

**SMCPS, Department of Transportation**

**Driver Post Accident Report**

Driver Name: \_\_\_\_\_ Driver License Number: \_\_\_\_\_

Driver Type (Circle One): Regular - Substitute - Other (Specify) \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. or P.M.

Bus # \_\_\_\_\_ Bus Capacity: \_\_\_\_\_ Bus Owner Name: \_\_\_\_\_

Bus Owner Address: \_\_\_\_\_

Bus Body Make: \_\_\_\_\_ Bus Chassis Make: \_\_\_\_\_ Model Year: \_\_\_\_\_

Were you wearing your seat belt at the time of the accident?  Yes  No

How many previous school bus accidents have you had in the past 3 years? \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ (Circle One): Male - Female

What is your experience driving a school bus (Choose One)?

Less than 6 months,  1 Year or Less,  1-2 Years,  2-5 Years,  5-10 Years,  10+ Years

**ENVIRONMENTAL CONDITIONS (Choose the ONE from each category that is most applicable):**

Road Condition:  -Dry,  -Icy,  -Under repair,  -Snow Packed,  -Holes or ruts,  -Muddy,  
 -Wet,  -Other, \_\_\_\_\_

Light Condition:  -Dawn,  -Daylight,  -Dusk,  -Dark (artificial light),  -Dark (no artificial light)

Weather Condition:  -Clear,  -Sleeting,  -Raining,  -Fog,  -Snowing,  -Dust,  -Smog/smoke

School Bus Use at Time of Accident:  -Regular route (not at bus stop),  -Regular route (at bus stop)  
 -Field/Activity Trip,  -Sp Ed route (not at bus stop),  -Sp Ed route (at bus stop),  -Other

Total number of Lanes on Roadway: \_\_\_\_\_, Posted Speed Limit: \_\_\_\_\_, Approximate Speed of Bus: \_\_\_\_\_

**SCHOOL/STUDENT INFORMATION:**

Bus Serves the Following School(s): \_\_\_\_\_

Were there Students on the Bus?  Yes  No If Yes, the Number of Students on Bus: \_\_\_\_\_

Was an Ambulance Requested?  Yes  No Was Anyone Transported by Ambulance?  Yes  No

If YES, the Number of Students Transported by Ambulance: \_\_\_\_\_ Number of Others Transported: \_\_\_\_\_

**SUBMIT A LIST OF ALL STUDENTS ON THE BUS AT THE TIME OF THE ACCIDENT**

\_\_\_\_\_

Investigated by:  Sheriff's Department  State Police Case Number: \_\_\_\_\_

Did you Receive a Citation?  Yes  No Did the Other Driver Receive a Citation?  Yes  No

Was there Damage to the Bus?  Yes  No Was there any Other Property Damage?  Yes  No

Were any Other Vehicles Involved?  Yes  No Was there Damage to Other Vehicles?  Yes  No

Vehicle I: \_\_\_\_\_

Vehicle II: \_\_\_\_\_

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Location of Accident: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

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Diagram of Accident:

Report completed by: (Print) \_\_\_\_\_

Date: \_\_\_\_\_ (Sign) \_\_\_\_\_

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