



East Lyme Public Schools Bus Accident/Incident Report

Date: _____ Time: _____ Bus Number: _____

Driver's name: _____

Location of Accident/Incident: _____

Witness(s): _____

Alleged offender: _____

Students involved: _____

School Attending: _____

Any injuries reported: YES NO

Injured persons: _____

Damage to bus: YES NO Description: _____

Police contacted: YES NO Ambulance contacted: YES NO

School Administrator Contacted: YES NO Name: _____

Description of Accident/Incident:

Report submitted by: _____ Date: _____

Driver will submit form within 24 hours to Theresa Landry, First Student/Principal/Superintendent

Approved by the EL BOE 1/8/18