

Collision Report



Attridge Transportation Incorporated
4150 Harvester Road
Burlington, ON L7L 0C1

Burlington: 905-333-4047 / 1-888-749-1515
Mississauga: 905-855-7771
Hamilton: 905-690-2632
Toronto: 416-255-5199
Peterborough: 705-652-6090
Dufferin: 519-928-9788

Driver Name: _____ Route/Charter #: _____

Bus #: _____ Depot: _____

Photos taken at the scene? Yes No If yes, attach to collision report.

Date of Collision: _____ Time: _____

Exact Location: _____

Passengers on board?: Yes No Injuries?: Passengers[] Driver[] Third Party[] No[]

Did Police investigate?: Yes No Office's Name or Badge #: _____

Police Incident or Occurrence #: _____ Police Department: _____

Any indication of charges by police?: Bus Driver: Yes No
Other Driver: Yes No

Bus Driver:

Legal Name: _____ Telephone #: _____

Address: _____

License #: _____ Class: _____ Endorsement(s): _____

Expiry Date: _____

Other Driver:

Name: _____ Telephone #: _____

Address: _____

Owner of Vehicle: *Check to determine if other driver is the registered owner of the vehicle.*

Name: _____ Telephone #: _____

Address: _____

Insurance: *Provide other driver with the information on the insurance certificate in the bus. Get the following insurance details from the driver's insurance certificate.*

Insurance Company Name: _____

Telephone #: _____

Policy #: _____ Expiry Date: _____

Make of Other Vehicle: _____ Model: _____

Year: _____ Colour: _____ License Plate: _____

Damage to Other Vehicle: _____

Damage to Bus: _____

Injuries: Was a student injured? Yes No

1. Attach a name/school list if you had passengers on the bus.
2. Attach a separate list for any student or teacher that reported an injury with a description of the injury.
3. Advise your dispatcher if you were injured.
 - a. Was the other driver or their passenger(s) injured? Yes No

Describe the injury: _____

Did an ambulance respond to the scene to treat injured: Yes No

Property damage other than to vehicles: What: _____

Owner: _____ Telephone #: _____

Address: _____

How the property damage occurred: _____

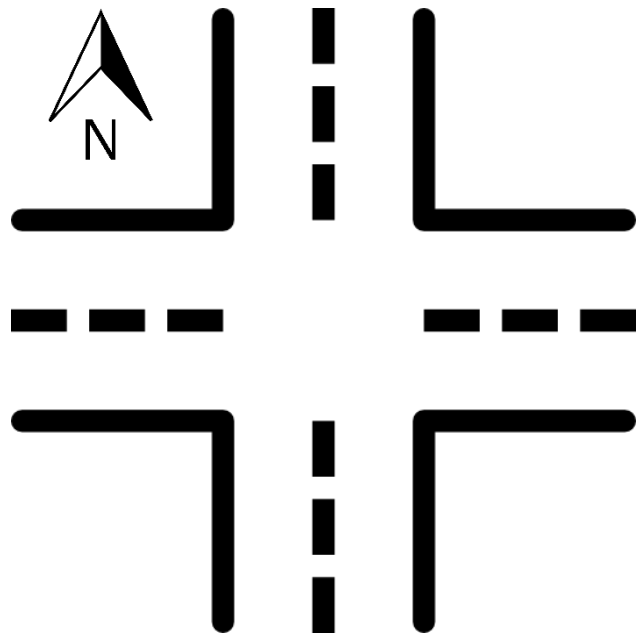
Show how this collision occurred by drawing a diagram. Please list street names, direction of travel, traffic signs, location of vehicles or pedestrians, etc. The bus should be listed as vehicle 1 with other vehicles identified as 2, 3, etc.

Posted speed limit: _____ Speed being travelled by bus: _____

Were the bus headlights and clearance lights on? Yes No

Were the bus overhead lights flashing? Yes No

Initial point of contact on the bus? _____



Driver's Signature: _____ Date: _____

Be advised that the information contained in this report could be considered by the Joint Health and Safety Committee as part of a discussion about reducing the frequency or severity of collisions.

Light Conditions:		Road Surface:		Weather:	
Daylight	___	Dry	___	Clear	___
Dark	___	Muddy	___	Rain	___
Dawn	___	Snow/Slush	___	Fog	___
Dusk	___	Wet	___	Snow	___
Other (describe)	___	Other (describe)	___	Other (describe)	___

Traffic:		Traffic Control:		Driver:	
Stop/start	___	School Bus Lights	___	Right Turn	___
Heavy	___	Traffic Lights	___	Left Turn	___
Light	___	Signs (describe)	___	Lane Change	___
Other (describe)	___	Railway Mechanism	___	Fail To Yield	___
		Island	___	Rear-end	___
		Other (describe)	___	Lost Control	___

Loss Location:		Collision Result:	
Bridge	___	Fixed Object	___
Highway	___	Parked Vehicle	___
Intersection:	___	Pedestrian	___
Off-road	___	Cyclist	___
Parking Lot	___	Other (describe)	___
Railroad Crossing	___		
Street	___		
Designated Load Zone	___		
School Yard	___		
Depot	___		
Driveway	___		

Following section to be completed by management:

Safety Manager Evaluation: Preventable [] Non-Preventable [] Unable to determine []

JHSC meeting date: _____

Suspension Date(s): _____

Re-training Date(s): _____

Terminated: _____

Signature: _____ Date: _____

Bushive Entry [] Collision Report Summary [] Student List [] Photos []

For further review by upper management.