

Name _____ Age _____
Address _____
Phone # _____
___ Bus Passenger ___ Vehicle Passenger ___ Witness
Describe any injuries _____

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Address _____
Phone # _____
___ Bus Passenger ___ Vehicle Passenger ___ Witness
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Was immediate medical attention needed? ___ Yes ___ No

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Was immediate medical attention needed? ___ Yes ___ No

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Sketch

Please note where damage was done to the bus.

