DL-739 (1-08)

SCHOOL BUS ACCIDENT REPORT

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATIUON

Return Within 5 Days To:
Special Driver Programs, Bureau of Driver Licensing
P.O. Box 68684, Harrisburg, PA 17106-8684

IMPORTANT! Please refer to the instructional packet (DL-739A) if clarification is needed when completing this form. Answer each section applicable to the accident. If additional information is necessary, attach a sheet to original.

1. School District

_____

Intermediate Unit

_____

2. Bus Owner

A. ❑ School District
B. ❑ Contractor
C. ❑ Intermediate Unit
D. ❑ Other (specify)

_____

Z. ❑ Unknown

3. Date of Crash

_____ / _____ / _____

4. Day of Crash

A. ❑ Monday
B. ❑ Tuesday
C. ❑ Wednesday
D. ❑ Thursday
E. ❑ Friday
F. ❑ Saturday/Sunday

5. Time of Crash

A. ❑ Midnight - 6 a.m.
B. ❑ 6 a.m. - 9 a.m.
C. ❑ 9 a.m. - 11 a.m.
D. ❑ 11 a.m. - 1 p.m.
E. ❑ 1 p.m. - 3 p.m.
F. ❑ 3 p.m. - 6 p.m.
G. ❑ 6 p.m. - 8 p.m.
H. ❑ 8 p.m. - Midnight

6. Location by State

_____

7. Location by County

_____

8. Location of Crash

A. ❑ Rural
B. ❑ Urban
C. ❑ Residential
D. ❑ Business District
E. ❑ School Property
F. ❑ Bus Owner Property
G. ❑ Other (specify)

_____

Z. ❑ Unknown

9. Type of Crash

A. ❑ Head On
B. ❑ Side Swipe
C. ❑ Our Right Turn
D. ❑ Our Left Turn
E. ❑ Rear End (our)
F. ❑ Rear End (other)
G. ❑ Backing
H. ❑ Our U-Turn
I. ❑ Accelerating
J. ❑ Hit Fixed Object
K. ❑ Slowing
L. ❑ Passing
M. ❑ Intersection
N. ❑ Lane Change
O. ❑ Lost Control
P. ❑ Railroad Crossing
Q. ❑ Rollaway
R. ❑ Stopped
S. ❑ Non-Collision
T. ❑ Pedestrian
U. ❑ Fire - Engine
V. ❑ Fire - Brakes
W. ❑ Fire - Other
X. ❑ Other (specify)

_____

Z. ❑ Unknown

10. Purpose for Transporting

A. ❑ Regular Route
B. ❑ Activity Trip
C. ❑ Other (specify)

_____

Z. ❑ Unknown

11. Injuries/Fatalities

A. ❑ No
B. ❑ Yes
(If yes, complete supplement - Item 35)

12. Bus Occupied By

A. ❑ Unoccupied
B. ❑ Driver Only
C. ❑ Driver/Students
D. ❑ Students Only - (Give total number of students) _____
Z. ❑ Unknown

13. Vehicle Make

_____

14. Vehicle Capacity

A. ❑ Type I
B. ❑ Type II
C. ❑ School Vehicle
Z. ❑ Unknown

15. Vehicle Age

A. ❑ 2 years or less
B. ❑ 2-5 years
C. ❑ 5-8 years
D. ❑ Over 8 years
Z. ❑ Unknown

16. Driver's Name

_____

17. Driver's Operator Number

_____

18. Driver's Age
- A. ❑ 16 -17
- B. ❑ 18 -19
- C. ❑ 20 - 24
- D. ❑ 25 - 34
- E. ❑ 35 - 44
- F. ❑ 45 - 59
- G. ❑ 60 - 74
- H. ❑ 75 or over

19. Years Driving a Bus
- A. ❑ 1 or less
- B. ❑ 1 - 2
- C. ❑ 3 - 4
- D. ❑ 5 - 10
- E. ❑ Over 10

20. Driver's Condition
- A. ❑ Normal
- B. ❑ Sick
- C. ❑ Impaired
- D. ❑ Fatigue
- E. ❑ Other (specify) _____

21. Driver's Status
- A. ❑ Instructor
- B. ❑ Instructor Coordinator
- C. ❑ Neither

22. Highway Type
- A. ❑ Divided
- B. ❑ Not Divided
- C. ❑ Non-Highway
- Z. ❑ Unknown

23. Highway Lanes
- A. ❑ 1
- B. ❑ 2
- C. ❑ 3
- D. ❑ 4 or More
- E. ❑ Not Applicable

24. Posted Speed Limit
- A. ❑ Not Applicable
- B. ❑ Under 20 MPH
- C. ❑ 20 - 35 MPH
- D. ❑ 40 - 45 MPH
- E. ❑ 50 - 55 MPH
- F. ❑ Over 55 MPH

