

BUS ACCIDENT REPORT

CALIFORNIA RISK MANAGEMENT AUTHORITY (559) 476-2999

7170 N. Financial Drive Suite#130 Fresno, CA 93720 Lperez@crma-jpa.org

CONFIDENTIAL DOCUMENT

	NAME OF	SCHOOL DISTRICT Kings Canyon Unified School I	District		LOCATED IN (CITY OR TOWN))					
	NAME OF	<u> </u>			LOCATED IN (CITY OR TOWN))					
0 CENTROLOGY ACCIDENT (ACCERES), STREET OR HORMANT) STATE 0 NO.0 STATE STATE 0 NO.0 NO.0 STATE STATE 0 NO.0 NO.0 STATE STATE 0 NO.0 NO.0 NO.0 NO.0 NO.0 0 NO.0 NO.0 NO.0 NO.0 NO.0 0 NO.0 NO.0	Δ				TIME						
	С	DATE OF ACCIDENT (MO., DAT, TR.)	JF THE WEEK		TIME						
Image: State in the image: State in the image: State in the image: State image	I	LOCATION OF ACCIDENT (ADDRESS, STREET OR HIGHWAY)									
	Е			COUNTY		STATE					
B ADDRESS (STREET & NUMBER) CTY STATE ADDRESS (STREET & NUMBER) VEX. SOCIA SECURITY & OPERATOR UCENSE NUMBER STATE ADDRESS (STREET & NUMBER) VEX. SOCIA SECURITY & OPERATOR UCENSE NUMBER STATE ADDRESS (STREET & NUMBER) VEX. NUME OF DIVERS SUPERATOR DATE INTE ADDRESS (STREET & NUMBER) VEX. DATE INTE AM OCCUPRED VEX. DATE INTE AM OCCUPRED DATE INTE INTE ORVERS NAME MACRE SCONET INTE INTE ORVERS NAME INTE INTE INTE INTE ONVERS NAME ONVERS ADDRESS NUMBER & STREET, CITY & STATE INTE INTE ONVERS NAME ONVERS					1						
		NAME			HOME TELEPHONE NUMBER						
	S	ADDRESS (STREET & NUMBER)		CITY		STATE					
NAME OF DRIVER'S SUPERVISOR LOCATION/TELEMICINE NUMBER WHERE SUPERVISOR CAN BE CONTACTED R RUN ON WHICH ACCIDENT DATE TIME AM R RUN ON WHICH ACCIDENT DESIGNATION DATE TIME AM B RUN ON WHICH ACCIDENT DESIGNATION DATE TIME AM B VEAR MAXE & MODEL SUS WIN NUMBER BUS NUMBER MAX. PASSENCER CAPACITY B DESIGNATION DESIGNATION DESIGNATION DESIGNATION MAX. PASSENCER CAPACITY B VEAR MAXE & MODEL SUS WIN NUMBER BUS NUMBER MAX. PASSENCER CAPACITY B DESIGNATE DOMAGE OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEMIONE NUMBER MAXE PASSENCER CAPACITY CHE OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEMIONE NUMBER STATE ARE (NT) MAXE PASSENCE (NUMBER & STREET, CITY & STATE) CHE OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEMIONE NUMBER STATE ARE (NT) MAXE PASSENCE (NT) CHE OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MAXE MAXE PASSENCE (NT)		AGE MALE BUS DRIVING EXPERIENCE SOCIAL	SECURITY #	OPERATOR LICENSE NUMBER	REGULAR LICENSE	STATE					
R PECAN AT DATE TME MM RUN ON WHICH PESTMATION DATE TME MM P ACCIDENT DATE TME MM OCCURRED PESTMATION DATE TME MM P ACCIDENT DATE TME MM OWNERS MAKE MODEL USIN NUMBER BUS NUMBER MAX.PASSENCE CAPACITY DESCRIE DAMAGE OWNERS ANDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER MAX.PASSENCE CAPACITY OWNERS NAME OPERATORS LICENSE NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE OWNERS NAME OWNERS ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE VEH VEAR MAXE MODEL OWNERS ADDRESS (NUMBER & STREET, CITY & STATE) MAXE VEH VEAR MAXE MODEL OWNERS NUMBER STATE ACE (EST) VEH VEAR MAXE & MODEL OWNERS ADDRESS (NUMBER & STREET, CITY & STATE) MAXE ACE (EST) VEH VEAR MAXE & MODEL OWNERS ADDRESS (NUMBER & STREET, CITY & STATE) ACE (EST)	I V					CA					
RUN ON WHICH ACCIDENT Destination Date THE AM WERE A MODEL DESTINATION DATE THE AM UNROSE OF TRIP DESCRIBE DAMAGE NUS VIN NUMBER NUS VIN NUMBER MAX. PASSENGER CLIPACITY DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) DESCRIBE DAMAGE NUL MAX. MAX. DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE AGE (EST) MAX.E DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE AGE (EST) MAX.E DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE AGE (EST) MAX.E DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE AGE (EST) MAX.E DRIVER'S ADDRESS NUMBER & STREET, CITY & STATE) VEHICLE COLOR VEHICLE VIN NUMBER STATE AGE (EST) MAX.E VEH VEH YEAR MARE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER STATE AGE (EST) MAX.E NUMER'S ADDRESS NUMBER & STREET, CITY & STATE) VEHICLE VIN NUMBER STATE AGE (EST) <t< td=""><td></td><td>NAME OF DRIVER'S SUPERVISOR</td><td>LUCATIO</td><td>N/TELEPHONE NUMBER WHERE SUF</td><td>ERVISOR CAN BE CONTACTED</td><td></td></t<>		NAME OF DRIVER'S SUPERVISOR	LUCATIO	N/TELEPHONE NUMBER WHERE SUF	ERVISOR CAN BE CONTACTED						
