

Transportation AP

605(A) Transportation AP – School Bus Accident Report Appendix A (Form)

Date: _____ Time: _____

School Bus Driver Name: _____ Unit#: _____ Route#: _____

City (or Area): _____

Location: _____

Weather Conditions: _____
(Sunny, Cloudy, Snow, Rain, etc.)

Road Conditions: _____
(Dry, Wet, Ice, Snow, Gravel, etc.)

Visibility: _____
(Clear, Foggy, etc.)

Posted Speed Limit: _____ Speed at time of Collision: _____

Other vehicle or
Property: _____
(Make, Model, Colour, Description, etc.)

License Plate #: _____

Drivers Name: _____

Registered Owner
Name: _____

Driver's License #: _____

Driver's Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Insurance Information: _____

Insurance Company: _____

Insurance Policy #: _____

Insurance Policy Expiry Date: _____

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List Witness(es) and/or Passengers:

Description of accident or incident:

Description of Damage:

Signature of _____ Date: _____
Driver: _____

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