

School Bus Incident Form

Driver Name: _____ DOB: _____

Address: _____

Telephone: _____ Driver #: _____ Bus #: _____

Date of Occurrence: _____ Direction of Travel: Bus _____ Suspect _____

Time of Occurrence: _____

Address of Occurrence: _____

School Name: _____
(if occurred at school)

Weather Condition:

- | | | | |
|--------------------------------|----------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Raining | <input type="checkbox"/> Snow | <input type="checkbox"/> Cloudy |
| <input type="checkbox"/> Fog | <input type="checkbox"/> Dust | <input type="checkbox"/> Sleet | <input type="checkbox"/> Other: _____ |

Light Condition:

- | | | | |
|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Dawn | <input type="checkbox"/> Daylight | <input type="checkbox"/> Dusk | <input type="checkbox"/> Dark |
|-------------------------------|-----------------------------------|-------------------------------|-------------------------------|

Road Condition:

- | | | | |
|------------------------------|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Dry | <input type="checkbox"/> Under repair | <input type="checkbox"/> Holes or ruts | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Icy | <input type="checkbox"/> Snow packed | <input type="checkbox"/> Muddy | |

Type of Road:

- | | | |
|----------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Asphalt | <input type="checkbox"/> Dirt | <input type="checkbox"/> Undivided Two Way |
| <input type="checkbox"/> Gravel | <input type="checkbox"/> Concrete | <input type="checkbox"/> Two Lane Traffic |

Type of Bus:

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Van | <input type="checkbox"/> Conventional | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Handi-Transit | <input type="checkbox"/> Flat Nose | |

Was Bus:

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Loading | <input type="checkbox"/> Unloading |
|----------------------------------|------------------------------------|

Number of Passengers: _____ Approximate Ages: _____

What warning devices were activated:

Ambers Reds Stop Arm

Red Light Violation:

Yes No

Were there any Traffic Control Devices Near:

Yes No

Description of Suspect Vehicles: License Plate #: _____ Year: _____

Color of Vehicle: _____ Make/Model: _____

Type of Vehicle:

Car Van Truck Sport Utility Bus Taxi Messenger Other

Approximate speed of accused vehicle: _____

Was suspect in line in traffic? Lone vehicle

Distinguishing signage/markings on suspect vehicle: _____

Suspect driver actions: (include all actions, location before violation, etc.)

Can you identify the driver:

Yes No

Description of suspect driver:

Male Female Unknown

Age: _____ Hair Colour: _____ Glasses: Yes No

Race: _____ Other distinguishable factors: _____

Witness's Name: _____ Phone No.: _____

Bus Driver Actions:

Please complete a diagram showing the direction and positions of vehicles involved:

Give street names, numbers, etc.

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***** Please attach all original copies of notes to this form. *****

Date

Driver Signature

Please forward this form to:

Turtle Mountain School Division
Box 280
Killarney, Manitoba
R0K 1G0
(204) 523-7531

Copy to:

Boissevain Bus Garage
Box 896
Boissevain, Manitoba
R0K 0E0
(204) 534-2553