RUN ON WHICH OCCURRED ESTINATION DATE TWE AM PURPOSE OF TRIP INSERVICES (MURDER) INSERVICES (MURDER) MAX. PASSENGER CAPACITY B VEAR MARE & MODEL INS VIN NUMBER INS. PASSENGER CAPACITY B VEAR MARE & MODEL INS. VIN NUMBER INS. PASSENGER CAPACITY B ORIVER'S NAME ORIVER'S NUMBER ITELEPHONE NUMBER MAX. PASSENGER CAPACITY DENERS'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER MAX. PASSENGER CAPACITY VENTRY'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE VENTRY'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE VENTRY'S ADDRESS (NUMBER & STREET, CITY & STATE) INSURANCE COMPANY & POLICY # INSURANCE MERCE VENTRY'S ADDRESS NUMBER & STREET, CITY & STATE) INSURANCE MERCE MAXOR MAXOR VENTRY'S ADDRESS NUMBER & STREET, CITY & STATE) INSURANCE MERCE MAXOR MAXOR VENTRY'S ADDRESS NUMBER & STREET, CITY & STATE) INSURANCE ADDRESS NUMBER INSUR MAXOR VENTRY'S ADDRESS NUMBER & STREET, CITY & STATE) INSURANCE ADDRESS NUMBER INSUR MAXOR VENTRY'S ADDRESS NUMBER & STREET, CITY & STATE) INSURANCE ADDRESS NUMBER & STREET, CITY & STATE INSURANCE ADDRESS NUMBER INSUR		BEGAN AT			DATE	TIME AM					
ACUURRED OCURRED OCUCRED OCUCRED OCUCRED OCUCRED OCUCRED OCUCRED		DECTINATION			DATE						
PURPOSE OF TRIP USER MAKE & INCOL BUS VIN NUMBER BUS VIN NUMBER BUS NUMBER MAX PASSENSER CAPACITY OFFICE/REF DAMAGE DESCRIBE DAMAGE DAMAGE DAMAGE DAMAGE ORIVER'S NAME OPERATOR'S LICENSE NUMBER STATE MOD MADE OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE MALE VEH YEAR MARE & MODEL VEHICLE COLOR VEHICLE -VIN NUMBER STATE OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE OWNER'S NAME OPERATOR'S LICENSE NUMBER STATE MALE FMALE OWNER'S NAME OPERATOR'S LICENSE NUMBER STATE MALE FMAL	I	ACCIDENT									
B DESCRIBE DAMAGE ININOR MOD. ININOR DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST) IMALE PRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE AGE (EST) IMALE OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE VEN YEAR MAKE & MODEL VENICLE COLOR VENICLE 'VIN NUMBER STATE ORIVER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER DESCRIBE DAMAGE ONNER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST) IMALE ORIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST) IMALE DESCRIBE DAMAGE INSURANCE/AGENT PHONE NUMBER STATE AGE (EST) INSURANCE/AGENT PHONE NUMBER ONVER'S NAME OPERATOR'S LICENSE NUMBER & STREET, CITY & STATE) INSURANCE/AGENT PHONE NUMBER STATE INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER STATE INSURANCE/AGENT PHONE NUMBER INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER STATE INSURANCE/AGENT PHONE NUMBER	•	PURPOSE OF TRIP			·						
Comparison of the stander of the street	в	YEAR MAKE & MODEL		BUS VIN NUMBER	BUS NUMBER	MAX. PASSENGER CAPACITY					
DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST.) MALE Y DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER TELEPHONE NUMBER Y OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER Y Y Y Y Y Y OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) Y Y Y Y Y Y Y Y Y Y Y DESCRIBE DAMAGE Y Y NALE Y DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE DESCRIBE DAMAGE Y Y NALE Y DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE Y DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE Y DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) Y Y TELEPHONE NUMBER STATE AEE (EST.) Y DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) Y Y TELEPHONE NUMBER STATE AEE (EST.) Y DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) Y FEMALE Y U DRIVER'S ADDRESS (NUMBER STATE AEE (EST.)		DESCRIBE DAMAGE									
PRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER V OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) V VEHICLE COLOR VEHICLE COMPANY & POLICY # INSURANCE ICOMPANY & POLICY # INSURANCE INVERS NAME DESCRIBE DAMAGE VEH YEAR MINOR INSURANCE COMPANY & POLICY # INSURANCE INVERS NAME DESCRIBE COMPANY & POLICY # INSURANCE COMPANY & PO		DRIVER'S NAME		OPERATOR'S LICENSE NUMBER							
VEH OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) VEH. VEAR MAKE & MODEL VEHICLE COLOR VEHICLE -VIN NUMBER STATE INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER MALOR DESCRIBE DAMAGE IMNOR MOD MAJOR DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST) HALE VEH VEH/VEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER VEH VEH/VEAR MARE AGE (EST) HALE VEH VEH/VEAR MARE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER VEH VEH/VEAR MARE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER VEH VEH/VEAR MARE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER VEH VEH/VEAR MARE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER VEH VEH/VEAR MARE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER VEH VEHICLE COLOR VEHICLE VIN NUMBER STATE INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER STATE INSURANCE OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) IMNOR MAJOR OVINER'S NAME OVINER'S ADDRESS (NUMBER & STREET, CITY & STATE) IMNOR <td></td> <td></td> <td></td> <td></td> <td></td> <td>FEMALE</td>						FEMALE					
H OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) VEH. VEAR MAKE & MODEL VEHICLE COLOR VEHICLE -VIN NUMBER INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER STATE DESCRIBE DAMAGE OPERATOR'S LICENSE NUMBER STATE ADDR VER DESCRIBE DAMAGE OPERATOR'S LICENSE NUMBER STATE ADDR VER DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE ADDR VER DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE ADDR VER DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE ADDR VER VENCE'S ADDRESS (NUMBER & STREET, CITY & STATE) FEMALE FEMALE VEH. VEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER STATE INSURANCE / GENT PHONE NUMBER STATE INSURANCE/AGENT PHONE NUMBER STATE OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR <td>v</td> <td>DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)</td> <td>TELEPHONE NUMBER</td> <td colspan="5">TELEPHONE NUMBER</td>	v	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)	TELEPHONE NUMBER	TELEPHONE NUMBER							
VEH. YEAR MAKE & MODEL VEHICLE COLOR VEHICLE - VIN NUMBER STATE NSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER INSURANCE / AGE (EST.) MALE DESCRIBE DAMAGE OPERATOR'S LICENSE NUMBER STATE AGE (EST.) MALE DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST.) MALE VEH DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE VEH VEH YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER VEH VEH YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER ORIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE VEH VEHICLE COLOR VEHICLE VIN NUMBER STATE OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INSURANCE/AGENT PHONE NUMBER MINOR MOD. OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR INNOR MOD. MAJOR OURIER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR INNOR INNOR <		OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE)									
