

STUDENT TRANSPORTATION
REPORT OF INJURY

First Name: _____ Last Name: _____

Student Number: _____ Student 's School: _____

Home Address: _____

City: _____ Zip Code: _____

Date of Accident: _____ Time Accident Occurred: _____

Location of Accident:(Be Specific)

Driver's Name: _____ Bus Number: _____

Seat Location: _____ Route Number: _____

Supervisor's Name: _____

Transportation Investigator Involved: _____

Witness Name: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Description of Accident:

Describe nature of injury
and treatment:

Was parent notified? _____ Time notified: _____ Student transported by ambulance? _____

Driver's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

*Report must be completed and submitted to Supervisor within 24 hrs of injury!