

OHIO DEPARTMENT OF EDUCATION
Division of School Finance



FORM T-10
UNIFORM SCHOOL BUS
ACCIDENT
REPORT FORM

(Standard 3301-83-14,G)

ODE NUMBER

Submit original copy directly to the AREA COORDINATOR OFFICE within 15 days.
Please read all instructions before completing this form. Print or type information.

Area _____

Bus Driver Name _____
School District _____
County _____
Bus Owner _____ Driver License # _____
Bus Chassis _____ Citation Issued yes no
Bus Body _____ Accident Report # _____
Model Year _____ Accident Date _____ Day _____
Accident Location (county) _____ Accident Time (Circle) AM PM
Accident Location (state) _____
Transportation Administrator _____ Phone _____ School Bus Driver Signature _____
Signature _____ (City, Exempted Village, Local Superintendent) _____ (Date) _____

PART I - SCHOOL BUS PHYSICALLY INVOLVED

1. Type of Accident (see def.) (enter only one response):

- 01 Between motor vehicles
- 02 Noncollision
- 03 Pedestrian
- 04 Fixed object (complete Ques. 2)
- 05 Pedalcycle
- 06 Railroad train
- 07 Other collision (animal, animal-drawn vehicle)

2. Complete if Fixed Object Accident

(enter only one response, that which caused most damage):

- 01 Embankment
- 02 Utility pole
- 03 Tree
- 04 Sign
- 05 Guardrail
- 06 Bridgerail
- 07 Fence
- 08 Median barrier
- 09 Fire hydrant
- 10 Curb or wall
- 11 Culvert or headwall
- 12 Other _____ specify

3. Did accident result in? (enter only one response)

- 01 Fatality
- 02 Incapacitating injury (serious)
- 03 Nonincapacitating injury (moderate)
- 04 Possible injury (minor)

Property damage only. If property damage occurred, was it?:

- 05 More than \$500.00
- 06 Less than \$500.00

4. Number injured: (Complete Part III)

5. Manner of Collision Between Vehicle or Objects:

- 01 Angle
- 02 Head-on
- 03 Rear-end
- 04 Other

6. Bus Direction Analysis (enter only one response for 01-thru 28):

Collision with Pedestrian

- Intersection (see def.)
 - 01 Bus going straight
 - 02 Bus going right
 - 03 Bus turning left
 - 04 Bus backing
 - 05 Other action _____ specify
- Nonintersection
 - 06 Bus going straight
 - 07 Bus turning right
 - 08 Bus turning left
 - 09 Bus backing
 - 10 Other action _____ specify

Collision with Other Vehicle

- Intersection
 - 11 Entering at angle, both moving
 - 12 Entering same direction, both moving
 - 13 Entering opposite direction, both moving
 - 14 Other action _____ specify
- Nonintersection
 - 15 Same direction, both moving
 - 16 Opposite direction, both moving
 - 17 One vehicle stopped
 - 18 Other action _____ specify

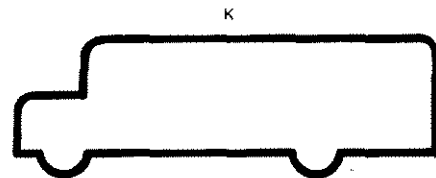
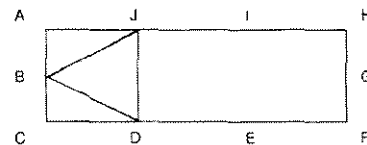
All Other Collisions

- Intersection
 - 19 Fixed object
 - 20 Other road vehicle, train, pedalcycle
 - 21 Other object, animal
- Nonintersection
 - 22 Fixed object
 - 23 Other road vehicle, train, pedalcycle
 - 24 Other object, animal

Noncollision

- Intersection
 - 25 Overturn
 - 26 Other noncollision
- Nonintersection
 - 27 Overturn
 - 28 Other noncollision

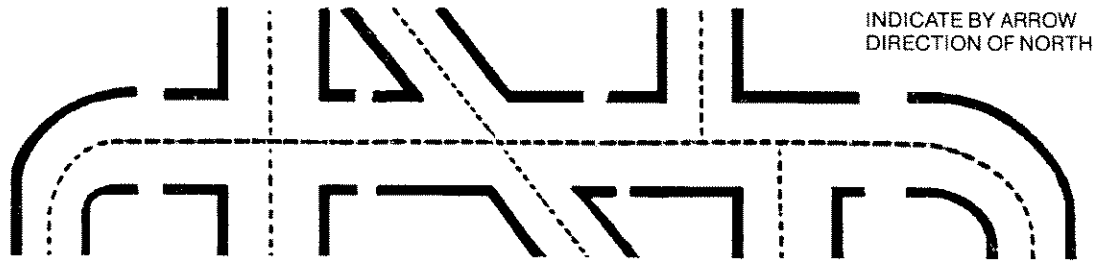
7. First Point of Impact (enter only one response in box)



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Enter

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.)



PART III - INJURY TALLY SHEET SCHOOL TRANSPORTATION - RELATED PERSONNEL

AGE	ON BOARD BUS									OFF BUS			LOADING/UNLOADING ZONE				
	KILLED			F	INJURED			KILLED			SERIOUS	INJURED		MINOR			
	M				ALL	MODERATE	ALL	MINOR	ALL	M		F	ALL		MODERATE	ALL	
Under 5	01	02		03	04		05		06	07		08	09	10			
5	11	12		13	14		15		16	17		18	19	20			
6	21	22		23	24		25		26	27		28	29	30			
7	31	32		33	34		35		36	37		38	39	40			
8	41	42		43	44		45		46	47		48	49	50			
9	51	52		53	54		55		56	57		58	59	60			
10	61	62		63	64		65		66	67		68	69	70			
11	71	72		73	74		75		76	77		78	79	80			
12	81	82		83	84		85		86	87		88	89	90			
13	91	92		93	94		95		96	97		98	99	100			
14	101	102		103	104		105		106	107		108	109	110			
15	111	112		113	114		115		116	117		118	119	120			
16	121	122		123	124		125		126	127		128	129	130			
17	131	132		133	134		135		136	137		138	139	140			
18	141	142		143	144		145		146	147		148	149	150			
Over 18	151	152		153	254		155		156	157		158	159	160			
Driver	161	162		163	164		165		166	167		168	169	170			
Others	171	172		173	174		175		176	177		178	179	180			
Totals	181	182		183	184		185		186	187		188	189	190			