

INCIDENT/ACCIDENT REPORT

(SCHOOL BUS RELATED)

Date of Report _____ Date of Incident _____

Driver Name _____ Bus No. _____

Transportation Assistant Name _____

Location of Incident (Street/Highway) _____

Fill in the following if a student was involved

Student Name _____ Parent Name _____

Address _____

City _____ Phone _____

Student Loading ___ Unloading ___ or on bus ___ (Please Check)

En route to ___ or from School ___. At bus stop yes or no (Circle One)

Give a brief description of what happened _____

Driver Signature

Signature of Person Completing Report