

STUDENT TRANSPORTATION SERVICE CONSORTIUM OF GREY-BRUCE

799- 16th Avenue, Hanover, Ontario N4N 3A1 Telephone (519) 364-5820 Fax (519)364-5882

TCF-B011

SCHOOL VEHICLE ACCIDENT REPORT

Date of Accident:	Police Attended: Yes No
Time of Accident: a.m. p.m.	Police Badge #:
Location of Accident:	Police Report #:
Bodily Injuries: Yes No	Was anyone charged? Yes No
	Who was charged?
	What was the charge?

Bus Driver Information	
Bus Company:	Route/Run #:
Driver's Name:	Driver's Phone #:
Driver's Address:	Driver's License #:

School Vehicle Information & Vehicle Damage			
Unit #:	Vehicle Plate #:		
V.I.N.:	Make:		
Vehicle type:	Year of Vehicle:		
# of Passengers:	Alleged Driver Error: Yes No		
Damage:	Injuries: (attach additional sheet if necessary)		
	Name	Age	Extent of Injury

Other Vehicle Information			
Driver's Name:	Driver's Phone #:		
Driver's Address:	Driver's License #:		
Owner's Name:	Owner's Phone #:		
Owner's Address:	Insurance Company:		
Vehicle Description:	Insurance Policy #:		
# of Passengers:	Alleged Driver Error: Yes No		
Estimated Damage:	Injuries: (attach additional sheet if necessary)		
	Name	Age	Extent of Injury

Conditions:	
Weather Conditions:	Road Condition:
Light Conditions:	Road Contour:
Where did accident occur:	

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SCHOOL VEHICLE ACCIDENT REPORT - continued

Witnesses:

Name:

Age

Location of Witness:

Address:

Phone #:

Collision Details:

Accident Location:

City:

(Please draw a diagram of vehicle locations)

Driver's Statement:



Report Created by:

Signature:

Date: