

KENTUCKY ANNUAL SCHOOL BUS INCIDENT REPORT

SCHOOL YEAR TOTALS - DUE AUGUST 1ST

SCHOOL YEAR 2007-2008

SCHOOL DISTRICT ALL

SCHOOL DISTRICT #

(PLEASE ENTER THE TOTAL NUMBER OF INCIDENTS PER CATEGORY, FOR THE SCHOOL YEAR)
Do not include Section VI of the Kentucky Dailey School Bus Incident Report in this report

Total Number of Incidents	<u>1349</u>	Urban	<u>856</u>	Rural	<u>493</u>
Number of incidents Occurring in		A.M.	<u>650</u>	P.M.	<u>695</u>
Number of Citations issued to School Bus Drivers for incidents					<u>1</u>

(Enter total number of incidents per day / year)

DAY OF WEEK	MONTH OF YEAR				
MON.	<u>289</u>	JAN.	<u>151</u>	JUL.Y	<u>11</u>
TUES.	<u>282</u>	FEB.	<u>129</u>	AUG.	<u>137</u>
WED.	<u>283</u>	MAR.	<u>142</u>	SEPT.	<u>137</u>
THURS.	<u>258</u>	APR.	<u>100</u>	OCT.	<u>147</u>
FRI.	<u>229</u>	MAY	<u>138</u>	NOV.	<u>134</u>
SAT.	<u>11</u>	JUNE	<u>18</u>	DEC.	<u>116</u>
SUN.	<u>4</u>				

SECTION I - SCHOOL BUS PHYSICALLY INVOLVED**1. TYPE OF ACCIDENT (Enter totals for each category)**

A. between motor vehicles	<u>818</u>	B. noncollision	<u>44</u>
C. pedestrian	<u>5</u>	D. pedal cycle	<u>4</u>
E. railroad train	<u>0</u>		
F. fixed object (complete question 2)	<u>399</u>	G. other	<u>67</u>

Additional comment / Additional Explanation _____

2. ONLY COMPLETE SECTION IF BUS STRUCK A FIXED OBJECT(Enter totals for each category)

A. embankment	<u>14</u>	B. building	<u>25</u>	C. tree	<u>71</u>	D. sign	<u>41</u>
E. guardrail	<u>13</u>	F. bridge	<u>6</u>	G. fence	<u>42</u>	H. curb	<u>6</u>
I. Mailbox	<u>31</u>	J. hydrant	<u>5</u>	K. culvert	<u>7</u>	L. vehicle	<u>103</u>
M. utility pole	<u>66</u>	N. barrier	<u>2</u>				

Additional Comment / Additional Explanation _____

3. DID INCIDENT RESULT IN STUDENT AND / OR DISTRICT PERSONNEL INJURY(Enter totals for each category)

A. fatality(ies)	<u>0</u>	B. incapacitating injury(ies)	<u>6</u>
C. possible injuries	<u>80</u>	D. non-incapacitating injury(ies)	<u>23</u>
E. property damage	<u>615</u>		

If injury(ies) or fatality(ies) is reported in this section proceed to
INJURY / FATALITY SHEET page 7 must be completed

Additional Comment / Additional Explanation _____

4. OTHER VEHICLE(S) - DRIVER(S) - OCCUPANT(S) - PEDESTRIANS(Enter totals for each category)

Did incident result in:

A. fatality(ies)	<u>1</u>	B. incapacitating injury(ies) serious	<u>3</u>
C. possible injury(ies) minor	<u>38</u>	C. non-incapacitating injury(ies)	<u>28</u>
E. other	<u>11</u>		

Additional Comment / Additional Explanation _____

5. MANNER OF COLLISION BETWEEN SCHOOL BUS AND OTHER VEHICLE OR OBJECT

A. angle	<u>284</u>	B. head-on	<u>53</u>	C. rear-end	<u>205</u>
D. sideswipe	<u>425</u>	E. backing	<u>274</u>	F. broadside	<u>68</u>
G. other	<u>0</u>				