25. Weather
- A. ❑ No Adverse Condition
- B. ❑ Raining
- C. ❑ Snowing
- D. ❑ Sleet/Hail
- E. ❑ Fog/Smoke
- F. ❑ Other (specify) _____
- Z. ❑ Unknown

26. Visibility
- A. ❑ Unrestricted
- B. ❑ Hill
- C. ❑ Curve
- D. ❑ Other (specify) _____
- Z. ❑ Unknown

27. Road Condition
- A. ❑ Dry
- B. ❑ Wet
- C. ❑ Muddy
- D. ❑ Snow/Ice
- E. ❑ Other (specify) _____
- Z. ❑ Unknown

28. Light
- A. ❑ Daylight
- B. ❑ Dark
- C. ❑ Artificial
- D. ❑ Other (specify) _____

29. Collision With
- A. ❑ Non-Collision
- B. ❑ Fixed Object
- C. ❑ Train
- D. ❑ Animal
- E. ❑ Pedestrian
- F. ❑ Motor Vehicle (M/V) - Car, Bus, Truck, Motorcycle, etc. (If M/V, complete supplement - Item 36.)
- G. ❑ Other (specify) _____

30. Damage (bus)
- A. ❑ $100 or less
- B. ❑ $100 - $500
- C. ❑ $500 - $2,000
- D. ❑ $2,000 and Up
- E. ❑ None
- Z. ❑ Unknown

31. Damage (all other)
- A. ❑ $100 or less
- B. ❑ $100 - $500
- C. ❑ $500 - $2,000
- D. ❑ $2,000 and Up
- E. ❑ None
- Z. ❑ Unknown

32. Causes, Check all that Apply
- A. ❑ Follow Too Close
- B. ❑ Too Fast for Conditions
- C. ❑ Improper Pass
- D. ❑ Improper Backing
- E. ❑ Improper Right Turn
- F. ❑ Improper Left Turn
- G. ❑ Improper Stop
- H. ❑ Improper Loading
- I. ❑ Inattention
- J. ❑ Right of Way
- K. ❑ Mechanical Defect
- L. ❑ Other (specify) _____

33. Police Report
- A. ❑ No
- B. ❑ Yes - Give Report Number _____
- Z. ❑ Unknown

34. Any Traffic Citation Issued?
- A. ❑ No
- B. ❑ Yes
- Z. ❑ Unknown

35. Supplement to Item 11

A. Injuries
- a. ❑ None
- b. ❑ Bus Driver
- c. ❑ Student(s)-Number_____
- d. ❑ Other Vehicle - _____ Occupant(s)-Number _____
- e. ❑ Pedestrian(s)-Number ____
- f. ❑ Other (specify) _____

B. Fatalities
- a. ❑ None
- b. ❑ Bus Driver
- c. ❑ Student(s)-Number_____
- d. ❑ Other Vehicle - _____ Occupant(s)-Number _____
- e. ❑ Pedestrian(s)-Number ____
- f. ❑ Other (specify) _____

C. At Scene First Aid Administered
- a. ❑ No
- b. ❑ None
- z. ❑ Unknown

D. Medical Assistance Summoned
- a. ❑ No
- b. ❑ None
- z. ❑ Unknown

36. Supplement to Item 29
(collision with another M/V)

1-A. Other Driver's Name

_____

B. Other Driver's Operator Number

_____

C. Other Vehicle, Type, Make, Model

_____

(If Required):

2-A. Other Driver's Name

_____

B. Other Driver's Operator Number

_____

C. Other Vehicle, Type, Make, Model

_____

If more than 2 other motor vehicles are involved, attach separate sheet giving information as shown in (A), (B), (C).

Report Submitted By: _____ Date: _____
(signature)

Name: _____
(please print)

Position: _____

Phone Number: