



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 * see below NO					
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? School Route Field Trip 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	On Board 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	On Board 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 2. Rain 4. Fog 3. Snow 5. High Wind	1. Dry 4. Ice 2. Wet 5. Dirt 3. Snow 6. Sand	1. Daylight 4. Dark 2. Dawn 5. Street light 3. Dusk 6. Other 9

EMPLOYEE/DRIVER DESCRIPTION OF ACCIDENT:

DIAGRAM OF ACCIDENT SCENE:	
INSTRUCTIONS:	
1. Choose sections of diagram that will show outline of roadway at place of accident.	<p>INDICATE NORTH WITH AN ARROW</p>
2. Use solid line to show path of vehicle BEFORE accident	
<p>Bus </p> <p>Bus dotted line AFTER accident</p>	
3. Number each vehicle and show direction of travel by arrow:	
<p>Bus </p>	
4. Show PEDESTRIAN by: ----- ○	
5. Show RAILROAD by: -----	
<p></p>	
6. Show TRAFFIC LIGHT by: ----- *	
7. Show STOP SIGN by: ----- ∇	
8. Indicate distance and direction from point of interest to nearest bridge, culvert or other landmarks.	
9. Indicate names of streets or route numbers of roadways.	

Driver Signature _____

Date: _____

Company Investigator: Name: _____

Signature: _____

Investigators Comments: Non-Preventable Preventable