

STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION

County Code
District Code

Office of Student Transportation
 PO Box 500, Trenton, New Jersey 08625

PRELIMINARY SCHOOL BUS ACCIDENT REPORT

NEW JERSEY ADMINISTRATIVE CODE 6A:27-12.2

INSTRUCTIONS:

Every school bus driver shall immediately inform the principal of the receiving school following an accident which involves an injury, death, or property damage. The driver must also complete this accident report and deliver it to the principal of the receiving school by the end of the next working day. Print or type answers and sign the report. **Please answer all questions/items.** If not applicable, enter N/A. *Please distribute copies of this report as indicated below.*

TIME AND LOCATION OF ACCIDENT

Date of accident: _____ Time: _____ AM _____ PM

Location of accident: _____
 NAME OF STREET, HIGHWAY, INTERSECTION, BRIDGE, RR., ETC.
 CITY, TOWN BOROUGH OR TOWNSHIP COUNTY

Vehicle No. 1 (Mine)	
Driver's Name	_____
Address	_____
Age	Sex _____ Driver's License # _____
Owner of Vehicle No. 1	_____
Address	_____
Transporting For	_____ Board of Education
Make & Yr. Of Bus	_____
License Plate No.	Capacity _____
Total No. Persons on Bus	_____ Pupils _____ Adults* _____
*Other than Driver	
Damage to Vehicle No. 1	_____

Vehicle No. 2 (Other)	
Driver's Name	_____
Address	_____
Age	Sex _____ Driver's License # _____
Owner of Vehicle No. 2	_____
Address	_____
Make & Type of Vehicle	_____
License Plate No.	_____
Total Number of Occupants in Vehicle	_____
Damage to Vehicle No. 2	_____

Did accident result in? (Check all responses that apply.)

- Fatality
 Incapacitating injury (serious)
 Non-incapacitating injury (moderate)
 Minor injury
 Property Damage over \$500

Was the school vehicle equipped with seat belts or other restraint system?

- Yes
 No
 OTHER RESTRAINT SYSTEM _____
NAME

Were advertisements displayed on the exterior of the school bus at the time of the accident?

- Yes
 No

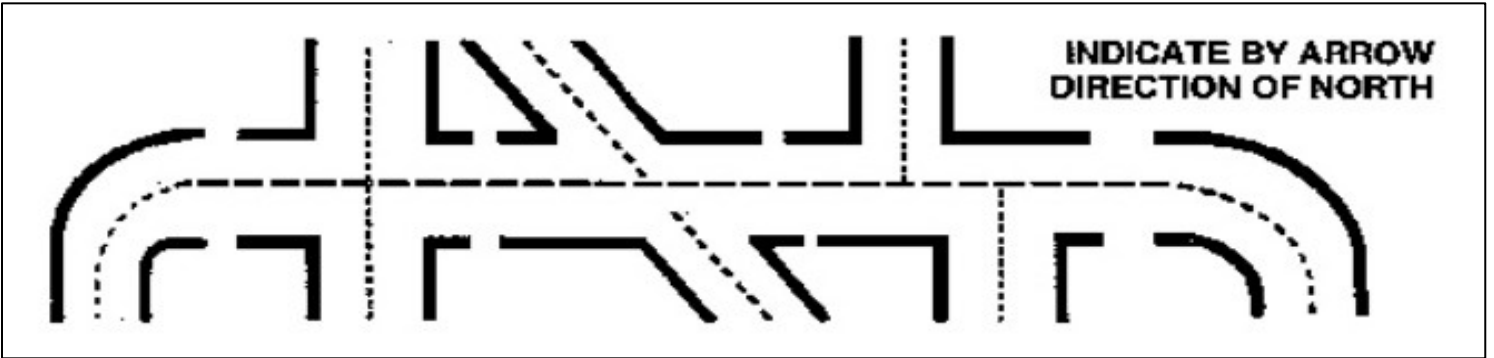
INJURY DATA

Complete Columns "A" & "B". In column "A", list injured occupants of Vehicle #1. In Column "B", list injured occupants of Vehicle #2. Complete information on seat belts by placing a checkmark under "Yes" or "No". Attach additional sheets if necessary.

