PT-6—1M—Revised 5-15-52

COMMONWEALTH OF VIRGINIA
STATE BOARD OF EDUCATION

SCHOOL BUS ACCIDENT REPORT

(A report of every school bus accident shall be made to the State Board of Education within five (5) days following any accident involving the bus or any passenger on this form. Please answer every question fully. One copy is to be submitted by the Division Superintendent to the State Supervisor of Pupil Transportation.)

County Loudoun Date December 14th 1954

Location Accident occurred on Highway No. #50 5 Miles ~~North, South~~, East, ~~West~~ of Aldie Va

Time Date December 14th 1954 Time 4.15 ~~A.M.~~ ✓ P.M.

School Bus (Vehicle #1)

Name of Driver Russell Dale Conklin Address Sterling Va
Bus No. #29 Race White Adult ____ Student ✓
Owner Loudoun Co School Board Address Leesburg Va
Pupil Load 15 Estimated Speed at Time of Accident 0 Miles Per Hour
Injuries: Give names of injured and check nature of injuries. (Indicate when they are other than pupils.)

None — Minor ____ Serious ____

Other Vehicle (Vehicle #2)

Name of Driver Harry Lee Beet Address 4916 Flint Drive
Type Vehicle 1953 Oldsmobile 4 Door Sedan License No. 1954 D.C. K-4985
Speed at Time of Accident 45-50 M.P.H. No. Injured and Extent of Injuries None

Property Damage

Damage to Bus Rear Left Bumper & Body
Estimated Cost of Repairs $ 35
Estimated Damage to Other Vehicle $ 250 Estimated Damage to Other Property $ ____

Accident Involved

Pedestrian ____ Other Motor Vehicle ____ R. R. Train ____
Fixed Object ____ Ran off Roadway ____ Other (Non-Collision) ____

Description (Give full description of conditions leading to accident

Bus #29 standing in correct Traffic Lane with State Regulation Traffic Signals operating unloading School Children, was struck on rear left side, by 1953 Oldsmobile Sedan

Witnesses

Carl A Barnes
534 Warwick Avenue
Fairfax Va

Works Ellason Chev-Olds Inc
Middleburg Va
Tel Midd 2311

PT-6—1M—Revised 5-15-52

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SCHOOL BUS ACCIDENT REPORT

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County Loudoun Date December 14, 1954

Location

Accident occurred on Highway No. 50 5 Miles North, South, East, West of Aldie, Virginia

Time

Date December 14, 1954 19__ Time ____ A.M. 4:15 P.M.

School Bus (Vehicle #1)

Name of Driver Russell Dale Conklin Address Sterling, Virginia

Bus No. 29 Race White Adult ____ Student X

Owner Loudoun County School Board Address Leesburg, Virginia

Pupil Load 15 Estimated Speed at Time of Accident 0 Miles Per Hour

Injuries: Give names of injured and check nature of injuries. (Indicate when they are other than pupils.)

None

Minor____ Serious____

Other Vehicle (Vehicle #2)

Name of Driver Harry Lee Best Address 4916 Flint Drive

Type Vehicle 1953 Oldsmobile 4-Door Sedan License No. 1954 D.C. K-4985

Speed at Time of Accident 45 - 50 M.P.H. No. Injured and Extent of Injuries NONE

Property Damage

Damage to Bus Rear left bumper and body

Estimated Cost of Repairs $ 25.00

Estimated Damage to Other Vehicle $ 250.00 Estimated Damage to Other Property $____

Accident Involved

Pedestrian ____ Other Motor Vehicle ____ R. R. Train ____

Fixed Object ____ Ran off Roadway ____ Other (Non-Collision) ____

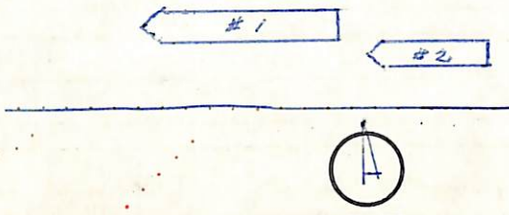
Description (Give full description of conditions leading to accident

Bus #29 standing in correct traffic lane with State regulation traffic signal operating unloading school children, was struck in rear left side by 1953 Oldsmobile Sedan.

