

School Transportation – 2010

School Bus Accidents

WORKSHEET 2

Date _____ LEA _____ School _____

School Contact _____ DOE Staff _____

Directions: Ask the **School Transportation Supervisor** to provide you up to three random accident reports. Complete the following review by checking if each item is present or not present in the report. Samples are provided for each item.

| | SB Accident Date | | | SB Accident Date | | | SB Accident Date | |
|----------------------------------|------------------|----|--|------------------|----|--|------------------|----|
| | Yes | No | | Yes | No | | Yes | No |
| 1. Description of damage | | | | | | | | |
| 2. Description of injuries | | | | | | | | |
| 3. Lists of passengers/witnesses | | | | | | | | |
| 4. Driver information | | | | | | | | |
| 5. Seating chart (if available) | | | | | | | | |
| 6. Follow-on information | | | | | | | | |
| a. Litigation | | | | | | | | |
| b. Summonses | | | | | | | | |
| c. Net effects of injuries | | | | | | | | |
| d. Other property damage | | | | | | | | |
| e. Corrective actions- driver | | | | | | | | |
| f. Summation of driver's record | | | | | | | | |

Additional Comments:
