

# UNIFORM SCHOOL BUS ACCIDENT REPORT

Instructions: Pursuant to Section 1035.45 of the Illinois Administrative Code, report accidents to the Secretary of State as soon as possible. Send this form to your local Regional Office of Education. Do not submit to the Illinois State Board of Education.

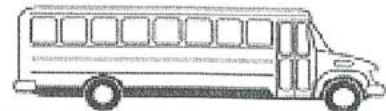
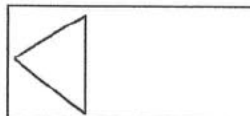
SCHOOL DISTRICT <b>DPS 61</b>		BUS OWNER <b>Alhoun Bus Company</b>	
BUS BODY MAKE <b>Freightliner</b>	BUS CHASSIS MAKE	MODEL YEAR <b>2019</b>	VIN (Vehicle Identification Number) <b>4UZABRED0HCJZ3776</b>
BUS DRIVER NAME (Last, First, MI.) <b>Felton, Wilbur, E</b>	DRIVER LICENSE NUMBER [REDACTED]	CITATION ISSUED <b>yes</b>	POLICE REPORT NUMBER (if known) <b>23004549</b>
LOCATION (County) <b>Macon</b>	DATE OF ACCIDENT <b>05/19/2023</b>	DAY OF ACCIDENT <b>Friday</b>	TIME OF ACCIDENT <b>8:43 Am</b>

## PART I - SCHOOL BUS PHYSICALLY INVOLVED

- Type of Accident (Enter only one response):
  - Between Motor Vehicles
  - Fixed Object (complete question 2)
  - Non collision
  - Pedestrian
  - Pedalcycle
  - Railroad train
  - Other collision (animal, animal-drawn vehicle, streetcar)
- Complete if Fixed Object Accident (enter only one response, that which caused most damage):
  - Bridge rail
  - Culvert or head wall
  - Curb or wall
  - Embankment
  - Fence
  - Fire hydrant
  - Guardrail
  - Median barrier
  - Sign
  - Tree
  - Utility pole
  - Other, specify \_\_\_\_\_
- Did accident result in (enter only one response):
  - Fatality
  - Incapacitating injury (serious)
  - Nonincapacitating injury (moderate)
  - Possible injury (minor)
- Property damage only. If property damage occurred, was it:
  - More than \$500.00
  - Less than \$500
- Number injured? (See Part III) \_\_\_\_\_
- Manner of collision between vehicles or objects:
  - Angle
  - Rear-end
  - Head-on
  - Other: \_\_\_\_\_
- Bus direction analysis (enter only one response):

<b>Collision with Pedestrian</b> Intersection <input type="checkbox"/> Bus going straight <input type="checkbox"/> Bus turning right <input type="checkbox"/> Bus turning left <input type="checkbox"/> Bus backing <input type="checkbox"/> Other action, specify _____ Non Intersection <input type="checkbox"/> Bus going straight <input type="checkbox"/> Bus turning right <input type="checkbox"/> Bus turning left <input type="checkbox"/> Bus backing <input type="checkbox"/> Other action, specify _____		<b>Collision with Other Vehicle</b> Intersection <input checked="" type="checkbox"/> Entering at angle, both moving <input type="checkbox"/> Entering same direction, both moving <input type="checkbox"/> Entering opposite direction, both moving <input type="checkbox"/> Other action, specify _____ Nonintersection <input type="checkbox"/> Same direction, both moving <input type="checkbox"/> Opposite direction, both moving <input type="checkbox"/> One vehicle stopped <input type="checkbox"/> Other action, specify _____	
<b>All Other Collisions</b> Intersection <input type="checkbox"/> Fixed object <input type="checkbox"/> Other road vehicle, training, pedalcycle <input type="checkbox"/> Other object, animal Nonintersection <input type="checkbox"/> Fixed Object <input type="checkbox"/> Other road vehicle, training, pedalcycle <input type="checkbox"/> Other object, animal		<b>Noncollision</b> Intersection <input type="checkbox"/> Overturn <input type="checkbox"/> Other noncollision Nonintersection <input type="checkbox"/> Overturn <input type="checkbox"/> Other noncollision	

7. First point of impact (enter only one response):  
**Front driver side fender**



8. Contributing circumstances (mark with an "x" as many responses as applicable):

Driver Action	Bus Driver Action	Other Vehicle Driver Action	Roadway
Speed	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> Defective surface
Right of way-failed to yield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Slippery
Passed stop sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inoperative traffic signal
Disregarded signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> View obstructed by object (e.g. tree, fence, shrubbery, etc.)
Drove left of center	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Defect
Improper overtaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tires
Made improper turn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Brakes
Followed too closely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lights
Backing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Steering
Sudden movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> No vehicle defect
No improper action	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other action, specify _____

9. Total number of lanes on roadway: 4

10. Posted speed limit: 40

11. Approximate speed of the bus: \_\_\_\_\_

12. Age of school bus driver: [REDACTED]

13. Driver:  Male  Female

14. Driver's experience driving school bus:

<input type="checkbox"/> Less than 6 months	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 5-10 years
<input checked="" type="checkbox"/> 1 year or less	<input type="checkbox"/> 2-5 years	<input type="checkbox"/> Over 10 years

15. In the last three years how many school bus accidents has the driver had? 1

16. Did the driver receive a pre-service school bus driver training course?  Yes  No

17. Did the driver receive in-service training course in the last 12 months?  Yes  No

18. Was the bus driver's lap belt in use when the accident occurred?  Yes  No

19. Type of school bus:  Type A  Type B  Type C  Type D  Other

20. Total number of passengers on bus (excluding driver): 31

21. Bus related seating capacity: 72

22. School bus use at time of accident:

Regular route

Field/Activity trip (school related use)

Special Education use

Other use

23. Condition of road at time of accident (enter as many responses as applicable):

<input checked="" type="checkbox"/> Dry	<input type="checkbox"/> Snow packed
<input type="checkbox"/> Holes or ruts	<input type="checkbox"/> Under repair
<input type="checkbox"/> Icy	<input type="checkbox"/> Wet
<input type="checkbox"/> Muddy	<input type="checkbox"/> Other, specify _____

24. Light condition (enter only one response):

Dawn

Daylight

Dusk

Dark, artificially illuminated

Dark, not artificially illuminated

25. Weather condition (enter only one response):

<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Sleeting
<input type="checkbox"/> Dust	<input type="checkbox"/> Smog/smoke
<input type="checkbox"/> Fog	<input type="checkbox"/> Snowing
<input type="checkbox"/> Raining	<input type="checkbox"/> Other, specify _____

**PART II – LOADING/UNLOADING ZONE ACCIDENTS**

- At the time of the accident, where was the bus? (Enter only one response)
 

<input type="checkbox"/> Approaching the zone	<input type="checkbox"/> Stopped in the zone	<input type="checkbox"/> Leaving the zone	<input type="checkbox"/> Not in sight
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- Was the pupil(s):
 

<input type="checkbox"/> Hit by the bus	<input type="checkbox"/> Hit by other vehicle
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- Number injured (See Part III) \_\_\_\_\_
- Location of injured pupil(s):
 

<input type="checkbox"/> On side of road	<input type="checkbox"/> In roadway	<input type="checkbox"/> On sidewalk	Other, specify _____
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Part II - LOADING/UNLOADING ZONE ACCIDENTS (con't.)

Description of accident: (Please describe behavior of pupil(s) in loading zone in this section.)

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