2 INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER 2 DESCRIBE DAMAGE INNOR MOD. MAJOR VEH PRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST.) MALE PRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST.) MALE VEH VEH YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER 3 DESCRIBE DAMAGE INSURANCE/AGENT PHONE NUMBER STATE INSURANCE (COMPANY & POLICY # 4 NSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER STATE INSURANCE (COMPANY & POLICY # 0 OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INSURANCE/AGENT PHONE NUMBER INNOR MOD. MAJOR 0 OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR 0 OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR 0 OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR 0 OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR 0 OWNER'S ADDRESS (NUMBER & STREE		VEH. YEAR MAKE & MODEL	VEHICLE -VIN NUMBER	STATE							
2 DESCRIBE DAMAGE MINOR MOD. MAJOR VE PRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST.) PEMALE VE PRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER STATE MINOR MALE VE VEH. YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER STATE INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER STATE MINOR MOD. MAJOR OWNER'S NAME OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INSURANCE/AGENT PHONE NUMBER MINOR MOD. MAJOR OWNER'S NAME OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR INSURANCE/AGENT DESCRIBE DAMAGE INNOR MOD. MAJOR INNOR MOD. MAJOR INNOR DOUGENTY DESCRIBE DAMAGE INNOR INNOR INNOR INNOR <t< td=""><td>Е</td><td></td><td></td><td></td></t<>	Е										
PRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST.) MALE PRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER TELEPHONE NUMBER TELEPHONE NUMBER VEH. YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER STATE INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER STATE OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MINOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MAJOR PARAGE OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MAJOR PARAGE OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MAJOR PARAGE OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MAJOR PARAGE OWNER'S NAME DESCRIBE DAMAGE INNOR MOD. MAJOR PARAGE DESCRIBE DAMAGE DESCRIBE DAMAGE INNOR	2										
DRIVER'S NAME OPERATOR'S LICENSE NUMBER STATE AGE (EST.) MALE DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER TELEPHONE NUMBER U VEH. YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER VEH. VEH. YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER S INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER MINOR MOD. OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) INNOR MOD. MAJOR OWNER'S NAME DESCRIBE DAMAGE INNOR MOD. MAJOR OUTLER A. NO. OF PASSENGERS BUS VEHICLE 2 VEHICLE 3 INNOR INNOR MOD. MAJOR POLICE INVESTIGATE? IS NO OF DEPARTMENT OR PATROL & LOCATION IS NO OF OFFICER IS NO OF OFFICER IS NO OF OFFICER IS NO OF OFFICER <td></td> <td colspan="9"></td>											
V DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER VEH. YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER STATE BESCRIBE DAMAGE INSURANCE/AGENT PHONE NUMBER INSURANCE/AGENT PHONE NUMBER OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) OWNER'S NAME DESCRIBE DAMAGE INDO MAJOR B. NO. OF PASSENGERS BUS VEHICLE 2 B. NO OF PASSENGERS B. SPEED LIMIT BUS VEHICLE 2 B. SPEED PRIOR TO ACCIDENT (EST) INAL OF OFFICER INAL OF OFFICER OVELCE INVESTIGATE? IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION INAL OF OFF		DRIVER'S NAME		OPERATOR'S LICENSE NUMBER		AGE (EST.) MALE					
