



student
transportation services

service de transport scolaire

Brant Haldimand Norfolk

TF010

TIME AND PLACE OF ACCIDENT/ INCIDENT:	
Date of Accident/ Incident	Time am pm
Accident/ Incident Location	

SCHOOL VEHICLE INFORMATION:		
Bus Operator		Route #
Vehicle Type Regular		Vehicle Size
Chassis	Body	Vehicle Year
Serial #		Licence Plate
Description of Damage:		

BUS DRIVER INFORMATION:		
Name		Telephone #
Address		
Driver Licence #		Age
# of Years Driving -	a) School Bus	b) Vehicle This Size?
# of Preventable Accidents in the Past Three (3) Years		Date of Last Defensive Driving Course
Consumed any medications, drugs or intoxicating beverages?		

OTHER VEHICLE INFORMATION:	
Vehicle Year	Vehicle Make
Vehicle Colour	Licence Plate #

OTHER DRIVER INFORMATION:	
Driver's Name	Owner's Name
Address	Licence #
Insurance Company	Policy #
Description of Damage:	

TYPE OF RUN		ROAD SURFACE		SPEED							
<input type="checkbox"/>	To and From School	<input type="checkbox"/>	Gravel	<input type="checkbox"/>	Posted Limit _____ kph						
<input type="checkbox"/>	School to School	<input type="checkbox"/>	Paved	<input type="checkbox"/>	Bus Speed _____ kph						
<input type="checkbox"/>	Field Trips	<input type="checkbox"/>	Dry	<table border="1"> <thead> <tr> <th colspan="2">ACCIDENT LOCATION</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Rural</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Urban</td> </tr> </tbody> </table>		ACCIDENT LOCATION		<input type="checkbox"/>	Rural	<input type="checkbox"/>	Urban
ACCIDENT LOCATION											
<input type="checkbox"/>	Rural										
<input type="checkbox"/>	Urban										
<input type="checkbox"/>	Noon Kindergarten	<input type="checkbox"/>	Wet								
<input type="checkbox"/>	Late Run	<input type="checkbox"/>	Icy								
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Snow-covered								
		<input type="checkbox"/>	Hilly								

WEATHER CONDITIONS		IN COLLISION WITH		MANNER OF COLLISION	
<input type="checkbox"/>	Sunny	<input type="checkbox"/>	Motor Vehicle	<input type="checkbox"/>	Vehicle Passing Bus
<input type="checkbox"/>	Raining	<input type="checkbox"/>	Railroad Train	<input type="checkbox"/>	Bus Overtaking Vehicle
<input type="checkbox"/>	Sleeting	<input type="checkbox"/>	Pedestrian	<input type="checkbox"/>	Bus Changing Lanes
<input type="checkbox"/>	Snowing	<input type="checkbox"/>	Pedacyclist	<input type="checkbox"/>	Bus Meeting Vehicle
<input type="checkbox"/>	Blowing Snow	<input type="checkbox"/>	Fixed Object	<input type="checkbox"/>	Vehicle Ahead
<input type="checkbox"/>	Foggy	<input type="checkbox"/>	Animal	<input type="checkbox"/>	Vehicle Behind
<input type="checkbox"/>	Overcast	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Overturn

BUS DIRECTION		ACCIDENT		LOCATION	
<input type="checkbox"/>	Travelling Straight	<input type="checkbox"/>	Intersection	<input type="checkbox"/>	Parking Lot
<input type="checkbox"/>	Turning Right	<input type="checkbox"/>	Highway	<input type="checkbox"/>	Bus Loading Zone
<input type="checkbox"/>	Turning Left	<input type="checkbox"/>	Street	<input type="checkbox"/>	School Yard
<input type="checkbox"/>	Backing Up	<input type="checkbox"/>	Off-Road	<input type="checkbox"/>	Operator's Yard
<input type="checkbox"/>	Stopped	<input type="checkbox"/>	Railway Crossing	<input type="checkbox"/>	Driver's Yard/Drive
		<input type="checkbox"/>	Bridge	<input type="checkbox"/>	Driveway
		<input type="checkbox"/>	Other: _____		

INVESTIGATING OFFICER:		
Name		
Detachment	Police Report #	(Attach Police Report)

DESCRIPTION OF ACCIDENT/ INCIDENT: PREVENTABLE []	NON-PREVENTABLE []

Indicate your vehicle as A, and others as 1, 2, etc., just prior to impact. Show the direction each vehicle was travelling.	
Crossroads	Straight Section
Y Junction	T Junction
Curve	Offset Junction

Date of Report	Driver's Signature
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