Witnesses

Carl A. Barnes works Eliason Chev.-Olds. Inc.
534 Warwick Avenue Middleburg, Va.
Fairfax, Virginia Tel. Midd. 2311

INDICATE ON THIS DIAGRAM WHAT HAPPENED



INDICATE NORTH BY ARROW

INSTRUCTIONS:
1. Follow dotted lines to draw outline of roadway at place of accident.
2. Number each vehicle and show direction of travel by arrow:
3. Use solid line to show path before accident; dotted line after accident.
4. Show pedestrian by:
5. Show railroad by:
6. Show distance and direction to landmarks; identify landmarks by name or number.

WHAT DRIVERS WERE DOING
(Check one for each driver)

Driver 1	Driver 2	
☐	☑	Going straight ahead
☐	☐	Making right turn
☐	☐	Making left turn
☐	☐	Making U turn
☐	☐	Slowing or stopping
☐	☐	Starting in traffic lane
☐	☐	Starting from parked position
☑	☐	Stopped in traffic lane
☐	☐	Parked
☐	☐	Backing

(Check applicable items)

☐	☐	Passing
☐	☐	Avoiding vehicle, object or pedestrian
☐	☐	Skidded before applying brakes
☐	☑	Skidded after applying brakes
☐	☐	Hit and run
☐	☐	Driverless moving vehicle

DRIVERS' VIOLATIONS INDICATED
(Check one or more for each driver)

Driver 1	Driver 2	
☐	☐	Exceeded lawful speed
☐	☐	Did not grant right of way to vehicle
☐	☐	Did not grant right of way to pedestrian
☐	☐	Followed too closely
☐	☐	Drove through safety zone
☐	☐	Passed on hill
☐	☐	Passed on curve
☐	☐	Cut in after passing
☐	☐	Other improper passing
☐	☐	On wrong side of road not in passing
☐	☐	Failed to give signal or gave improper signal
☐	☐	Improper turn—wide right turn
☐	☐	Improper turn—cut corner on left turn
☐	☐	Improper turn—from wrong lane
☐	☐	Other improper turning

Driver 1	Driver 2	
☐	☐	Disregarded police officer
☐	☐	Disregarded stop-and-go light
☐	☐	Disregarded flashing light
☐	☐	Disregarded stop sign
☐	☐	Disregarded warning sign
☐	☐	Improper starting from parked position
☐	☐	Improper parking location
☐	☐	Other improper actions:
☐	☐	.....
☐	☐	.....
☐	☐	.....
☐	☐	.....
☐	☐	No improper driving

WHAT PEDESTRIAN WAS DOING
(Check one)

- ☐ Crossing at intersection—with signal
- ☐ Crossing at intersection—against signal
- ☐ Crossing at intersection—no signal
- ☐ Crossing at intersection—diagonally
- ☐ Crossing not at intersection
- ☐ Coming from behind parked cars
- ☐ Walking in roadway — (Check two below)
  - ☐ With traffic
  - ☐ Against traffic
  - ☐ Sidewalks available
  - ☐ Sidewalks not available
- ☐ Pushing or working on vehicle
- ☐ Other working on roadway
- ☐ Playing on roadway
- ☐ Hitching on vehicle
- ☐ Not on roadway (Explain): .....
- ☐ ..... Specify other action

Occupation .....

CONDITION OF DRIVERS AND PEDESTRIAN:

Driver 1	Driver 2	Ped.	(Check one or more)
☐	☐	☐	Sick
☐	☐	☐	Fatigued
☐	☐	☐	Apparently asleep
☐	☐	☐	Body defect (arms, eyesight, paralysis, etc.)
☑	☑	☐	No apparent defects
☐	☐	☐	Defects not known

Driver 1	Driver 2	Ped.	(Check only one)
☑	☑	☐	Had NOT been drinking
			Had been drinking. If so:
☐	☐	☐	Obviously drunk
☐	☐	☐	Ability impaired
☐	☐	☐	Ability not impaired
☐	☐	☐	Not known if impaired
☐	☐	☐	Not known if drinking

Explain condition .....

