

STUDENT TRANSPORTATION OF PEEL REGION

STOPR

SCHOOL BUS ACCIDENT REPORT FORM

TFL007

Date: _____ Time of call: _____ Report taken by: _____

SCHOOL INFORMATION

School name: _____ Bus Run: _____ Bus Route: _____

CONTRACTOR INFORMATION

Contractor name: _____ Reported by: _____

Driver Name: _____ Bus Driving Experience:(years) _____

Contractor at scene? No Yes (list name) _____

Police at scene? No Yes **Vehicle:** 5 pass. 20 pass. 72 pass. wheelchair taxi

Is another bus required to transfer students? _____ How late is the bus run? _____

ACCIDENT INFORMATION

Location of accident: _____

Time of accident: _____

Brief description of accident: _____

Number of students on vehicle at time of accident: _____

Names of students (if applicable)

Any injuries: No Yes (list) _____

Student/driver taken to hospital? _____ Name of hospital: _____

CONTACTS:

Transportation Officer/Manager: _____ Time: _____

School Administrator: _____ Time: _____

Dufferin-Peel Superintendent: _____ Time: _____

Peel Board Superintendent: _____ Time: _____