## **Vehicle Accident Report**

Date	Time		Driver Name	
VIN #		Driver's Li	cense #	
License Plate #	_		Year	
Location	_		<del></del>	
Weather conditions (check all that a	apply):	Clear	Raining	Snowing
			Dust/Smoke	Fog
		High Wind_	Other	
Road Surface:Asphalt	Co	ncrete _	Gravel	Dirt
Road Conditions:Dry	We	etIcy	Snow Cover	redOther
Traffic Control:	)	Describe		
Seat Belts Fastened Driver: _	Yes _	<i>No</i> P	assengers: <i>Yes</i>	No
Photos taken at sceneYes	No	(photos should in	nclude all vehicles and/or	any stationary items
involved)				
OTHER DRIVER INFO				
Driver Name			Driver's License #	
Driver Address			Driver Phone #	
Driver Insurance Company			Policy #	
Description of Other Vehicle			License Plate #	
Injuries to driver and/or passengers	s:			
Was there any exposure to blood or Was proper protection used in deal				
If any other property was damaged	, please n	ote and describe. <i>F</i>	Also state ownership of th	at property.
ASSISTING POLICE OFFICER INFO				
Name		Badge #	Headqua	arters
Phone #		Dauge #		11 (613
Phone #	 No			
Citation IssuedYesNo				
If so, what for?				
Driver's signature		Date		
Supervisor's signature				
				-

Add names of passengers and witnesses on the next page. Indicate bus damage on diagrams.

Name	Age	Name	Age
Address		Address	
Phone #		Phone #	
Bus Passenger Vehicle Passenger W	itness	Bus Passenger Vehicle Passenger Witr	ness
Describe any injuries		Describe any injuries	
Was immediate medical attention needed?	YesNo	Was immediate medical attention needed?Yes	No
Name	Age	Name	Age
Address		Address	
Phone #		Phone #	
Bus Passenger Vehicle Passenger W	itness	Bus Passenger Vehicle Passenger Witr	iess
Describe any injuries		Describe any injuries	
Was immediate medical attention needed?	 YesNo	Was immediate medical attention needed?Yes	 5No
Sketch			

Please note where damage was done to the bus.

