

Driver's Accident Report

Driver:	
Vehicle Year/Make/Model:	VIN #:
# Passengers - in Vehicle:	# Passengers - Other Vehicle:
Passenger List Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Were you issued a citation? <input type="checkbox"/> Yes <input type="checkbox"/> No

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): <hr/> <hr/> <hr/> <hr/> <hr/>
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Information Exchange Form—Your Vehicle

Complete this half of the form and give to the other vehicle's driver.

Name: Last	First	Middle
Street Address		
City	State	Zip Phone
Driver's License Number	State	Sex Date of Birth
Vehicle: Make	Year	Model
License Plate No.	State	Odometer Reading
Vehicle Identification Number		
Registered Owner:		Insurance Agent:
Name: _____	Name: _____	
Address: _____	Address: _____	
City, State, Zip: _____	City, State, Zip: _____	
Parts of Vehicle Damaged		
Witnesses:		
Name: _____	Name: _____	
Address: _____	Address: _____	
City: _____	City: _____	
Phone: _____	Phone: _____	



Information Exchange Form—Other Vehicle

OTHER DRIVER:
Complete this half of the form and give to the other vehicle's driver.

Name: Last	First	Middle
Street Address		
City	State	Zip Phone
Driver's License Number	State	Sex Date of Birth
Vehicle: Make	Year	Model
License Plate No.	State	Odometer Reading
Registered Owner:		Insurance Agent:
Name: _____	Name: _____	
Address: _____	Address: _____	
City, State, Zip: _____	City, State, Zip: _____	
Parts of Your Vehicle Damaged		
Witnesses:		
Name: _____	Name: _____	
Address: _____	Address: _____	
City: _____	City: _____	
Phone: _____	Phone: _____	

Passenger List

This form is to be used any time there are passengers on a bus that is involved in an accident. Record the information indicated for every passenger and indicate seat number.

67	68	69		70	71	
61	62	63		64	65	66
55	56	57		58	59	60
49	50	51		52	53	54
43	44	45		46	47	48
37	38	39		40	41	42
31	32	33		34	35	36
25	26	27		28	29	30
19	20	21		22	23	24
13	14	15		16	17	18
7	8	9		10	11	12
1	2	3		4	5	6
Driver						

FRONT OF BUS

Name: _____
 Address: _____
 City: _____
 Phone: _____
 Seat #: _____ Age: _____

Name: _____
 Address: _____
 City: _____
 Phone: _____
 Seat #: _____ Age: _____

Name: _____
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