.....

VEHICLE CONDITION
(Check one or more)

Driver 1	Driver 2	
☐	☐	Defective brakes
☐	☐	Improper lights
☐	☐	Defective steering mechanism
☐	☐	Defective tires
☐	☐	Other defects
☑	☑	No defects
☐	☐	Defects not known
☐	☐	Chains in use

DRIVER VISION OBSCURED
(Check one or more in each section)

Driver 1	Driver 2	
☑	☐	Rain, ~~snow, etc. on windshield~~
☐	☐	Windshield otherwise obscured
☐	☐	Vision obscured by load on vehicle
☐	☐	..... Specify other
☐	☐	Vision not obscured

Driver 1	Driver 2	
☐	☐	Trees, crops, etc.
☐	☐	Building
☐	☐	Embankment
☐	☐	Signboard
☐	☐	Hillcrest
☐	☐	Parked vehicles
☐	☐	Moving vehicles
☐	☐	..... Specify other
☑	☐	Not obscured

ROAD

CHARACTER
(Check two)

- ☑ Straight road
- ☐ Curve
- ☐ Level
- ☐ On grade
- ☐ Hillcrest

SURFACE
(Check one)

- ☐ Concrete
- ☑ Blacktop
- ☐ Brick
- ☐ Gravel
- ☐ Dirt
- ☐ ..... Specify other

SURFACE CONDITION
(Check one)

- ☐ Dry
- ☑ Wet
- ☐ Muddy
- ☐ Snowy
- ☐ Icy

DEFECTS
(Check one or more)

- ☐ Defective shoulders
- ☐ Holes, deep ruts, bumps
- ☐ Loose material on surface
- ☐ Road under construction
- ☐ ..... Specify other
- ☑ No defects

TRAFFIC CONTROL
(Check one or more)

- ☐ Officer or watchman
- ☐ Stop-and-go or flashing light
- ☐ Stop sign
- ☐ Warning sign
- ☐ Railroad crossing gates
- ☐ Railroad automatic signal
- ☐ One way street
- ☐ Traffic lanes painted or marked
- ☐ Opposing traffic lanes separated:

by what .....

- ☐ ..... Specify other
- ☐ No traffic control present

KIND OF LOCALITY
Check one to show that the area adjacent to the street or highway within 300 feet was primarily:

- ☐ Manufacturing or industrial
- ☐ Shopping or business
- ☐ Residential district
- ☐ School or playground
- ☑ Open country
- ☐ ..... Specify other

LIGHT
(Check one)

- ☑ Daylight
- ☐ Dusk
- ☐ Dawn
- ☐ Darkness — street lighted
- ☐ Darkness — street not lighted

WEATHER
(Check one)

- ☐ Clear
- ☑ Cloudy
- ☐ Raining
- ☐ Snowing
- ☐ Fog
- ☐ ..... Specify other

Mailed to W. L. Wimbish - Dec. 17, 1959

MAIL TO: DIVISION OF MOTOR VEHICLES, BOX 1298, RICHMOND (10), VIRGINIA.

TIME

Date of Accident: Dec. 14 1954 Day of Week: Tuesday Hour: 4.15 A.M. P.M.

DO NOT WRITE IN THIS SPACE

NO. CA. LET. LET. TYPE.

LOCATION

PLACE WHERE ACCIDENT HAPPENED: County: Loudoun City or town:

If accident occurred in rural area indicate distance from nearest town. Use two distances and two directions if necessary.

..... miles north
..... miles south
5 miles east
..... miles west

of ☐ limits of Leesburg Alt. Va. ☐ center of (City or town)

ACCIDENT HAPPENED ON: route 50
Give name of street or highway number (U.S. or State). If no highway number, identify by name

Check and complete one

☐ AT ITS INTERSECTION WITH:— *Name of intersecting street or highway number*

OR IF

☐ NOT AT INTERSECTION:—

..... feet north of
..... feet south
..... feet east
..... feet west

Show nearest intersecting street or highway, house number, curve, bridge, railroad crossing, alley, driveway, culvert, milepost, underpass, numbered telephone pole, or other identifying landmark. Show exact distance, using two directions and two distances if necessary.

