CASE NO.

SUPPLEMENTAL BUS INFORMATION

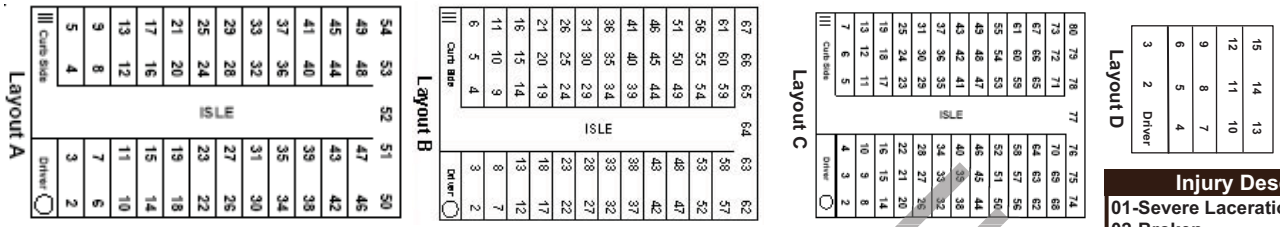
Vehicle No. 1 2 3...

Carrier's Name

Carrier's Street Number | Carrier's City Street Name | Street Address or PO Box of Individual, Partnership, or Corporation

City | State | Zip Code | ICC/MC No.

Carrier's Country | US DOT No.



Commercial / Charter / School Bus Layouts

○ A ○ B ○ C ○ Other Bus

○ D (Bus/Van 9-15 passengers)

Injury Status

01-Fatal Injury
02-Incapacitating Injury
03-Non-Incapacitating Injury
04-Possible Injury
05-No Injury
99-Unknown

Injury Description

01-Severe Lacerations
02-Broken
03-Crushed
04-Unconsciousness
05-Internal Unknown
06-Lumps
07-Abrasions
08-Bruises
09-Minor Lacerations
10-Limping
11-Pain
12-Nausea
13-Other (explain in narrative)
99-Unknown

Seat Position

02-60 (see bus layout for passenger position)
97-Riding on MV Exterior
98-Other (explain in narrative)
99-Unknown

Occupant Protection System Operation

01-Apparently Normal
02-Failure/Malfunction
03-Misuse
99-Unknown

Ejection

01-Not Ejected
02-Partially Ejected
03-Totally Ejected
04-Trapped & Extricated
05-Not Applicable
99-Unknown

Most Injured Area

01-Head
02-Face
03-Neck
04-Thorax (Chest)
05-Abdomen/Pelvis
06-Spine
07-Upper Extremity (Arm...)
08-Lower Extremity (Leg...)
99-Unknown

Injury Classification

01-Fatal (Not Documented)
02-Fatal (Autopsy)
03-Fatal (Medical Diagnosis)
04-Non-Fatal (Hospitalized overnight or longer)
05-Non-Fatal (Treated & Released from Hospital)
06-First Aid Given at Scene
07-No Treatment
08-Refused Treatment
99-Unknown

Person Type

02-Passenger
99-Unknown

If non-motorist, complete supplemental form

Seat Belt Usage

01-None Used
02-Not Available
03-Shoulder & Lap belt
04-Shoulder Belt Only
05-Lap Belt Only
06-Passive Restraint Only
07-Restraint used-Type Unk.
08-Forward Facing Child
09-Rear Facing Child Restraint
10-Booster Seat
11-Child Restraint-Type Unk.
12-Helmet Used
13-Other
99-Unknown

Inj. Transported by

01-Not Transported
02-EMS
03-Law Enforcement
04-Other (Private MV)
99-Unknown

MV #: 01, 02, 03...

MV # | Person Type: | Seat Position | Seat Belt Usage | Seat Belt Operation | Ejection | Injury Status | Injury Area | Injury Description | Injury Classification | Injured Transported by | EMS ID | EMS Run #

SAMPLE

» Last Name | First Name | MI | DOB yyyy/mm/dd | Sex M, F, X

SSN (Fatals Only)

○ Home ○ Work ○ Cell Phone and/or ○ Home ○ Work ○ Cell Phone

Medical Facility

» Last Name | First Name | MI | DOB yyyy/mm/dd | Sex M, F, X

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CASE NO.

SUPPLEMENTAL BUS INFORMATION

MV # | Person Type: | Seat Position | Seat Belt Usage | Seat Belt Operation | Ejection | Injury Status | Injury Area | Injury Description | Injury Classification | Injured Transported by | EMS ID | EMS Run #

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