



Bus Accident Reporting Checklist

Department of Transportation
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20855

MCPS Form 215-51
March 2012

INSTRUCTIONS: Department of Transportation (DOT) Central Office will fax an interim report, Part I, to Risk Management. The investigator repending to the scene must complete Part II of the bus accident checklist and contact Shady Grove DOT Office to ensure that it has been properly recorded. The depot manager's office will fax completed form to Risk Management, 301-279-3642 and to DOT Central Office, 301-840-4516.

PART I: PRIMARY INFORMATION: To be completed by DOT Depot Office and faxed to Risk Management.

Investigator _____ Driver _____ Attendant _____
Bus # _____ Route # _____ Parking Location _____ Depot _____
Location of Accident _____ Date ____/____/____ Time ____:____
Driver Injured: Yes No Attendant Injured: Yes No Transported to Hospital: Yes No If Yes, Hospital _____
911 Called: Yes No If Yes, Time Called ____:____ Caller _____
Shop Notified Yes No Tow Truck Required Yes No If Yes, Time Called ____:____
Description of Accident _____

PART II: SECONDARY INFORMATION: To be completed by THE INVESTIGATOR (IF ADDITIONAL SPACE IS NEEDED, ATTACH INFORMATION ON A SEPARATE SHEET OF PAPER.)

Students on Board: Yes No If Yes, Number of Students _____ Name of School _____
Students Injured: Yes No If Yes, Number of Students Injured _____ Students transported to: Home School Hospital(s) _____
Other Vehicles Involved: Yes No If Yes, Number of Other Vehicles _____ Injuries: Yes No If Yes, Number of Injuries _____
Transported to Hospital: Yes No If Yes, Number Transported _____ Name(s) of Hospital(s) _____
Name(s) of Driver(s) _____
Injured Parties: Name _____ Address _____ Phone _____-_____-_____
Name _____ Address _____ Phone _____-_____-_____
Name _____ Address _____ Phone _____-_____-_____

Signature indicates that primary and secondary information is completed. _____ /_____/_____
Signature, Investigator *Date*

PART III: TELEPHONE FOLLOW-UP INFORMATION

DOT Central Office Contacted By _____ Time ____:____ Date ____/____/____
Deputy Superintendent's and Chief Operating Officer's Office/Contacted By DOT Central Office _____ Time ____:____ Date ____/____/____
Dispatch Office Contacted By _____ Time ____:____ Date ____/____/____
Depot Manager's Office Contacted By _____ Time ____:____ Date ____/____/____
School Contacted By _____ Time ____:____ Date ____/____/____