NO. [redacted] CODED BY TYPE

FAT P.I. P.D. 25 P.D.U.

T.T. B.V.S. NSP OFF

ROAD

CHARACTER (Check two)
- ☑ Straight road
- ☐ Curve
- ☐ Level
- ☐ On grade
- ☐ Hillcrest

SURFACE (Check one)
- ☑ Concrete
- ☐ Blacktop
- ☐ Brick
- ☐ Gravel
- ☐ Dirt
- ☐ ..... Specify other

SURFACE CONDITION (Check one)
- ☐ Dry
- ☑ Wet
- ☐ Muddy
- ☐ Snowy
- ☐ Icy

DEFECTS (Check one or more)
- ☐ Defective shoulders
- ☐ Holes, deep ruts, bumps
- ☐ Loose material on surface
- ☐ Road under construction
- ☐ ..... Specify other
- ☐ No defects

TRAFFIC CONTROL (Check one or more)
- ☐ Officer or watchman
- ☐ Stop-and-go or flashing light
- ☐ Stop sign
- ☐ Warning sign
- ☐ Railroad crossing gates
- ☐ Railroad automatic signal
- ☐ One way street
- ☐ Traffic lanes painted or marked
- ☐ Opposing traffic lanes separated: by what .....
- ☐ ..... Specify other
- ☑ No traffic control present

KIND OF LOCALITY *Check one to show that the area adjacent to the street or highway within 300 feet was primarily:*
- ☐ Manufacturing or industrial
- ☐ Shopping or business
- ☐ Residential district
- ☐ School or playground
- ☑ Open country
- ☐ ..... Specify other

LIGHT (Check one)
- ☑ Daylight
- ☐ Dusk
- ☐ Dawn
- ☐ Darkness — street lighted
- ☐ Darkness — street not lighted

WEATHER (Check one)
- ☐ Clear
- ☑ Cloudy
- ☑ Raining
- ☐ Snowing
- ☐ Fog
- ☐ ..... Specify other

VEHICLES

YOUR VEHICLE — No. 1: #29

1944 Ford (Year, Make) School Bus (Type: sedan, truck, taxi, bus, etc.) Vehicle License Plate: 1954 (Year) Va (State) M 42-301 (Number) I.C.C. Plate No. Was Vehicle Insured? Yes (Yes or no)

DRIVER: Russell Dale Conklin (Name) Sterling Va (Street or R.F.D., City and State) Age 17 Sex M Race W (White, negro, etc.)

Driver's Occupation: Student (Carpenter, sales clerk, etc.) Driving Experience: 2 Years Driver's License: Va (State) 69356 (Number) ☐ Chauffeur ☑ Operator ☐ Beginner Speed before accident: 0 Miles per hour Speed limit: 35 Miles per hour Maximum safe speed: 35 Miles per hour

OWNER: Loudoun Co School Board (Name) Leesburg Va (Street or R.F.D., City and State)

PARTS OF VEHICLE DAMAGED: Left Rear Bumper & Body Approximate cost to repair vehicle: $ 25-

OTHER VEHICLE — No. 2:

1953 Olds (Year, Make, Type: sedan, truck, taxi, bus, etc.) Vehicle License Plate: 54 (Year) D.C. (State) K-4985 (Number) I.C.C. Plate No. Was Vehicle Insured? ✓ (Yes or no)

DRIVER: Harry LeRoy Best 4916 Hunt Drive (Name, Street or R.F.D.) NW Washington DC (City and State) Age 57 Sex M Race W (White, negro, etc.)

Driver's Occupation: Realestate (Carpenter, sales clerk, etc.) Driving Experience: 40 Years Driver's License: D.C. 43930 (State, Number) ☐ Chauffeur ☐ Operator ☐ Beginner Speed before accident: 45-50 Miles per hour Speed limit: 50 Miles per hour Maximum safe speed: motor driven Miles per hour

OWNER: Oreana E. Calvetto (Name) same (Street or R.F.D.) (City and State)

PARTS OF VEHICLE DAMAGED: Right front fender grill fender headlamp bumper front splash pan Hood top Right front door glass Approximate cost to repair vehicle: $ 250-300

For other vehicles use another form

Total vehicles involved .....

