

TURTLE MOUNTAIN SCHOOL DIVISION

6 - L

School Bus Incident Form

Driver Name: _____ DOB: _____

Address: _____

Telephone: _____ Driver #: _____ Bus #: _____

Date of Occurrence: _____ Direction of Travel: Bus _____ Suspect _____

Time of Occurrence: _____

Address of Occurrence: _____

School Name: _____
(if occurred at school)

Weather Condition:

☐ Clear ☐ Raining ☐ Snow ☐ Cloudy
☐ Fog ☐ Dust ☐ Sleet ☐ Other: _____

Light Condition:

☐ Dawn ☐ Daylight ☐ Dusk ☐ Dark

Road Condition:

☐ Dry ☐ Under repair ☐ Holes or ruts ☐ Other: _____
☐ Icy ☐ Snow packed ☐ Muddy

Type of Road:

☐ Asphalt ☐ Dirt ☐ Undivided Two Way
☐ Gravel ☐ Concrete ☐ Two Lane Traffic

Type of Bus:

☐ Van ☐ Conventional ☐ Wheelchair
☐ Handi-Transit ☐ Flat Nose

Was Bus:

☐ Loading ☐ Unloading

Number of Passengers: _____ Approximate Ages: _____

What warning devices were activated:

☐ Ambers

☐ Reds

☐ Stop Arm

Red Light Violation:

☐ Yes

☐ No

Were there any Traffic Control Devices Near:

☐ Yes

☐ No

Description of Suspect Vehicles: License Plate #: _____ Year: _____

Colour of Vehicle: _____ Make/Model: _____

Type of Vehicle:

☐ Car

☐ Van

☐ Truck

☐ Sport Utility

☐ Bus

☐ Taxi

☐ Messenger

☐ Other

Approximate speed of accused vehicle: _____

☐ Was suspect in line in traffic?

☐ Lone vehicle

Distinguishing signage/markings on suspect vehicle: _____

Suspect driver actions: (include all actions, location before violation, etc.)

Can you identify the driver:

☐ Yes

☐ No

Description of suspect driver:

☐ Male

☐ Female

☐ Unknown

Age: _____

Hair Colour: _____

Glasses: ☐ Yes ☐ No

Race: _____ Other distinguishable factors: _____

Witness's Name: _____ Phone No.: _____

Bus Driver Actions:

Please complete a diagram showing the direction and positions of vehicles involved:

Give street names, numbers, etc.

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***** Please attach all original copies of notes to this form. *****

Date

Driver Signature

Please forward this form to:

Turtle Mountain School Division
Box 280
Killarney, Manitoba
R0K 1G0
(204) 523-7531