



# 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:

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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