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 or by fax at 204-948-2154.

Report Submitted By:

___________________________________________

Name and Position

___________________________________________

School Division

___________________________________________

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.  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 inserviceing 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:
   - [ ] Another motor vehicle
   - [ ] School bus only
   - [ ] Fixed object (specify) __________________________
   - [ ] Animal
   - [ ] Pedestrian
   - [ ] Cyclist
   - [ ] Train
   - [ ] 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:
   - [ ] Angle
   - [ ] Head on
   - [ ] Rear end
   - [ ] Side swipe
   - [ ] One vehicle backing
   - [ ] Rollover
   - [ ] Other (specify) ________________________________

5. Direction of vehicles at time of accident:
   - [ ] Angle, both moving
   - [ ] Same direction, both moving
   - [ ] Opposite direction, both moving
   - [ ] One vehicle stopped
   - [ ] Single vehicle accident
   - [ ] 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:
   - [ ] 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
- [ ] Dark
- [ ] Dusk
- [ ] Dark, artificially illumination

11. Identify point of impact.

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

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

13. Crossing Arm

14. No impact/other circumstance. What? ____________________________

12. (undercarriage)
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
   - [ ] Turning right
   - [ ] Turning left
   - [ ] Backing
   - [ ] Bus stopped
   - [ ] 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

<table>
<thead>
<tr>
<th>Severity of Injury</th>
<th>Number of Injured ON Bus</th>
<th>Number of Injured OFF Bus</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students</td>
<td>Driver</td>
</tr>
<tr>
<td>Minor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
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<tr>
<td>Serious</td>
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<tr>
<td>Fatal</td>
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