Column A List of Injured Occupants Vehicle #1	Was Occupant Wearing Seat Belt or Other Restraint System?	Column B List of Injured Occupants Vehicle #2	Was Occupant Wearing Seat Belt or Other Restraint System?
1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	2. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	3. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	4. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	5. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	6. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	7. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Has the Bus Driver completed an approved Defensive Driving Course? Yes Date _____ No
DESCRIBE WHAT HAPPENED (Refer to the vehicle by number, give position of vehicles prior to accident, and direction of travel.)

Complete the following diagram showing direction and positions of vehicles involved, designating clearly the point of contact.
 (If the diagram will not serve for the accident in question, use additional sheets)



Did police investigate accident? Yes (ATTACH A COPY OF REPORT) No
 _____ Dept. _____
(RANK and NAME OF OFFICER) (CITY, COUNTY, STATE)

VEHICLE (1)	VEHICLE (2)	Going straight ahead	VEHICLE (1)	VEHICLE (2)	Starting in traffic lane
<input type="checkbox"/>	<input type="checkbox"/>	Overtaking	<input type="checkbox"/>	<input type="checkbox"/>	Stopped in traffic lane
<input type="checkbox"/>	<input type="checkbox"/>	Making right turn	<input type="checkbox"/>	<input type="checkbox"/>	Starting from park position
<input type="checkbox"/>	<input type="checkbox"/>	Making left turn	<input type="checkbox"/>	<input type="checkbox"/>	Skidding
<input type="checkbox"/>	<input type="checkbox"/>	Making U turn	<input type="checkbox"/>	<input type="checkbox"/>	Parked
<input type="checkbox"/>	<input type="checkbox"/>	Backing	<input type="checkbox"/>	<input type="checkbox"/>	Slowing or stopped

WEATHER CONDITIONS	ROAD CONDITIONS	ROAD SURFACE	ROAD CHARACTER	LIGHT CONDITIONS
<input type="checkbox"/> Clear	<input type="checkbox"/> Dry	<input type="checkbox"/> Concrete	<input type="checkbox"/> Curve with Grade	<input type="checkbox"/> Daylight
<input type="checkbox"/> Rain	<input type="checkbox"/> Snowy	<input type="checkbox"/> Black Top	<input type="checkbox"/> Straight with Grade	<input type="checkbox"/> Semi-Daylight
<input type="checkbox"/> Snow	<input type="checkbox"/> Wet	<input type="checkbox"/> Other	<input type="checkbox"/> Curve & Level	<input type="checkbox"/> Darkness
<input type="checkbox"/> Fog	<input type="checkbox"/> Icy		<input type="checkbox"/> Straight & Level	
			<input type="checkbox"/> Curve at Crest of Hill	
			<input type="checkbox"/> Straight at Crest of Hill	

I hereby certify to the best of my knowledge, this report is correct:

PRINT BUS DRIVER NAME SIGNATURE DATE

I hereby acknowledge receipt of this report.

PRINT PRINCIPAL OF RECEIVING SCHOOL NAME SIGNATURE SCHOOL DATE

PRINT DISTRICT TRANS SUPERVISOR NAME (DISTRICT PROVIDING TRANSPORTATION) SIGNATURE DISTRICT DATE

Distribution

ORIGINAL COPY TO PRINCIPAL OF RECEIVING SCHOOL
 COPY TO NEW JERSEY DEPARTMENT OF EDUCATION, OFFICE OF STUDENT TRANSPORTATION

COPY TO COUNTY SUPERINTENDENT OF SCHOOLS
 COPY TO DISTRICT PROVIDING TRANSPORTATION