



<b>TIME AND PLACE OF COLLISION:</b>		<b>Date of Report:</b>	
Date of Collision		Time	am pm
Collision Location			

<b>SCHOOL VEHICLE INFORMATION:</b>			
Bus Operator		Route #	
Vehicle Type Regular		Vehicle Size	
Chassis	Body	Vehicle Year	
Serial #		Licence Plate	
Description of Damage:			

<b>BUS DRIVER INFORMATION:</b>			
Name		Telephone #	
Address			
Driver Licence #		Age	
# of Years Driving -	a) School Bus	b) Vehicle This Size?	
# of Preventable Collisions in the Past Three (3) Years		Date of Last Defensive Driving Course	
Consumed any medications, drugs or intoxicating beverages?			

<b>OTHER VEHICLE INFORMATION:</b>			
Vehicle Year		Vehicle Make	
Vehicle Colour		Licence Plate #	

<b>OTHER DRIVER INFORMATION:</b>			
Driver's Name		Owner's Name	
Address		Licence #	
Insurance Company		Policy #	
Description of Damage:			

<b>PROPERTY DAMAGE OTHER THAN VEHICLE</b>			
Owner's Name		Telephone #	
Address			
Description of Damage:			



TYPE OF RUN		ROAD SURFACE		SPEED							
<input type="checkbox"/>	To and From School	<input type="checkbox"/>	Gravel	<input type="checkbox"/>	Posted Limit _____ kph						
<input type="checkbox"/>	School to School	<input type="checkbox"/>	Paved	<input type="checkbox"/>	Bus Speed _____ kph						
<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Dry	<table border="1"> <thead> <tr> <th colspan="2">COLLISION LOCATION</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Rural</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urban</td> </tr> </tbody> </table>		COLLISION LOCATION		<input type="checkbox"/>	Rural	<input type="checkbox"/>	Urban
COLLISION LOCATION											
<input type="checkbox"/>	Rural										
<input type="checkbox"/>	Urban										
<input type="checkbox"/>	Noon Kindergarten	<input type="checkbox"/>	Wet								
<input type="checkbox"/>	Late Run	<input type="checkbox"/>	Icy								
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Snow-covered								
		<input type="checkbox"/>	Hilly								

WEATHER CONDITIONS		IN COLLISION WITH		MANNER OF COLLISION	
<input type="checkbox"/>	Sunny	<input type="checkbox"/>	Motor Vehicle	<input type="checkbox"/>	Vehicle Passing Bus
<input type="checkbox"/>	Raining	<input type="checkbox"/>	Railroad Train	<input type="checkbox"/>	Bus Overtaking Vehicle
<input type="checkbox"/>	Sleeting	<input type="checkbox"/>	Pedestrian	<input type="checkbox"/>	Bus Changing Lanes
<input type="checkbox"/>	Snowing	<input type="checkbox"/>	Pedacyclist	<input type="checkbox"/>	Bus Meeting Vehicle
<input type="checkbox"/>	Blowing Snow	<input type="checkbox"/>	Fixed Object	<input type="checkbox"/>	Vehicle Ahead
<input type="checkbox"/>	Foggy	<input type="checkbox"/>	Animal	<input type="checkbox"/>	Vehicle Behind
<input type="checkbox"/>	Overcast	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Overturn

BUS DIRECTION		COLLISION		LOCATION	
<input type="checkbox"/>	Travelling Straight	<input type="checkbox"/>	Intersection	<input type="checkbox"/>	Parking Lot
<input type="checkbox"/>	Turning Right	<input type="checkbox"/>	Highway	<input type="checkbox"/>	Bus Loading Zone
<input type="checkbox"/>	Turning Left	<input type="checkbox"/>	Street	<input type="checkbox"/>	School Yard
<input type="checkbox"/>	Backing Up	<input type="checkbox"/>	Off-Road	<input type="checkbox"/>	Operator's Yard
<input type="checkbox"/>	Stopped	<input type="checkbox"/>	Railway Crossing	<input type="checkbox"/>	Driver's Yard/Drive
		<input type="checkbox"/>	Bridge	<input type="checkbox"/>	Driveway
		<input type="checkbox"/>	Other: _____		

<b>INVESTIGATING OFFICER:</b>		
Name		
Detachment	Police Report #	(Attach Police Report)

<b>DESCRIPTION OF COLLISION:</b>	<b>PREVENTABLE [ ]</b>	<b>NON-PREVENTABLE [ ]</b>

Indicate your vehicle as A, and others as 1, 2, etc., just prior to impact. Show the direction each vehicle was travelling.

<b>Crossroads</b>	<b>Straight Section</b>
<b>Y Junction</b>	<b>T Junction</b>
<b>Curve</b>	<b>Offset Junction</b>

<b>Driver Name</b>	<b>Report Author Name</b>
<b>Driver Signature</b>	<b>Report Author Signature</b>