



ACCIDENT REPORT

ROUTE # _____

BUS COMPANY NAME _____

ADDRESS

TIME AND PLACE OF ACCIDENT	Date of Accident _____, 20__	Time _____	A.M.	P.M.		
	Accident Location _____					
	Did Police investigate?	Officer's Name _____		Number _____		
	Station of Officer _____					
	Does this accident involve bodily injury? YES <input type="checkbox"/> * see below NO <input type="checkbox"/>					
OPERATOR/ BOARD VEHICLE AND DRIVER	Make and Type _____	Year _____	Style _____	Vin. No. _____	Lic. _____	Unit # _____
	Name of Driver _____			Age _____	Driving Experience _____	
	Address _____			City _____	Prov. _____	
	Driver's Lic. No. _____			Telephone No. _____		
	While employed by your company has driver been involved in any accident within the past two years?					
	For what purpose was vehicle being used? <input type="checkbox"/> School Route <input type="checkbox"/> Field Trip <input type="checkbox"/> Other					
	Any indication of charges by Police?					
OTHER VEHICLE	Make and Type _____	Year _____	Style _____	Lic. _____	Prov. _____	
	Name of Owner _____			Address _____		
	Name of Driver _____			Address _____		
	Insurance Company _____			Policy Number _____		
	Description of Damage _____					
	Statement of Driver (if any) _____					
	*NOTE - if more than one vehicle involved, use supplementary sheet					
	Any indication of charges by Police?					
PROPERTY DAMAGE OTHER THAN VEHICLE	Describe damage in detail: _____					
	Owner _____			Address _____		
* STUDENT INJURIES (Attach list if necessary)	Name _____			Address _____		
	Nature and extent of injury _____					
	Injury occurred <input type="checkbox"/> On Board <input type="checkbox"/> Outside of Bus					
	Taken home or to hospital _____					
	Statement of injured person after accident _____					
* OTHER INJURIES (Attach list if necessary)	Name _____			Address _____		
	Nature and extent of injury _____					
	Injury occurred <input type="checkbox"/> On Board <input type="checkbox"/> Outside of Bus					
	Taken home or to hospital _____					
	Statement of injured person after accident _____					

ALL PASSENGERS ON BOARD AT TIME OF ACCIDENT: (ATTACH LIST IF NECESSARY)

NAME	ADDRESS	PHONE



DRIVER'S REPORT OF ACCIDENT:

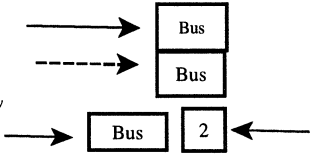
Weather Conditions (check appropriate boxes)	Road Conditions	Light Conditions
1. No Adverse Conditions <input type="checkbox"/> 2. Rain <input type="checkbox"/> 4. Fog <input type="checkbox"/> 3. Snow <input type="checkbox"/> 5. High Wind <input type="checkbox"/>	1. Dry <input type="checkbox"/> 4. Ice <input type="checkbox"/> 2. Wet <input type="checkbox"/> 5. Dirt <input type="checkbox"/> 3. Snow <input type="checkbox"/> 6. Sand <input type="checkbox"/>	1. Daylight <input type="checkbox"/> 4. Dark <input type="checkbox"/> 2. Dawn <input type="checkbox"/> 5. Street light <input type="checkbox"/> 3. Dusk <input type="checkbox"/> 6. Other <input type="checkbox"/>

EMPLOYEE/DRIVER DESCRIPTION OF ACCIDENT:

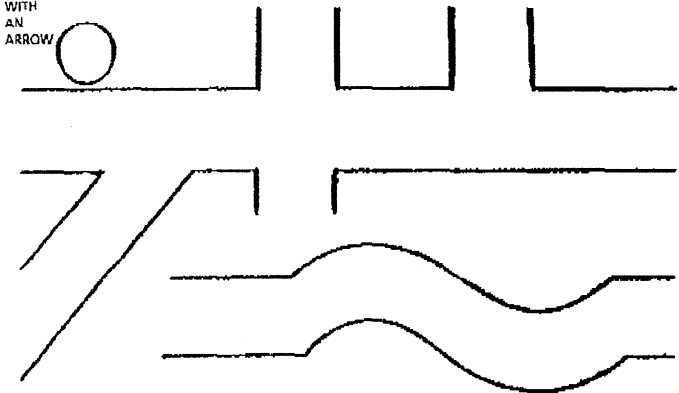
DIAGRAM OF ACCIDENT SCENE:

INSTRUCTIONS:

- Choose sections of diagram that will show outline of roadway at place of accident.
- Use solid line to show path of vehicle BEFORE accident
dotted line AFTER accident
- Number each vehicle and show direction of travel by arrow:
- Show PEDESTRIAN by: ----- ○
- Show RAILROAD by: ----- 
- Show TRAFFIC LIGHT by: ----- 
- Show STOP SIGN by: ----- ◇
- Indicate distance and direction from point of interest to nearest bridge, culvert or other landmarks.
- Indicate names of streets or route numbers of roadways.



INDICATE NORTH WITH AN ARROW



Driver Signature _____

Date: _____

Company Investigator: Name: _____

Signature: _____

Investigators Comments: Non-Preventable Preventable
