

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
Driver:

Date:

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