

Motor Carrier Attachment 15:

MSDE Accident Report dated March 5, 1997

Baltimore, MD; 11/1/2016

HWY17MH007

(6 pages)



Maryland State Department of Education Uniform School Bus Accident Report Modify Screen

1. Local School System: 2. Bus Driver Name: 3. Driver License No.: 4. Driver type: 5. Preventability: 6. Citation Issued to Bus Driver? Baltimore County GLEN R (Last, First, M.I) Substitute Other Nonpreventable Nonpreventable
2. Bus Driver Name: 3. Driver License No.: 4. Driver type: 5. Preventability: GLEN R (Last, First, M.I) Substitute Other Nonpreventable
3. Driver License No.: 4. Driver type: 5. Preventability: Substitute Other (specify) Nonpreventable
4. Driver type: • Regular • Substitute • Other • Specify 5. Preventability: • Preventable • Nonpreventable
5. Preventability: Preventable O Nonpreventable
6. Citation issued to bus driver: Ves Ves
7. Date of Accident: 3/5/1997
Day of Week: WED
Time: 7:00:00 AM
8. Bus Owned By County:
Bus Owner Name: CITY WIDE BUS CO
Bus Owner Address:
9. City, State, Zip Code:
10. Bus Body Make: THOM
Bus Chassis Make: INTL
Model Year: 1985
-Part I - Accident Detail
1. Type of Accident (see def.) (Enter only one response): 01 Motor vehicle other
than school bus (complete Ques. 2) (animal, animal-drawn
02 Noncollision 05 Pedalcycle vehicle, streetcar)
03 Pedestrian 06 Railroad train
2. Complete if Fixed Object Accident (enter only one response, that which caused most damage):
OO (C) Fire hident
01 © Embankment 05 © Guardrail 10 © Curb or headwall
06 © Bridgerail
07 © Fence
04 Sign 08 Median barrier 12 Other (specify)
(Specify)
3. Result of Accident (enter only one response):
If personal injury:
01 🛈 Fatality . 03 🔾 Moderate (Nonincapacitating) injury
02 Serious (incapacitating) injury 04 Minor (possible) injury
Property damage only:
- H 500.00
05 More than \$1,500.00
4. Number Injured: 0 (Complete PART III, If Fatality/Injury)
5. Manner of Collision Between Vehicles or Objects:
01 • Angle 03 • Rear-end

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

Collision with Pedestrian

	Nonintersection
Intersection (see def.)	06 O Bus going straight
01 Dus going straight	07 O Bus turning right
02 O Bus turning right	08 © Bus turning left
03 O Bus turning left	09 Bus backing
04 Bus backing	
05 Other action	(specify) 10 Other action (specify)
0-11	talan with Other Vehicles

Collision with Other Vehicles

		Hommersection			
		section	15	0	Same direction, both moving
11	\circ	mari e de la cala de la dela magnitica de			Opposite direction, both moving
1 2	\bigcirc	Figure come direction, both moving			• •
			17	\odot	One vehicle stopped
13	\bigcirc	Entering opposite direction, both moving	18	()	Other action
14	\odot	Other action (specify)		eci	
			(sp	eci	гу)

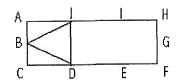
All Other Collisions

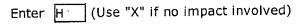
Intersection	Nonintersection
19 Fixed object	22 O Fixed object
20 Q Other road vehicle, train, pedalcycle	23 Other road vehicle, train, pedalcycle
21 \circ Other object, animal	24 Other object, animal

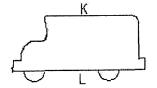
Noncollision

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

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







8. Contributing Circumstances (enter as many rest	oonses as applicable):	
Action	Bus Driver	Other Vehicle Driver
Speed too fast for conditions	01 🔲	12
Right of way - failed to yield	. 02 🖃	13 🗊
Improper distance judgment	03 ()	14 🖸
Disregarded traffic control device	04	15 🗔
Drove left of center	05 🗐	16
Improper overtaking	06	17 🗆
Improper turning	07 🗐	18
Followed too closely	08 🗟	19 🗊

