

# Accident Check List

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.