"/> Cloud/overcast | <input type="checkbox"/> Haze/smoke            |
| <input type="checkbox"/> Rain           | <input type="checkbox"/> Exhaust fog           |
| <input type="checkbox"/> Fog            | <input type="checkbox"/> Other (specify) _____ |

8. Road Surface:

- Pavement                       Gravel                       Dirt

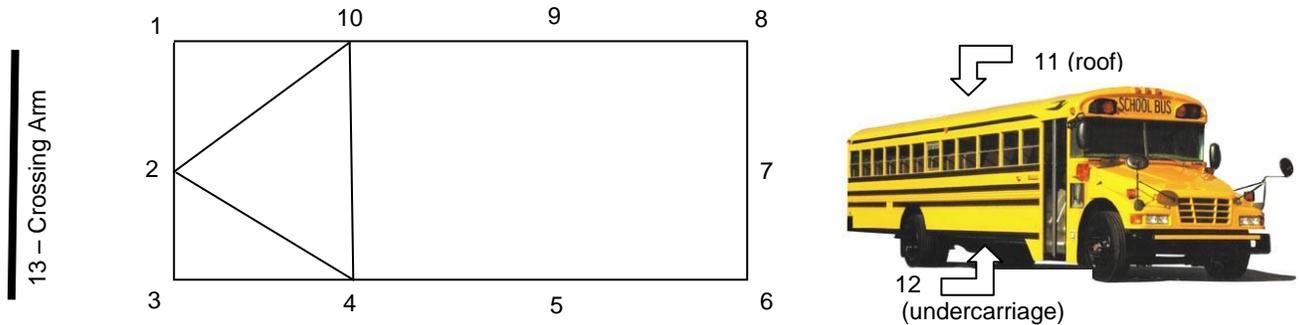
9. Road Condition:

- |                                |  |
|--------------------------------|--|
| <input type="checkbox"/> Dry   | <input type="checkbox"/> Snow packed           |
| <input type="checkbox"/> Wet   | <input type="checkbox"/> Potholes/ruts         |
| <input type="checkbox"/> Muddy | <input type="checkbox"/> Under repair          |
| <input type="checkbox"/> Icy   | <input type="checkbox"/> Other (specify) _____ |

10. Lighting:

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Dawn     | <input type="checkbox"/> Dark                          |
| <input type="checkbox"/> Daylight | <input type="checkbox"/> Dark, artificial illumination |
| <input type="checkbox"/> Dusk     |  |

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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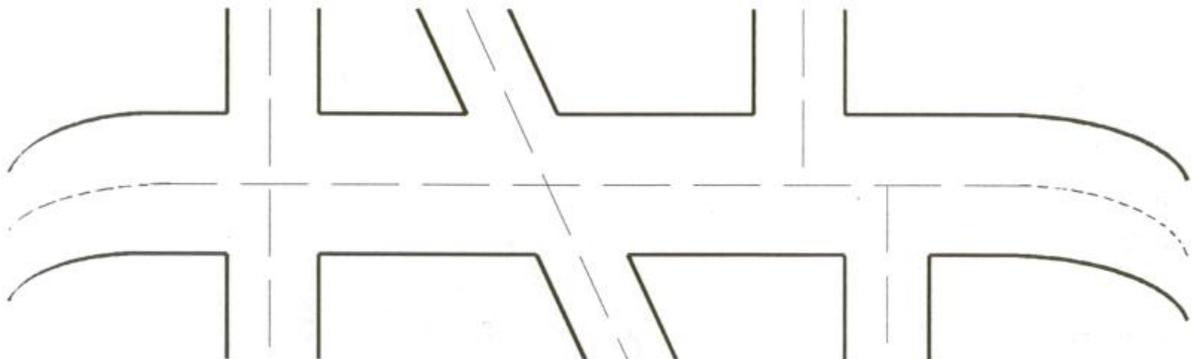
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**COMPLETE ONLY IF ACCIDENT OCCURRED WHILE LOADING/UNLOADING**

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              |                          |        |                  |                           |        |                  |