

ACCIDENT REPORT

Driver's Name:				
Date of Accident:				
Location of Accident:				
Description of Accident:				
Names of other people involved. Please specify their I	role (i.e. passengers, witnesses, pedestrian, another driver):			
If another vehicle was involved, please include their name, phone number, a copy of their insurance card and drivers license. Description of Damages:				
Description of Damages.				
				
Include photos of damages				

Did you contact law enforcement to file a police report? (circle one)

Yes

No

Were yo	u injured? (circle one) Yes, p	olease complete Employ	yee Report o	of Injury No
I	How were you injured?			
`	What/Where is your injury?			
-	Did you seek medical attention? (cir	cle one) Yes	No)
Was sor	meone else injured? (circle one)	Yes	No	
	Who was injured?	What/Where is the	injury?	Did they seek medical attention?
Other in	formation:			
<u>Signatuı</u>	res			
Bus Driver's Signature:				Date:
Transportation Manager Signature:			<u>-</u>	Date:
Head of Facilities Signature:				Date:
Adminis	strator Signature:			Date:

ORIGINAL FORM MUST BE FILED IN THE BUSINSS OFFICE