



South Shore Regional Centre for Education

Bus Collision Report Form

Date of Report: _____ Bus #: _____ Route #: _____

Date of Accident: _____ Time: _____ am/pm

Purpose of Trip: _____ Number of Students on Bus _____

DRIVER INFORMATION

Driver's Name: _____

Experience:

Less than 1 year 1-2 years 3-5 years 6-10 years More than 10 years

Had you take any alcoholic beverages or drugs prior to the accident? Yes No

AT TIME OF ACCIDENT

Approximate speed of bus: _____ Direction: _____

Police Investigation (Detachment): _____

Weather Conditions: _____ Road Conditions: _____

Point of Impact

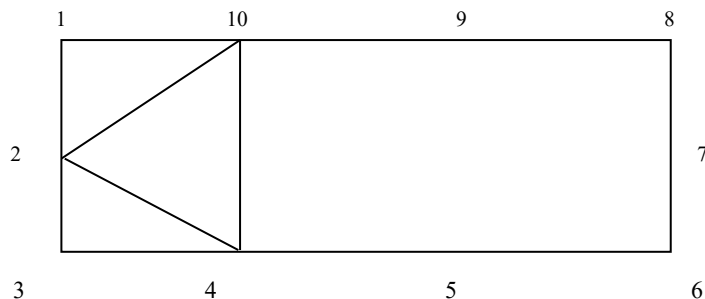
(Check "x" for each vehicle)

Our Vehicle:

- Front
- Right Side
- Left Front
- Right Side
- Left Side
- Rear
- Right Rear
- Left Rear

Other Vehicle:

- Front
- Right Side
- Left Front
- Right Side
- Left Side
- Rear
- Right Rear
- Left Rear



Keep this form in your vehicle, in case of an accident, obtain and fill in all available information at the scene. Report to the Transportation Manager or Transportation Coordinator as soon as possible with all the information.

	Our Vehicle	Other Vehicles
Make:		
Vehicle License #:		
Year & Model:		
Owner:		
Address:		
Phone #:		
Drivers License #:		
Name on Insurer:		
Policy #:		

Witnesses

Name			
Address			
Phone			
In which vehicle?			
Your vehicle?			
Other Vehicle #1?			
Other Vehicle #2?			
Other?			

Description of Accident

Illustrate position of vehicles at time of collision. Show skid marks. If any street is more than two lanes or is one way, please indicate.

Description of what happened:

Diagram:

Motor Carrier Report Completed by: _____ Date: _____

SIP & Insurance notified by: _____ Date: _____