



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 \_\_\_\_\_

Driver License No. \_\_\_\_\_

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:**

DRIVERS NAME PRINTED: \_\_\_\_\_ DRIVERS SIGNATURE: \_\_\_\_\_

**COMPLETED BY:**

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

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 \_\_\_\_\_

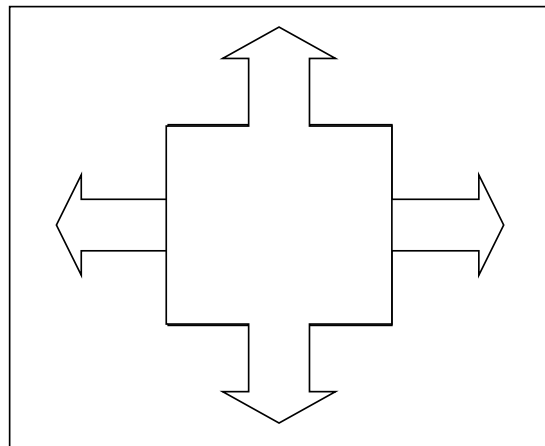
Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**SKETCH**



**For Official Use ONLY**

Incident   
 Accident   
 Contact

Signature \_\_\_\_\_