

**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** Highway / 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.

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Vehicle Operator Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Supervisor of Transportation: \_\_\_\_\_

Date of follow up meeting between driver and supervisor: \_\_\_\_\_