H VEH. YEAR MAKE & MODEL VEHICLE COLOR VEHICLE VIN NUMBER STATE INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER INSURANCE/AGENT PHONE NUMBER INSURANCE/AGENT PHONE NUMBER BESCRIBE DAMAGE MINOR MOD. MAJOR VEHICLE VIN NUMBER DESCRIBE DAMAGE MINOR MOD. MAJOR VENER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MAJOR PROPERTY TELEPHONE NUMBER DESCRIBE DAMAGE MINOR MOD. MAJOR PA A. NO. OF PASSENGERS BUS VEHICLE 2 VEHICLE 3 P B S B. NO. OF PASSENGERS BUS VEHICLE 2 VEHICLE 3 S B S S B. NO. OF PASSENGERS BUS VEHICLE 3 S B S S S POLICE INVESTIGATE? <	v	DRIVER'S ADDRESS (NUMBER & STREET, CITY & STATE)	TELEPHONE NUMBER	FEMALE							
INSURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER 3 DESCRIBE DAMAGE											
B NOURANCE COMPANY & POLICY # INSURANCE/AGENT PHONE NUMBER OWNER'S NAME DESCRIBE DAMAGE MINOR MOD. MAJOR OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) MINOR MOD. MAJOR PROFERENT TELEPHONE NUMBER DESCRIBE DAMAGE MINOR MOD. MAJOR PA A. NO. OF PASSENGERS BUS VEHICLE 2 VEHICLE 2 VEHICLE 2 VEHICLE 2 VEHICLE 2 VEHICLE 2 POLICE INVESTIGATE? IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION NAME OF OFFICER NAME OF OFFICER NAME OF OFFICER	I C	VEH. YEAR MAKE & MODEL		VEHICLE COLOR	VEHICLE VIN NUMBER	STATE					
DESCRIBE DAMAGE		INSURANCE COMPANY & POLICY #	INSURAN	CE/AGENT PHONE NUMBER							
OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER DESCRIBE DAMAGE A. NO. OF PASSENGERS (INCLUDING DRIVER) BUS VEHICLE 2 VEHICLE 3 NAJOR B. NO. OF PASSENGERS (INCLUDING DRIVER) BUS VEHICLE 2 VEHICLE 3 P A. SPEED LIMIT BUS VEHICLE 2 VEHICLE 3 POLICE INVESTIGATE? IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION D D D D D YES NO NAME OF OFFICER NAME OF OFFICER NAME OF OFFICER VEHICLE 2 VEHICLE 4 VEHICLE 5	3										
OWNER'S NAME OWNER'S ADDRESS (NUMBER & STREET, CITY & STATE) TELEPHONE NUMBER DESCRIBE DAMAGE Reproperty TELEPHONE NUMBER DESCRIBE DAMAGE A. NO. OF PASSENGERS (INCLUDING DRIVER) BUS VEHICLE 2 VEHICLE 3 B. NO. OF PASSENGERS (INCLUDING DRIVER) BUS VEHICLE 2 VEHICLE 3 B. NO. OF PASSENGERS (INCLUDING DRIVER) B. SPEED LIMIT BUS VEHICLE 2 POLICE INVESTIGATE? IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION NAME OF OFFICER											
PROPERTY TELEPHONE NUMBER DESCRIBE DAMAGE Image: Constraint of the constraint of		OWNER'S NAME	OWNER'S	ADDRESS (NUMBER & STREET, CIT							
MINOR MOD. MAJOR MAJOR A. NO. OF PASSENGERS (INCLUDING DRIVER) BUS VEHICLE 2 VEHICLE 3 P B. NO. OF PASSENGERS (INCLUDING DRIVER) BUS VEHICLE 2 VEHICLE 3 P B. NO. OF PASSENGERS (INCLUDING OF INJURY) Image: Complexity of the particle of th											
P A. NO. OF PASSENGERS (INCLUDING DRIVER) BUS VEHICLE 2 VEHICLE 3 S A. SPEED LIMIT BUS VEHICLE 2 VEHICLE 3 B. NO. OF PASSENGERS (INCLUDING DRIVER) BUS VEHICLE 2 VEHICLE 3 P E B BUS VEHICLE 2 VEHICLE 3 B. NO. OF PASSENGERS (INCLUDING OF INJURY B. NO. OF PASSENGERS COMPLAINING OF INJURY B. SPEED PRIOR TO ACCIDENT (EST) B. SPEED PRIOR TO ACCIDENT (EST) D D POLICE INVESTIGATE? IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION VEHICLE 3 NAME OF OFFICER NAME OF OFFICER		TELEPHONE NUMBER DESCRIBE DAMAGE									
S (INCLUDING DRIVER) E E B. NO. OF PASSENGERS COMPLAINING OF INJURY D B. SPEED PRIOR TO ACCIDENT (EST) POLICE INVESTIGATE? IF SO, NAME OF DEPARTMENT OR PATROL & LOCATION NAME OF OFFICER			- 3	A. SPEED LIMIT							
COMPLAINING OF INJURY D <td< td=""><td>S</td><td></td><td>E</td><td></td><td>-OT)</td><td></td></td<>	S		E		-OT)						
YES NO	POLICE IN	COMPLAINING OF INJURY		B. SPEED PRIOR TO ACCIDENT (E	,						
CITATION ISSUED?											
