

Accident Checklist

Disclaimer: Please be advised that this form is filled out by CMCSS Transportation Dispatch in the immediate aftermath of the accident. It is important to note that not all responses may be entirely accurate, as this document is not a summary of a comprehensive investigation.

DRIVER _____

BUS # _____

DATE OF ACCIDENT _____

TIME _____AM/PM

SCHOOLS SERVICED _____

1. Has 911 been called? _____
2. Is law enforcement on the scene? _____
3. What is your location? _____
4. How many students are on the bus? _____
5. Any property damage? If so, what? _____
6. Do you need a wrecker for your bus? _____
7. How many vehicles involved in the accident? _____
8. Are you blocking traffic? _____
9. What happened?

WHO RESPONDED TO SCENE? _____

Person taking report:

PRINT NAME

SIGN NAME

NOTE: Form should be forwarded to the Driver Safety Manager upon completion.