



Driver's Accident Report

Driver:	
Vehicle Year/Make/Model:	VIN #
# of Passengers- in Vehicle	# of Passengers -Other Vehicle
Passenger List attached	Were you issued a citation?

Diagram of accident to be completed by bus driver. School bus is vehicle #1. Indicate compass directions:	Road Conditions	Weather Conditions	Light Conditions
	<input type="checkbox"/> Dry	<input type="checkbox"/> Clear	<input type="checkbox"/> Dawn
	<input type="checkbox"/> Wet	<input type="checkbox"/> Rain	<input type="checkbox"/> Daylight
	<input type="checkbox"/> Snow	<input type="checkbox"/> Snow	<input type="checkbox"/> Dusk
	<input type="checkbox"/> Ice	<input type="checkbox"/> Fog	<input type="checkbox"/> Dark

Location of Accident, Street:	City, State:
Date:	Time:

Investigating Police Dept.:	
Investigating Police Officer:	Officer Badge#:

Witness #1:	Address:	Phone:
Witness #2:	Address:	Phone:
Witness #3:	Address:	Phone:

Other Driver's Name:	Phone:
Address:	City, State:
Insurance Company:	Policy #:

Driver's Explanation (use back of form if necessary):
