



CLARKSVILLE MONTGOMERY COUNTY SCHOOL SYSTEM
ACCIDENT AND INCIDENT REPORT

County Montgomery

Date/Time of Accident _____

Vehicle Number _____

Location of Accident _____

I. Identifying Data: Drivers Involved

Name _____ Yrs. Of Experience 5 yrs. Or less
 6-10 Yrs.
 11 or more

Driver License No. _____ Number of Accidents this Year One
 Two
 Three

Number of Incidents this Year One
 Two
 Three

Other Driver Name _____ Address _____ License No. _____

II. Vehicles Involved

CMCSS Vehicle _____ Chassis _____ Body _____ Capacity _____ # of Passengers _____

Other Vehicle Year/Model _____ Make (Buick, Ford, etc.) _____ Type (2-door, 4-door, etc.) _____

Other Vehicle Year/Model _____ Make (Buick, Ford, etc.) _____ Type (2-door, 4-door, etc.) _____

Characteristics

Accident happened on: Primary Road
 Secondary Road
 City Street
 School Grounds

Vehicle was: Picking up passengers
 Discharging passengers
 Backing up
 Turning

Road was: Straight
 Curve
 Upgrade
 Downgrade

The Speed was: 0-10 MPH
 11-20 MPH
 21-35 MPH
 36-55 MPH
 Over 55 MPH

Weather Condition was: Clear
 Cloudy
 Rain
 Snow
 Ice

Road Surface was: Asphalt
 Concrete
 Gravel
 Dirt

Impact Occurred on the: Right Side
 Left Side
 Rear
 Front

Accident Occurred on: Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

III. Type of Accident (choose only one type and complete)

A. COLLISIONS

Vehicle Collided with:

Another Vehicle
 Mail Box
 Bicycle
 Fixed Object

Number Injured:

Passengers _____
 Driver _____
 Other Driver _____
 Adult Passengers _____

Number Persons:

Treated and Released _____
 Confined Overnight _____

Number Persons Injured Fatally:

Passengers _____
 Drivers _____
 Others _____

B. NON-COLLISIONS

Vehicle

Overtaken _____
 Left Roadway _____
 Other _____

Number Injured:

Passengers _____
 Bus Driver _____
 Others _____

Number Passengers:

Treated and Released _____
 Confined Overnight _____

Number Persons Injured Fatally:

Passengers _____
 Drivers _____
 Others _____

V. Briefly Describe the Accident:

VI. What Could I Have Done to Prevent This Accident?

VII. Certification

I hereby certify to the accuracy of all facts included in this report.

 Driver's Signature

C. ON BOARD ACCIDENTS

Vehicle:

Stopped abruptly
 Swerved Suddenly
 Started
 Erratically

of Passengers:

Treated and Released _____
 Confined Overnight _____
 Fatally Injured _____

D. PEDESTRIAN

Pupil/Pedestrian struck on:

School Grounds
 Roadway
 Bus Stop
 Other _____

IV. WITNESSES (if any)

Name _____

Address _____

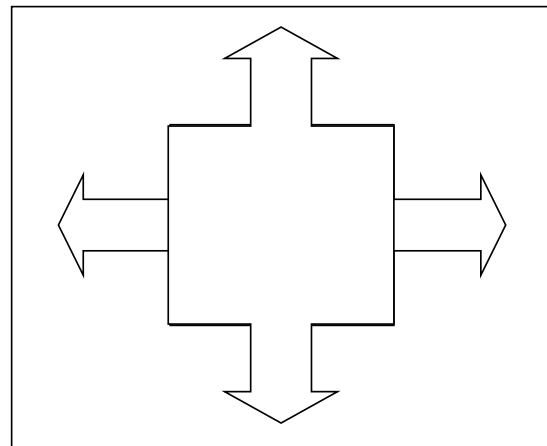
Name _____

Address _____

Name _____

Address _____

SKETCH



For Official Use ONLY

Incident
 Accident
 Contact

Signature _____