Backing		09 🗇	20
Sudden movement		10 🖸	21 🖸
No improper action		11 🖾	22 🖸
Roadway 23 Defective surface (e.g., 24 Slippery 25 Inoperative traffic signa 26 View obstructed by object (i.e., tree, fence, shrubb)	potholes)	School Vehicle De 27 Tires 28 Brakes 29 Lights 30 Steering 31 No vehicle o	
9. Total Number of Lanes on Roadway (b	ooth directions):	2 (if none, pl	ease enter 0)
10. Posted Speed Limit: 2	0 MPH (if nor	ne, please enter 0)	
11. Approximate Speed of the Bus:	0 MPH (if sto	op, please enter 0)	
12. Age of the School Bus Driver: 4	9		
13. Driver's Sex: 01 • M 02	⊕ F		
14. Driver's Experience Driving School E 01 © Less than 6 months 02 © 1 year or less 03 © 1 - 2 years	Bus:	04 2 - 5 years 05 5 - 10 year 06 Over 10 ye	
15. In the past three years, how many points (if none, enter 0)	previous school bus	s accidents has the	driver had?
16. Prior to transporting pupils , did the in accordance with COMAR 13A.06.0	ne driver receive th 07.08A? 01 •	ne minimum hours Yes 02 ON	of preservice instruction o
17. In the past 12 months , did the dri accordance with COMAR 13A.06.07.0	ver receive at leas 08B? 01 •	st 6 hours of inser Yes 02 O No	vice instruction in
18. Was bus driver's lap belt in use whe	en the accident occ	curred? 01 🖲 Y	es 02 O No
19. Type of School Bus (see definitions) 01 © Type A 02 © Type B 03 © Type C):	04 © Type D 05 © Other	
20. Total Number of Passengers on Bus	(excluding driver)): [(if none	, enter 0)
21. Bus Rated Seating Capacity: 36			
22. School Bus Use at Time of Accident 01 Regular route (not at b 02 Regular route (at bus s	ous stop)		on route (not at bus stop) on route (at bus stop)

*-

	03	Fleid/Activity	rip (school-i	related use)	06 © Oti	ner use	,
23.	01	Dry	04	(enter only on 4 © Snow pa 5 © Holes or 6 © Muddy	icked	, that which is most 07 O Wet 08 Other [(specify	
24.	01 🕯	Daylight	one respons	se):		ark, artificially illum ark, not artificially i	
	01 © 02 ○ 03 ○	Sleeting Raining	0 0 0	4 ⊖ Fog 5 ⊖ Snowing 6 ⊖ Dust		07 ⊖ Smog/s 08 ⊖ Other [(specify	
-Pa	rt II - Pupil	Injuries/Fat	alities in tl	he Loading/I	Inloading	Zone	
2. \ 3. ſ	01 © 02 © Was the pupi Number of ir	of the accident, Approaching to Stopped in the II(s)? Official or a stopped in the Official or a stopp	he zone e zone 1 O Hit by s: 0 (bus 02 [©]	03 ⊜ L 04 ⊖ N Hit by oth	eaving the zone lot in sight	
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Pa	Pleasescription of the secretary of the	f Accident: ality/Injury juries On Boa	Detail	enter the num	oading zon	e in "Description	ate spaces). MINOR (All)
Pa	Pleasescription of the secret III - Fatalities/in AGE	f Accident: ality/Injury juries On Boai	Detail————————————————————————————————————	enter the num	nber of inju	ries in the appropria	ate spaces). MINOR
Pa	Pleasescription of the secretary of the	ality/Injury juries On Boai	Detail rd the Bus (FATAL Fem	enter the num	nber of inju	ries in the appropriation MODERATE (All)	ate spaces). MINOR (All)
Pa	Pleasescription of the secretary of the	ality/Injury juries On Boai	Detail—rd the Bus (FATAL Fem	enter the num	nber of inju	ries in the appropria MODERATE (All)	ate spaces). MINOR (All)
Pa	Pleasescription of the secription of the secription of the secretary and the secreta	ality/Injury juries On Boai	Detail—rd the Bus (FATAL Fem	enter the numale 0	nber of inju	ries in the appropria MODERATE (AII) 0 0	ate spaces). MINOR (All) 0 0 0
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- Certification Statement I certify that the information in this form is	true and correct to the be	est of my knowledge	e.
Name of Person Completing Report:			(mm/dd/yyyy)
	Name	Date	٦
Supervisor of transportation:	Signature	Date	(mm/dd/yyyy)
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