Illinois Department of Transportation

Serious Safety Hazard Finding

A publication entitled **"School Safety Busing and Instructions for Submitting Findings"** is available from the Illinois Department of Transportation, 2300 South Dirksen Parkway, Springfield, Illinois 62764. The school administrator preparing this submittal should refer to the instructions in the booklet.

Two copies of this form are to be submitted to the IDOT District Office indicated in the instruction booklet. The IDOT District Office will approve or disapprove the submittal within thirty (30) days and return one copy to the school district indicating the action taken.

Name of School District				**Address of Administrative Office**
District #	**County**	**City**	**Zip Code**	

Name of Contact Representative	**Title**	**Phone Number** ( )

Name of School to Which Children Are Walking	**Annual Sequential Number** (Use on Map and Attachments)

Type of Condition

1. ☐ Single Hazard Type _____
2. ☐ Combination Hazard Type _____ and Type _____

Location

(Attach a map showing the described location(s).)

3. Along _____ (Street or Road Name)
4. Type I From _____ To _____
5. Type II From _____ To _____
6. Type III At _____
7. Type IV At _____

Points

(Complete only for types listed on lines 1 or 2.)

Type I – Walking Along a Roadway

8. Highest qualifying grade level (through _____ grade) _____ Points (Table 1)
9. Location of walkway (on shoulder _____ feet from roadway) **OR** (behind curb or ditch _____ feet from roadway) _____ Points (Table 2)
10. Speed of traffic (_____ mph) _____ Points (Table 3)
11. Volume of traffic (_____ vehicles/hour) (_____ lanes) _____ Points (Table 4)
12. Length of hazardous section (_____ miles) _____ Points (Table 5)
13. Board's judgment points (attach explanation) _____ Points
14. Total of lines 8 through 13 _____ Points

Type II – Walking on a Roadway

15. Highest qualifying grade level (through _____ grade) _____ Points (Table 6)
16. Reason for walking on roadway: (No shoulder or walkway off pavement for _____ feet, **OR** Narrow bridge or underpass for _____ feet) _____ Points (Table 7)
17. Speed of traffic (_____ mph) _____ Points (Table 8)
18. Volume of traffic (_____ vehicles/hour) (_____ lanes) _____ Points (Table 9)
19. Length of hazardous section (_____ miles) _____ Points (Table 10)
20. Board's judgment points (attach explanation) _____ Points
21. Total of lines 15 through 20 _____ Points

Points (Continued)

Type III – Crossing a Roadway (Name of roadway being crossed _____)

22. Highest qualifying grade level (through _____ grade) _____ Points (Table 11)
23. Control on roadway being crossed (_____) _____ Points (Table 12)
24. Speed and volume of traffic (_____ mph) (_____ vehicles/hour) _____ Points (Table 13)
25. Width of roadway (_____ feet) _____ Points (Table 14)
26. Board's judgment points (attach explanation) _____ Points
27. Total of lines 22 through 26 _____ Points

Type IV – Crossing Railroad Tracks

28. Highest qualifying grade level (through _____ grade) _____ Points (Table 15)
29. Crossing protection and number of tracks: (_____ protection; _____ tracks used) _____ Points (Table 16)
30. Speed and number of trains: (_____ mph; _____ trains) _____ Points (Table 17)
31. Board's judgment points (attach explanation) _____ Points
32. Total of lines 28 through 31 _____ Points

Finding

33. ☐ Single hazard qualifies since _____ points in a Type _____ situation equals or exceeds 12.
34. ☐ Combination hazard qualifies since the total of _____ points in a Type _____ situation and _____ points in a Type _____ situation equals or exceeds 20.
35. ☐ Hazard is temporary for _____ school year (resubmit annually).
36. ☐ No hazard

Certification

I hereby certify that the date in this application, including accompanying maps and statements, are true and correct to the best of my knowledge and belief. Board approval was given on date of _____, 20_____, and the minutes of this meeting bear evidence of this approval.

_____ Date

_____ Signature of Secretary or President of Board of Education or Board of Directors

Action by Illinois Department of Transportation

Date Submittal Received _____, 20 _____ Serial No. _____

☐ Approved

☐ Disapproved for corrections, additions, or clarifications noted in transmittal letter.

☐ Disapproved for reason or reasons noted in transmittal letter.

_____ Date

_____ Signature of IDOT Regional Engineer

Reimbursement Estimate (This information will have no effect on IDOT's action on the submittal.)

1. Approximately how many students will annually be qualified for busing by this submittal that did not previously qualify for reimbursable busing? _____students
2. What is the projected additional annual reimbursement that will result from this submittal? $_____