



MCPS Vehicle Accident Report

Department of Transportation
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

MCPS Form 215-49
June 2019
Page 1 of 7

INSTRUCTIONS: This form will be used for all MCPS vehicles. The majority of MCPS vehicles are school buses, therefore complete only those items which are applicable. This form will be completed by an MCPS Department of Transportation Supervisor, with the exception of Part VIII which will be completed by the Bus/Vehicle Operator.

PART I: MCPS Vehicle Information

Supervisor Name Completing this form: _____ Date ____/____/____

Bus Operator/Driver Name: _____ MCPS Employee ID: _____

Home address of Bus Operator/Driver: _____

Bus Operator Driver's License #: _____ Driver's License State: _____

Phone ____-____-____ Date of Accident: ____/____/____ Time of Accident: ____:____ a.m. p.m.

Location of Accident: _____

Describe Damage to MCPS Vehicle:

Posted speed limit: _____ Number of lanes (both directions): _____

If applicable, Bus Number _____ If applicable, Bus Route _____

Police called? Yes No Police Report Number: _____ Name of Officer: _____

Citation issued? Yes No Bus/MCPS Vehicle Moved Prior to Release by MCPS Department of Transportation Supervisor? Yes No

Shop Called? Yes No MCPS Vehicle Towed? Yes No Name of Mechanic: _____

If School Bus Accident, Bus Operator Taken for Post-accident Drug/Alcohol Testing? Yes No

PART II: MCPS DEPARTMENT OF TRANSPORTATION SUPERVISOR'S ACCIDENT REPORT

After a conference with the bus operator/MCPS vehicle driver, the following is submitted for review:

1. Supervisor description of accident

2. Additional information, other than description of accident that may assist accident review board.

3. Photographs taken? Yes No If Yes, photographs taken by whom? _____

4. Comments by supervisor pertaining to the accident: i.e. were proper procedures followed, were there mechanical problems, if MCPS bus, does the bus route or stop location need revision?

Any other information?

PART III: INFORMATION ABOUT DAMAGE TO OTHER PARTY'S (NON-MCPS) PROPERTY

Other vehicle driver name and/or owner of personal property: _____ Phone: ____-____-____

Address _____

Describe property (If auto, indicate Make, Year, Plate Number)

Other car or property insured? Yes No

Company or Agency Name: _____ Policy Number: _____

If personal property is a vehicle, was the vehicle towed? Yes No

Describe damage:

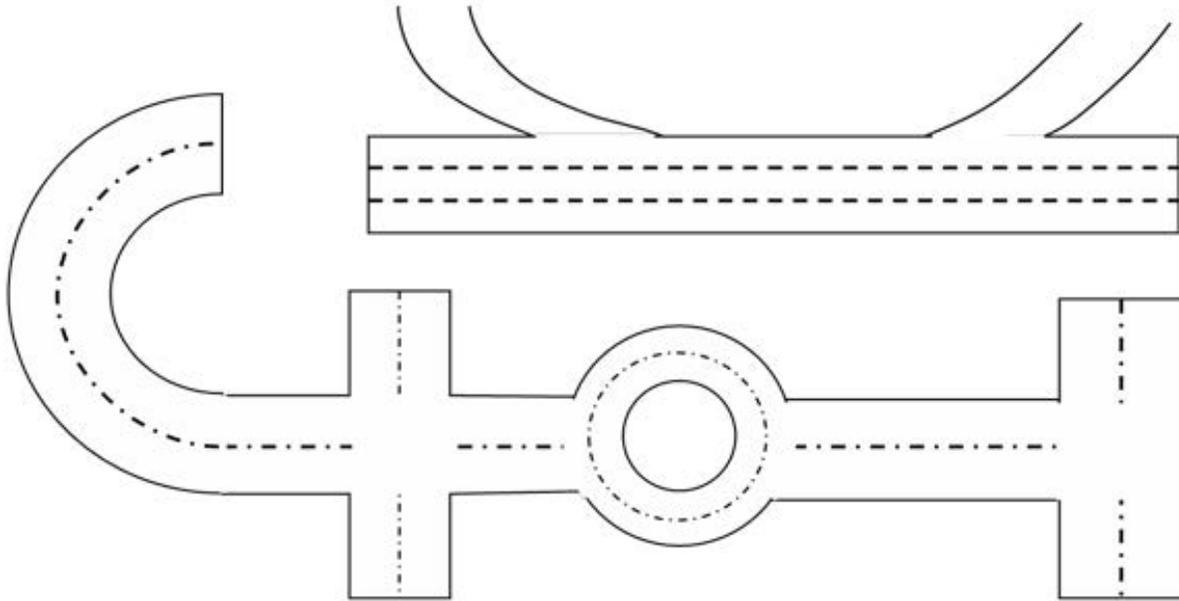
PART IV: ROAD AND WEATHER CONDITIONS

Weather: Clear Rain Snow Fog Road: Dry Wet Snowy Icy

Road Description: Straight and Level Straight with Grade Straight at Crest of Hill
 Curve and Level Curve with Grade Curve at Crest of Hill

PART V: ACCIDENT SCENE DRAWING COMPLETED BY SUPERVISOR

Select an area of the drawing below that most closely resembles the scene. Add street names, driveways, traffic signs, and controls as needed. Identify the MCPS Bus/Vehicle as "A" and the Other Party's Vehicle as "B," "C," etc.