Addition Comments _____

SECTION II BUS DIRECTION ANALYSIS(Enter totals for each appropriate category)**COLLISION WITH PEDESTRAIN****INTERSECTION**

A. Bus going straight	<u>1</u>
B. Bus turning right	<u>0</u>
C. Bus turning left	<u>1</u>
D. Bus backing	<u>1</u>
E. other action	<u>0</u>

NON-INTERSECTION

F. Bus going straight	<u>11</u>
G. Bus turning right	<u>0</u>
H. Bus turning left	<u>1</u>
I. Bus backing	<u>1</u>
J. other action	<u>3</u>

COLLISION WITH OTHER VEHICLE**INTERSECTION**

K. Entering at angle, both moving	<u>22</u>
L. Entering same direction, both moving	<u>23</u>
M. Entering opposite directions, both moving	<u>36</u>
N. Entering at angle, one vehicle stationary	<u>43</u>
O. Entering same direction, one vehicle stationary	<u>72</u>
P. Entering opposite direction, one vehicle stationary	<u>17</u>
Q. One vehicle backing at intersection	<u>14</u>
R. Other action	<u> </u>
	<u> </u>

NON-INTERSECTION

S. Same direction, both moving	<u>40</u>
T. Opposite direction, both moving	<u>134</u>
U. One vehicle stopped	<u>264</u>
V. One vehicle backing	<u>96</u>
W. Sideswipe	<u>232</u>
X. Other action	<u> </u>
	<u> </u>

ALL OTHER COLLISIONS**INTERSECTIONS**

Y. Fixed object	<u>83</u>
Z. Other type vehicle, i.e. train, pedel cycle, motorcycle	<u>3</u>
AA. Other object, animal, etc.	<u>3</u>

NON-INTERSECTION

BB. Fixed object	<u>194</u>
CC. Other type vehicle, i.e. train, pedel cycle, motorcycle	<u>12</u>
DD. Other object, animal, etc.	<u>19</u>

NON-COLLISION**INTERSECTION**

EE. Overturn	<u>0</u>
FF. Other non-collision	<u>5</u>

NON-INTERSECTION

GG. Overturn	<u>1</u>
HH. Other non-collision	<u>34</u>

Additional comments/explanations: _____

SECTION III GENERAL INFORMATION**1. TOTAL NUMBER OF LANES ON ROADWAY**

A. one lane	<u>117</u>
B. Two lane	<u>730</u>
C. Three lanes	<u>15</u>
D. Multi-lane (four or more)	<u>122</u>
E. Parking lot or Area other than roadway	<u>366</u>

Additional Comments /Additional Explanation _____

_____**2. AGE OF SCHOOL BUS DRIVER(S) (Enter totals for each appropriate category)**

A. 21 - 30	<u>89</u>	B. 31 - 40	<u>232</u>
C. 41 - 50	<u>361</u>	D. 51 - 60	<u>414</u>
E. Over 60	<u>254</u>		

Additional Comment / Additional Explanation _____
_____**3. DRIVER GENDER (Enter totals for each appropriate category)**

MALE	<u>589</u>	FEMALE	<u>771</u>
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Additional Comment / Additional Explanation _____
_____**4. DRIVERSEXPERIENCE DRIVING A SCHOOL BUS (Enter totals for each appropriate category)**

A. Less than 6 months	<u>163</u>	B. 6 months to 1 year	<u>96</u>
C. 1 - 2 years	<u>158</u>	D. 2 - 5 years	<u>288</u>
E. 5 - 10 years	<u>282</u>	F. Over 10 years	<u>365</u>

5. WAS BUS DRIVER'S SEAT BELT IN USE WHEN THE INCIDENT OCCURRED?(Enter totals for each appropriate category)

A. Yes	<u>1345</u>	B. No	<u>3</u>
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Additional Comment / Additional Explanation _____

