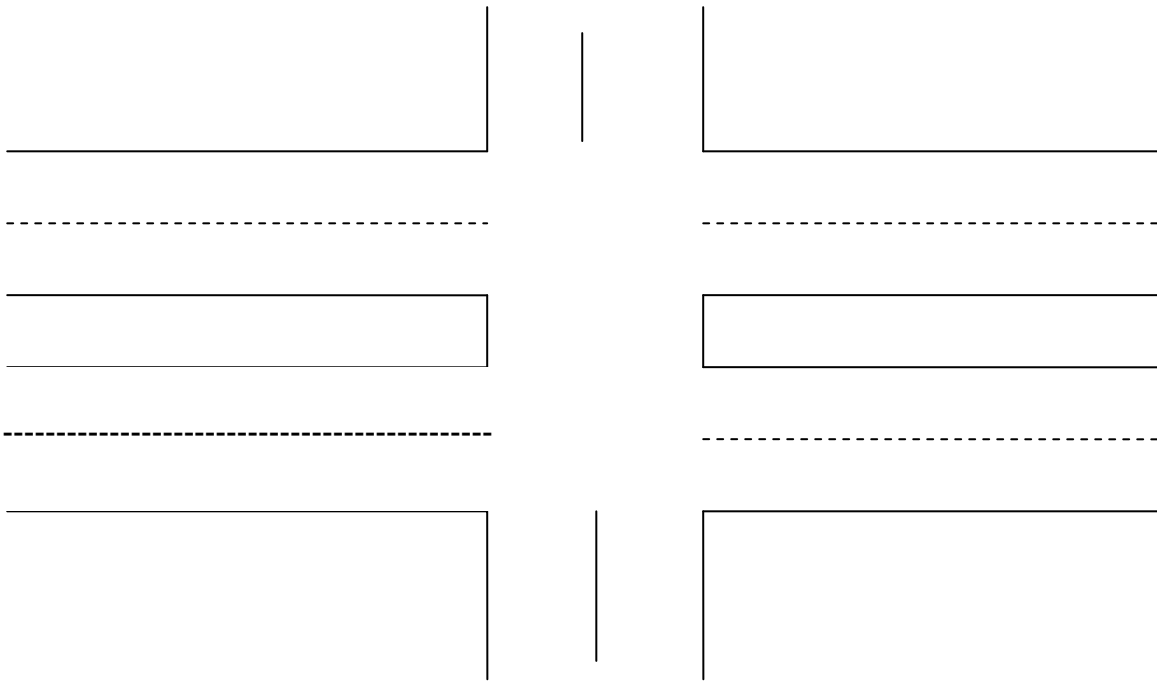


Office of Transportation Services

CRASHES / INCIDENT REPORT

DATE:		DRIVER'S NAME:		LICENSE #:		DOB:	
ADDRESS:				PHONE NUMBER:			
DATE OF INCIDENT:		TIME OF INCIDENT:		CALLED IN: YES / NO		TIME CALLED IN:	
LOCATION OF INCIDENT:						PRESENT AT MEETING: YES/NO	
BUS #:		TAG #:		VIN #:			
CIRCLE ALL THAT APPLY BELOW:			CALL DISPATCH: YES / NO		NAME OF DISPATCHER:		
WEATHER CONDITIONS: FAIR HEAVY RAIN FLOODING SNOW FOG ICE STRONG WINDS							
LIGHT CONDITION: DAWN SUNNY OVERCAST DUSK NIGHT				NAME RESPONDING TO SCENE			
SURFACE CONDITIONS: WET DRY ICY FLOODED SNOW				SURFACE TYPE: ASPHALT GRAVEL DIRT			
ALIGNMENT CONDITION: STRAIGHT CURVE UP HILL DOWN HILL INTERSECTION DUAL LANE TURN LANE CUL-DE-SAC							
STUDENTS ON BOARD: YES / NO IF YES HOW MANY #					ON REGULAR ROUTE: YES / NO		
INJURIES: NO / YES		IF YES HOW MANY #		IF YES TRANSPORTED TO HOSPITAL: YES / NO			
LAW ENFORCEMENT AT SCENE: YES/NO			LOADING STUDENTS: YES/NO		UNLOADING STUDENTS: YES/NO		
ATTENDANT ON BUS: YES / NO		ATTENDANT NAME:					
SEAT BELT(S) ON BUS: YES/NO		SEAT BELTS USED: YES/NO		USED BY: DRIVER ATTENDANT STUDENTS			
DETAILS OF WHAT HAPPENED: 							
DRIVER'S SIGNATURE:						DATE:	
PERSON RECEIVING REPORT:						DATE:	
Committee Decision: Date _____		PROBATION: NO / YES _____ MONTHS		TRAINING: _____ HOURS			

FILL OUT DIAGRAM OF ACCIDENT ON BACK



Please draw all vehicles involved in crash or incident. Letter each vehicle with A, B, C, etc. that are involved. Put arrows on vehicles to show direction vehicle is going. Put names of roads in diagram also.