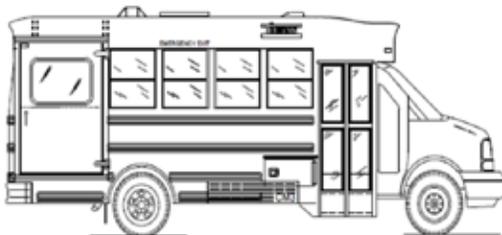
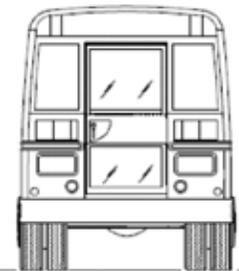
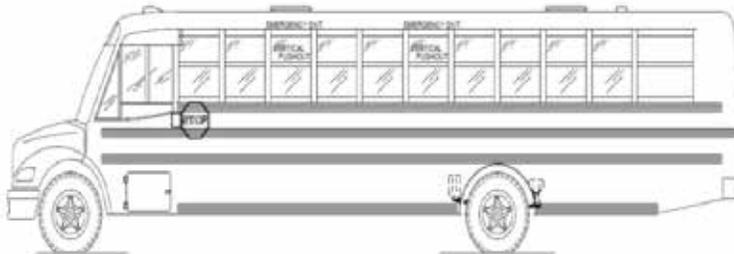
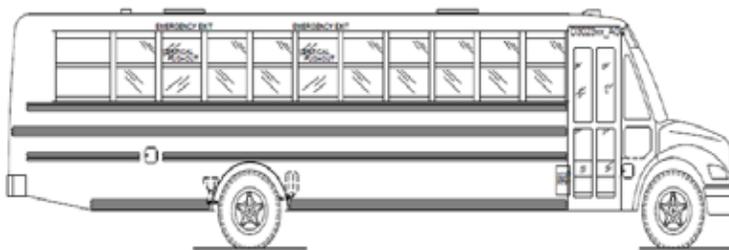


Use this area below if different drawing is needed

Blank area for drawing a different accident scene.

PART VI: LOCATION OF BUS DAMAGE

INSTRUCTIONS: Choose appropriate diagram below, place an "X" at the point of impact or damage area.



INSTRUCTIONS FOR DOT SUPERVISOR:

Provide this page to the Bus/Vehicle Operator for their version of the accident report, scene drawing, and signature.

PART VIII: BUS OPERATOR'S ACCIDENT REPORT (TO BE COMPLETED BY BUS/VEHICLE OPERATOR)

Name: _____ Date of Accident ____/____/____

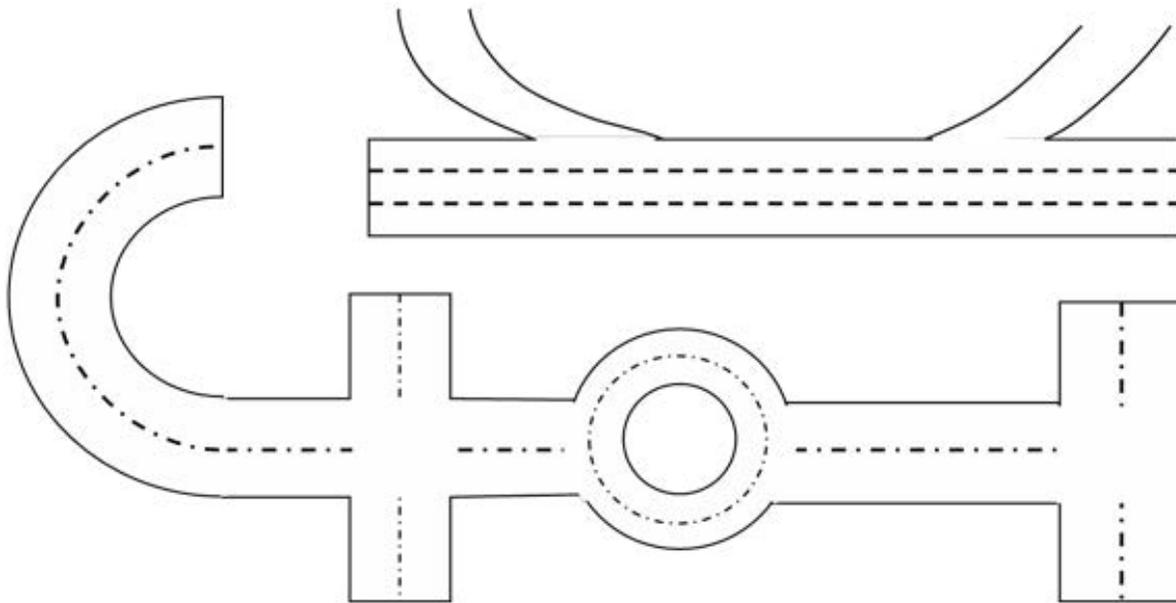
Depot: _____ Depot Manager: _____

Bus Number: _____ Route Number: _____

Description of Accident:

ACCIDENT SCENE DRAWING COMPLETED BY BUS/VEHICLE OPERATOR

Select an area of the drawings below that most closely resembles the scene. Add street names, driveways, traffic signs and controls as needed. Identify our Vehicle as "A" and other Party's vehicle as "B", "C", etc.



Use this area below if different drawing is needed

I understand that I must call Safety Training (240-740-6070) within 24 hours of the accident. I also, certify that the above information is correct to the best of my knowledge.

Signature, Driver _____ Date ____/____/____