

Alachua County Public School
Transportation Department
School Bus Accident Report Form

Date of Accident: _____ Time of Day: _____

Accident Location: _____

Road Condition: _____ Weather Condition: _____

Police Authority Investigating Accident: _____

Citation Given: Bus Driver, Other Driver, Charged With: _____

School Bus: No.: _____ Year: _____ Capacity: _____ Make: _____ Tag No.: _____

Owned By: _____

Driver's Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ State: _____

License No.: _____

Injury: _____

No. Pupils on Bus: _____ Damage to Bus: _____ Speed: _____

Other Vehicle (If more than one—Use additional form)

Year: _____ Make: _____ Tag No. and State: _____

Driver's Name: _____ Age: _____ Phone: _____

Address: _____ City: _____ State: _____

Driver's License: State: _____ Number: _____

Insurance Company: _____

Insurance Company Address: _____

Injury: _____

Damage to Vehicle: _____ Speed: _____

Name and Address of Parties Injured Other than Pupils:

Name and Address of All Witnesses:

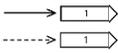
Name and Address of All Witnesses:

Property Damage Other Than Vehicles: _____

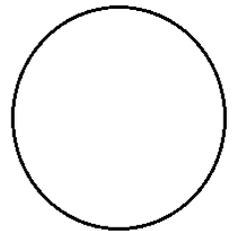
Use reverse side for making sketch and listing injured pupils.
Attach extra sheet whenever necessary to complete information requested.

Description of Accident: _____

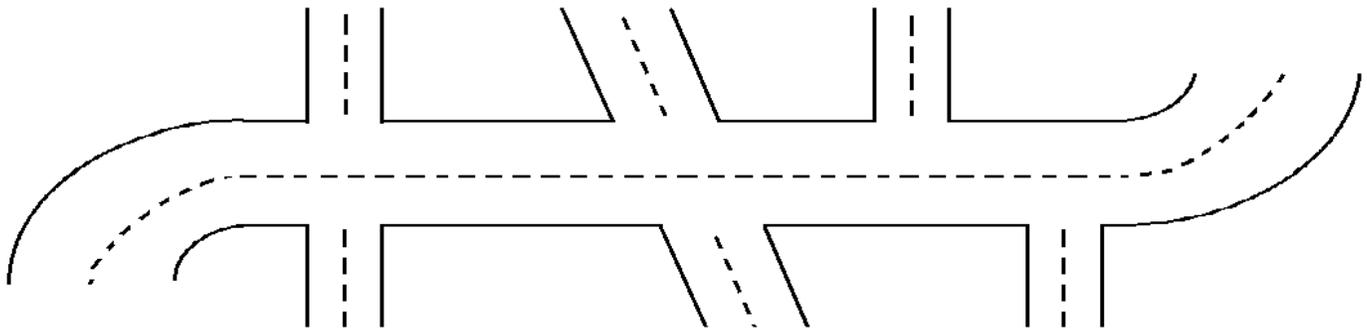
Use one of these outlines to sketch the scene of your accident; writing in street or highway names and numbers.

1. Number each vehicle and show direction of travel by arrow: 
2. Use solid line to show path before accident; with a dotted line to show path after accident: 
3. Show pedestrian by: 
4. Show railroad tracks by: 
5. Show distance and direction to landmarks; identify landmarks by name or number.
6. Indicate north by arrow, as in 

Indicated North by arrow:



Indicate in this diagram what happened:



List of Injured Pupils

Name	Age	Address	Nature of Injury