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name object, show ownership, and state nature of damage

Approximate cost to repair $.....

INJURED

Total injured .....

Name ..... Address .....
Age ..... Sex ..... Race ..... Nature and extent of injuries .....
Was person killed? .....
☐ Driver ☐ Passenger } In vehicle No. .....
☐ Pedestrian
☐ ..... Specify other

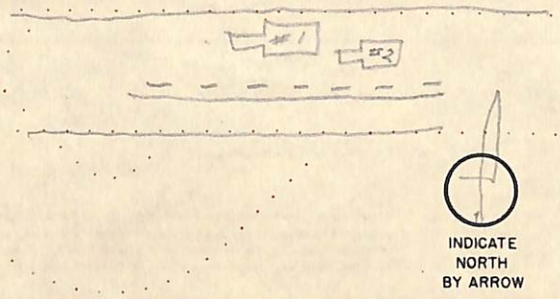
Name ..... Address .....
Age ..... Sex ..... Race ..... Nature and extent of injuries .....
Was person killed? .....
☐ Driver ☐ Passenger } In vehicle No .....
☐ Pedestrian
☐ ..... Specify other

SR 300—Revised 5-1-50

IMPORTANT! If you had an automobile liability policy at the time of the accident, secure from your agent or insurance company a notice of insurance (Form SR-21) and send it with this report to the Division of Motor Vehicles or have your agent send it at once.

(Tear off before mailing report)

INDICATE ON THIS DIAGRAM WHAT HAPPENED



INDICATE NORTH BY ARROW

INSTRUCTIONS:

1. Follow dotted lines to draw outline of roadway at place of accident.
2. Number each vehicle and show direction of travel by arrow:
3. Use solid line to show path before accident ; dotted line after accident.
4. Show pedestrian by:
5. Show railroad by:
6. Show distance and direction to landmarks; identify landmarks by name or number.

WHAT DRIVERS WERE DOING
(Check one for each driver)

Driver 1	Driver 2	
☐	☑	Going straight ahead
☐	☐	Making right turn
☐	☐	Making left turn
☐	☐	Making U turn
☐	☐	Slowing or stopping
☐	☐	Starting in traffic lane
☐	☐	Starting from parked position
☑	☐	Stopped in traffic lane
☐	☐	Parked
☐	☐	Backing

(Check applicable items)

☐	☐	Passing
☐	☐	Avoiding vehicle, object or pedestrian
☐	☐	Skidded before applying brakes
☐	☐	Skidded after applying brakes
☐	☐	Hit and run
☐	☐	Driverless moving vehicle

DRIVERS' VIOLATIONS INDICATED *(Check one or more for each driver)*

Driver 1	Driver 2		Driver 1	Driver 2	
☐	☐	Exceeded lawful speed	☐	☐	Disregarded police officer
☐	☐	Did not grant right of way to vehicle	☐	☐	Disregarded stop-and-go light
☐	☐	Did not grant right of way to pedestrian	☐	☑	Disregarded flashing light
☐	☐	Followed too closely	☐	☐	Disregarded stop sign
☐	☐	Drove through safety zone	☐	☑	Disregarded warning sign
☐	☐	Passed on hill	☐	☐	Improper starting from parked position
☐	☐	Passed on curve	☐	☐	Improper parking location
☐	☐	Cut in after passing	☐	☐	Other improper actions:
☐	☐	Other improper passing	☐	☐	.....
☐	☐	On wrong side of road not in passing	☐	☐	.....
☐	☐	Failed to give signal or gave improper signal	☐	☐	.....
☐	☐	Improper turn—wide right turn	☐	☐	.....
☐	☐	Improper turn—cut corner on left turn	☐	☐	.....
☐	☐	Improper turn—from wrong lane	☒	☐	No improper driving
☐	☐	Other improper turning			

