

SCHOOL BUS ACCIDENT REPORT

INSTRUCTIONS:

The school bus driver shall complete this report in duplicate, one copy to be furnished to the Bus Supervisor, the Business Manager, and the other copy sent to the SD Department of Education, 800 Governors Drive, Pierre, SD 57501. This report is for statistical and informational purposes only and carries no legal significance. Please report all accidents which resulted in damage to busses or other property (\$10.00 or more per occurrence), or injuries to pupils or others. This applies both to district owned vehicles and to privately owned vehicles under contract.

School District: _____ County: _____
 Bus Number: _____ Bus Owned by: _____
 Bus Route: _____ Date of Accident: _____
 Number of Students on Bus: _____ Time of Accident (Hour): _____ a.m. / p.m.

The following person(s) were injured. (List more on back, if needed)

STUDENT		
NAME	√	DESCRIPTION OF INJURY

Describe damage to school bus: _____
 Amount: _____

Describe damage to other vehicle or property: _____
 Amount: _____

Describe road and weather conditions: _____

Was law enforcement officer called: YES / NO

Name of Officer: _____

Explain cause and responsibility for accident: _____

SIGNED _____ (bus driver)

NOTE: Give diagram on back of sheet showing roads, direction of travel, location of vehicles and all objects having a bearing on this accident.