BUS DRIVER DRIVER VEH. 2 DRIVER VEH. 3			, CHARGE								

901 N.										
MARK X WHERE	DAMAGE OR CONTACT	OCCURED		8				······.		
		· · · ·	(
			(2512
FRONT		RIGHT SID		INDICATE NO	RTH	LEFT		i I		REAR
	INSTRUCT	TIONS		AN ARROW						
of accident.		ill show outline of	roadway at place							
of vehicle Bl	ne to show path EFORE accident: AFTER accident:		BUS		ء يون ^ي ياريد <u>ي</u>	and an				
3. Number eac	h vehicle and show travel by arrow:							an an air		
4. Show PEDES	STRIAN by:		0							
	ROAD by:				/ _				/	
7. Show STOP	SIGN by:		\diamond							
bridge, culve	ance and direction from ert, or other landmarks. hes of streets or route	•								
	FIC LANES		DWAY	SIGN		PAVING	\//E	ATHER		LIGHT
NO. OF LANES			DRY		GN		CLEAR			YLIGHT
	ANES UNMARKED	CURVE CURVE DOWN GRADE UP GRADE			IAN	 ☐ TARVIA ☐ BRICK ☐ ASPHALT 	□ RAIN □ SNOW □ SLEET			ARK JSK AWN
FT. 🗆		LEVEL		R.R. GAT		GRAVEL	FOG		IF DAR	K, WAS HIGHW
DIVIDED.		FLAGS, FLARES, F	USEES ETC	(OTF	IER)	LOCATION	(0	OTHER)		
		DISPLAYED:				CITY & SUBURBAN	N INTERSE			
	TION ON ROADWAY DANGER NOTICED	DIRECTIO			LOCATION	N ON ROADWAY AT IMF	PACT	DISTANCE AFTER IMF		(OTHER) LENGTH OF SKID MARKS
BUS				FT.					FT.	
OTHER VEH.				F1.						
DESCRIBE ACCIDEN	T FULLY (CONTINUE ON	ADDITIONAL SHEE	T IF REQUIRED.)					<u> </u>	FT.	
SIGNATURE OF DRIV	/ER'S SUPERVISOR	[DATE		DRIVER'S SIG	NATURE		DATE	E OF REPO	RT

PERSONAL INJURIES: PERSONS COMPLAINING OF OR SUFFERING INJURIES - HOWEVER SLIGHT						IDICA	TE WH	нсн	AGE
NAMES OF PERSONS INJURED OR KILLED	ADDRESS (STREET & NO., CITY & STATE)	EXTENT OF INJURIES (SHOW AS "KILLED" ANY PERSONS			H. 2	_		OTHER (EXPL)	(EST)
		WHO DIED OF INJURIES)		DR	PAS	DR	PAS		
IF MEDICAL AID GIVEN, SHOW NAME & ADDRESS OF DOCTOR OR HOSPITAL									
OCCUPANTS OF OTHER VEHICLES							VEHIC	LE # 3	AGE (EST)
NAME	STREET		STAT	E					

WITNESSES -	VERY IMPORTANT -		EHICLES INVOLVED: LIST PASSERBY, OTH	ER MOTORISTS OR PERSONS AT SCENE OF AC	CIDENT-
NAME		WHETHER EYE WITNESS OR NOT. STREET & NO.	CITY	STATE	A.C.F.
					AGE (EST)
OCCUPANTS O	DF BUS DO NOT RE	PEAT NAMES OF THOSE SHOWN	AS INJURED ABOVE		
NAME		STREET & NO.	CITY	STATE	AGE
					(EST)
					_
					_
					_
					1