**APPENDIX B**

**Incident Information Form  Incident  Accident  Collision Other**

Driver: Date:

License #: Date of Incident:

Unit # Time of Incident: AM/PM Phone #:

Location of Incident:

Town: **OR** On Rural Road:

School Bus Use at Time of Incident: Regular Route Special Event Maintenance/Fueling Other

If Other, Please Specify:

Posted Speed Limit: KM/H Driver’s Speed: KM/H  Not Applicable  Stopped

Incident Involved School Bus and:

Weather Conditions/Visibility: Road Surface Condition:

YES NO Was driver wearing seatbelt?

YES NO Were there passengers on the bus? If so how many Adults: Children:

YES NO Were there any injuries? If so was emergency services called? YES NO

YES NO Were police notified? If so, was report completed? YES NO

YES NO Was strobe light activated at time of incident?

YES NO Did a “Don’t Pass” law violation occur?

YES NO Did incident occur when loading or unloading?

YES NO Did incident occur at an intersection?

YES NO Was another vehicle involved? If so, what kind of Vehicle?

*If another vehicle was involved get the name of the driver, license number, license plate and phone number.*

*If any reports were filled out with RCMP or Emergency Services etc., include them with this form.*

Summary of incident including a list of injuries and damages to other vehicles or property.

Vehicle Operator Signature: Date Signed:

Supervisor of Transportation: