PD	Case #	#		

SCHOOL BUS/VEHICLE ACCIDENT REPORT

Date:	Driver's Name:	-			
	Supervisor Name:				
License Plate #	District Veh. #	Vin #			
Incident					
Date of Incident:	Time:	Number of Occ	cupants:		
Location Address:			Estimated Speed	: mph	
Road Surface: Dry Wet	Icy Weather C	onditions: Clear	Rain Snow	Fog	
Driver Cited: Yes No	Driver Using Mobile	Phone: Yes No_	Seatbelt: Ye	es No	
Type of collision: Motor Veh	Fixed Object	Pedestrian C	Other		
Injuries: YesNo No	umber of Injured:				
Describe in detail what happe	ned, include speed, direction	on of travel and any otl	her important info	rmation.	
District Driver Signature			Date		
Complete the diagram box	showing District vehicl	le as #1 and the othe	r vehicle as #2.	Indicate the direction of	
North in the circle.	C				

Property Damage Vehicle 1 Driver's Name: Phone: Insurance Company: _____ Policy #: ____ Vehicle 2 Driver's Name: Phone: Veh Make: Year: Plate #: Policy #: ____ Insurance Company: _____ Vehicle 3 Driver's Name: Phone: Insurance Company: Policy #: *Add additional information as needed.

Name: Phone:

Witness

Statement Form

Describe what happened; include your speed, direction of travel and any other important information.						
						
District Driver Signature	Date					
Complete the diagram box showing district vehicle as #1 and t	the other vehicle as #2.					
Please indicate the direction of North in the circle						
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