

MILFORD PUBLIC SCHOOL

BUS ACCIDENT/INCIDENT FORM

School: _____ Bus/License Plate #: _____ Today's Date: _____

Bus Co. Employee's Name: _____ Phone: _____ Date/Time of Incident: _____

Person Reporting Incident/Accident: _____

What bus #/ type of bus was involved:

What type of damage to vehicles:

Driver Information (# of years experience, etc.):

Witnesses: _____

Where did the accident/incident occur: _____

Witnesses: _____

When did the accident/incident occur: _____

Road conditions/weather at the time:

Who was involved in the accident/incident?

(Number of students/teachers/advisors)

Injuries involved: _____

Milford Public Schools- Transportation Coordinator

Date _____