6. TYPE OF SCHOOL BUS / OTHER VEHICLE (Enter totals for each category)

A. TYPE A	<u>28</u>	B. TYPE B	<u>46</u>
C. TYPE C	<u>952</u>	D. TYPE D	<u>304</u>
E. OTHER	<u>13</u>		

Additional Comment / Additional Explanation _____

7. SCHOOL BUS USE AT TIME OF INCIDENT (Enter totals for each category)

A. REGULAR ROUTE	<u>1192</u>
B. FIELD TRIP / ACTIVITY TRIP (SCHOOL RELATED USE)	<u>85</u>
C. SPECIAL EDUCATION USE	<u>21</u>
D. OTHER USE	<u>44</u>

Additional Comment / Additional Explanation _____

8. CONDITION OF ROAD AT TIME OF INCIDENT (Enter totals for each appropriate category)

A. Dry	<u>1051</u>	B. wet	<u>242</u>	C. ice	<u>36</u>
D. muddy	<u>6</u>	E. snow	<u>2</u>	F. holes	<u>12</u>
G. repair	<u>1</u>	H. other	_____		

Additional Comment / Additional Comment _____

9. LIGHT CONDITION (Enter totals for each appropriate category)

A. dawn	<u>95</u>	B. daylight	<u>1109</u>	C. dusk	<u>19</u>
D. dark, AI	<u>68</u>	E. dark, NAI	<u>106</u>		

Additional Comment / Additional Explanation _____

10. WEATHER CONDITION (Enter totals for each appropriate category)

A. clear	<u>983</u>	B. rain	<u>193</u>	C. fog	<u>20</u>
D. snow	<u>29</u>	E. sleet	<u>5</u>	F. overcast	<u>116</u>
G. other	_____				

SECTION IV LOADING / UNLOADING ZONE INCIDENTS

(see definitions)

1. AT THE TIME OF THE INCIDENT, WHERE WAS THE BUS?

(Enter totals for each appropriate category)A. approaching loading zone 62 B. stopped in loading zone 84C. leaving loading zone 29 D. not in sight of loading zone 536

Additional Comment / Additional Explanation _____

2. WAS / WERE THE PUPIL(S) ? (Enter totals for each appropriate category)A. hit by the bus 0 B. hit by another vehicle 0C. on the bus 63 D. other 2

Additional Comment / Additional Explanation _____

3. LOCATION OF INJURED PUPIL(S) (Enter totals for each appropriate category)A. on the side of the road 0 B. in the roadway 1C. on the sidewalk 0 D. on the bus 18

E. other _____

Additional Comment / Additional Explanation _____

4. NUMBER OF INJURED (Complete Part V of injury / Fatality Tally Sheet for students and School Personnel)

SECTION V INJURY / FATALITY TALLY SHEET FOR STUDENT AND SCHOOL PERSONNEL

ON BOARD BUS							
AGE	FATALITIES		SERIOUS	MODERATE	MINOR		ALL
	MALE	FEMALE	ALL	ALL			
UNDER 3	0	0	0	0			0
3	0	0	0	0			0
4	0	0	0	0			0
5	0	0	0	0			0
6	2	0	0	3			5
7	2	0	0	3			6
8	1	0	0	1			2
9	1	0	0	0			9
10	1	0	0	1			7
11	0	0	0	1			10
12	1	1	0	0			9
13	1	1	0	2			4
14	3	2	0	1			5
15	1	0	1	1			3
16	0	0	0	0			3
17	0	0	0	0			0
18	1	0	0	2			0
OVER 18	0	0	0	0			0
DRIVER	2	3	4	4			7
OTHER	0	1	0	0			3
TOTALS	16	8	0	19			73

REMARKS: _____

REPORT SUBMITTED BY: _____

SIGNATURE: _____ DATE _____

PRINT NAME: _____

TRANSPORTATION DIRECTOR: _____ DATE _____

SIGNATURE: _____