



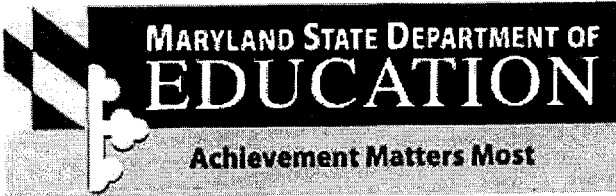
Motor Carrier Attachment 15:

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

Reporting year: 1997 Accident ID: 123 Accident Suffix: 0

Part A

1. Local School System: Baltimore County

2. Bus Driver Name: CHAPPELL GLEN R (Last, First, M.I)

3. Driver License No.: [REDACTED]

4. Driver type: Regular Substitute Other [REDACTED] (specify)

5. Preventability: Preventable Nonpreventable

6. Citation Issued to Bus Driver? Yes No

7. Date of Accident: 3/5/1997
Day of Week: WED
Time: 7:00:00 AM

8. Bus Owned By County: Yes
Bus Owner Name: CITY WIDE BUS CO.
Bus Owner Address: [REDACTED]

9. City, State, Zip Code: [REDACTED]

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 <input checked="" type="radio"/> Motor vehicle other than school bus	04 <input type="radio"/> Fixed object (complete Ques. 2)	07 <input type="radio"/> Other collision (animal, animal-drawn vehicle, streetcar)
02 <input type="radio"/> Noncollision	05 <input type="radio"/> Pedalcycle	
03 <input type="radio"/> Pedestrian	06 <input type="radio"/> Railroad train	

2. Complete if Fixed Object Accident (enter only one response, that which caused most damage):

01 <input type="radio"/> Embankment	05 <input type="radio"/> Guardrail	09 <input type="radio"/> Fire hydrant
02 <input type="radio"/> Utility pole	06 <input type="radio"/> Bridgerail	10 <input type="radio"/> Curb or headwall
03 <input type="radio"/> Tree	07 <input type="radio"/> Fence	11 <input type="radio"/> Culvert or headwall
04 <input type="radio"/> Sign	08 <input type="radio"/> Median barrier	12 <input type="radio"/> Other [REDACTED] (specify)

3. Result of Accident (enter only one response):

If personal injury:

01 <input type="radio"/> Fatality	03 <input type="radio"/> Moderate (Nonincapacitating) injury
02 <input type="radio"/> Serious (incapacitating) injury	04 <input type="radio"/> Minor (possible) injury

Property damage only:

05 <input type="radio"/> More than \$1,500.00	06 <input checked="" type="radio"/> Less than \$1,500.00
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4. Number Injured: 0 (Complete PART III, If Fatality/Injury)

5. Manner of Collision Between Vehicles or Objects:

01 <input checked="" type="radio"/> Angle	03 <input type="radio"/> Rear-end
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02 Head-on

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 turning 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 Vehicles

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

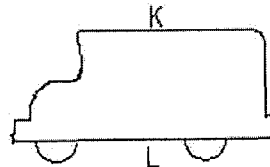
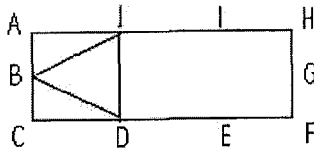
Intersection

- 25 Overturn
- 26 Other noncollision

Nonintersection

- 27 Overturn
- 28 Other noncollision

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



Enter (Use "X" if no impact involved)

8. Contributing Circumstances (enter as many responses as applicable):

Action	Bus Driver	Other Vehicle Driver
Speed too fast for conditions	01 <input type="checkbox"/>	12 <input type="checkbox"/>
Right of way - failed to yield	02 <input type="checkbox"/>	13 <input type="checkbox"/>
Improper distance judgment	03 <input checked="" type="checkbox"/>	14 <input type="checkbox"/>
Disregarded traffic control device	04 <input type="checkbox"/>	15 <input type="checkbox"/>
Drove left of center	05 <input type="checkbox"/>	16 <input type="checkbox"/>
Improper overtaking	06 <input type="checkbox"/>	17 <input type="checkbox"/>
Improper turning	07 <input type="checkbox"/>	18 <input type="checkbox"/>
Followed too closely	08 <input type="checkbox"/>	19 <input type="checkbox"/>

Backing 09 20
 Sudden movement 10 21
 No improper action 11 22

Roadway

School Vehicle Defect

- 23 Defective surface (e.g., potholes)
- 24 Slippery
- 25 Inoperative traffic signal
- 26 View obstructed by object
(i.e., tree, fence, shrubbery, etc.)

- 27 Tires
- 28 Brakes
- 29 Lights
- 30 Steering
- 31 No vehicle defect

32 Other (specify)

9. Total Number of Lanes on Roadway (both directions): (if none, please enter 0)

10. Posted Speed Limit: MPH (if none, please enter 0)

11. Approximate Speed of the Bus: MPH (if stop, please enter 0)

12. Age of the School Bus Driver:

13. Driver's Sex: 01 M 02 F

14. Driver's Experience Driving School Bus:

- 01 Less than 6 months
- 02 1 year or less
- 03 1 - 2 years
- 04 2 - 5 years
- 05 5 - 10 years
- 06 Over 10 years

15. In the past three years, how many previous school bus accidents has the driver had?
 (if none, enter 0)

16. **Prior to transporting pupils**, did the driver receive the minimum hours of preservice instruction in accordance with COMAR 13A.06.07.08A? 01 Yes 02 No

17. **In the past 12 months**, did the driver receive **at least 6 hours** of inservice instruction in accordance with COMAR 13A.06.07.08B? 01 Yes 02 No

18. Was bus driver's lap belt in use when the accident occurred? 01 Yes 02 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:

22. School Bus Use at Time of Accident:

- 01 Regular route (not at bus stop)
- 02 Regular route (at bus stop)
- 04 Sp. education route (not at bus stop)
- 05 Sp. education route (at bus stop)

p	10	0	0	0	0	0
i	11	0	0	0	0	0
l	12	0	0	0	0	0
s	13	0	0	0	0	0
	14	0	0	0	0	0
	15	0	0	0	0	0
	16	0	0	0	0	0
	17	0	0	0	0	0
	18	0	0	0	0	0
	Over 18	0	0	0	0	0
	Driver	0	0	0	0	0
	Other	0	0	0	0	0
	Total	0	0	0	0	0

2. Fatalities/injuries Off the Bus, in the Loading/Unloading Zone, or in the Other Vehicle
(enter the number of injuries in the appropriate spaces).

AGE	FATAL		SERIOUS	MODERATE	MINOR
	Male	Female	(All)	(All)	(All)
Under 5	0	0	0	0	0
5	0	0	0	0	0
6	0	0	0	0	0
7	0	0	0	0	0
8	0	0	0	0	0
9	0	0	0	0	0
p	10	0	0	0	0
u	11	0	0	0	0
p	12	0	0	0	0
i	13	0	0	0	0
l	14	0	0	0	0
s	15	0	0	0	0
	16	0	0	0	0
	17	0	0	0	0
	18	0	0	0	0
	Over 18	0	0	0	0
	Driver	0	0	0	0
	Other	0	0	0	0
	Total	0	0	0	0

Certification Statement

I certify that the information in this form is true and correct to the best of my knowledge.

Name of Person Completing Report: (mm/dd/yyyy)

Supervisor of transportation: (mm/dd/yyyy)

Are you sure you want to modify the old data?

Go top