WHAT PEDESTRIAN WAS DOING
(Check one)

- ☐ Crossing at intersection—with signal
- ☐ Crossing at intersection—against signal
- ☐ Crossing at intersection—no signal
- ☐ Crossing at intersection—diagonally
- ☐ Crossing not at intersection
- ☐ Coming from behind parked cars
- ☐ Walking in roadway — *(Check two below)*
  - ☐ With traffic
  - ☐ Against traffic
  - ☐ Sidewalks available
  - ☐ Sidewalks not available
- ☐ Pushing or working on vehicle
- ☐ Other working on roadway
- ☐ Playing on roadway
- ☐ Hitching on vehicle
- ☐ Not on roadway *(Explain)*: .....
- ☐ ..... *Specify other action*

Occupation .....

CONDITION OF DRIVERS AND PEDESTRIAN:

Driver 1	Driver 2	Ped.	*(Check one or more)*
☐	☐	☐	Sick
☐	☐	☐	Fatigued
☐	☐	☐	Apparently asleep
☐	☐	☐	Body defect *(arms, eyesight, paralysis, etc.)*
☐	☐	☐	No apparent defects
☑	☑	☐	Defects not known

Driver 1	Driver 2	Ped.	*(Check only one)*
☑	☑	☐	Had NOT been drinking
			Had been drinking. If so:
☐	☐	☐	Obviously drunk
☐	☐	☐	Ability impaired
☐	☐	☐	Ability not impaired
☐	☐	☐	Not known if impaired
☐	☐	☐	Not known if drinking

Explain condition .....

.....

VEHICLE CONDITION
(Check one or more)

Driver 1	Driver 2	
☐	☐	Defective brakes
☐	☐	Improper lights
☐	☐	Defective steering mechanism
☐	☐	Defective tires
☐	☐	Other defects
☑	☑	No defects
☐	☐	Defects not known
☐	☐	Chains in use

DRIVER VISION OBSCURED
(Check one or more in each section)

Driver 1	Driver 2	
☐	☐	Rain, snow, etc. on windshield
☐	☐	Windshield otherwise obscured
☐	☐	Vision obscured by load on vehicle
☐	☐	..... *Specify other*
☐	☑	Vision not obscured

Driver 1	Driver 2	
☐	☐	Trees, crops, etc.
☐	☐	Building
☐	☐	Embankment
☐	☐	Signboard
☐	☐	Hillcrest
☐	☐	Parked vehicles
☐	☐	Moving vehicles
☐	☐	..... *Specify other*
☑	☑	Not obscured

DESCRIBE WHAT HAPPENED:

(Refer to vehicles by number)

Use this space for listing additional injured persons. Also explain questions not fully answered by checking in the boxes provided.

If more space is needed use another form or a sheet of paper the same size.

Correct
Bus #39 Standing in Traffic lane
with ~~State~~ regulation Traffic Signal operating
unloading School Children, was struck on
rear left Side by 1953 Oldsmobile Sedan

★SIGNATURE O.L. Emerick
Signature of person submitting report is required

Address .....

★INVESTIGATOR'S SIGNATURE .....
Investigator's rank and name

Badge No. .....

Department .....

Date of report .....

☐ Witness
☐ Occupant
☐ Driver

Date of report .....

December 18, 1954

Division of Motor Vehicles
Richmond, Virginia

Dear Sir:

I enclose report of accidents involving one of our school buses, No.29, on December 14, 1954.

Very sincerely yours,

O.L. Emerick
Division Superintendent

OLE:b

Enclosure

December 20, 1954

Mrs. Ethel Martz
Round Hill, Virginia

Dear Mrs. Martz:

I enclose a report to show accident involving our bus No.29 on December 14, using State Motor Vehicle form. We do not admit any fault in this case.

I also enclose copy of report to our Department of Education to show an accident involving bus No.25. This was clearly the fault of our driver who backed into a car.

Note receipt for repair of car amounting to $6.15.

Very sincerely yours,

O.L. Emerick
Division Superintendent

OLE:b

Encls.