INCIDENT REPORT

(To be completed by Operator and forwarded to HSTS)

COMPANY NAME: _____ **DATE:** _____

Date of Incident: _____ **Time of Incident:** _____

Reported By: _____ **Driver Name:** _____
(please print)

Route #_____ **School:** _____

Location of Incident: _____

Student Injury ☐ Yes ☐ No Name of Student _____

Was the school contacted? ☐ Yes ☐ No If no, explain _____

Were the police/ambulance contacted? ☐ Yes ☐ Not Required

Driver Details of Incident:

_____

_____

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_____

_____

_____

_____

Completed by: _____ Position: _____

Copy forwarded to HSTS on (date): _____

Employee Initials: _____