# Rainy River District Transportation Services Consortium
# Accident Report- F01

INSURER: POLICY NUMBER:

AGENT:

| VEHICLE OWNED OR CONTRACTED BY RRDTS CONSORTIUM | | | | | |
|---|---|---|---|---|---|
| Registered Owner of vehicle: | | | | | |
| City: | | Province: | | Postal Code: | |
| Business Phone: | | Resident Phone: | | | |
| Year And Make Of Vehicle: | | | | | |
| Description Of Damage: | | | | | |

| INSURED DRIVER | | | | | |
|---|---|---|---|---|---|
| Name of Driver: | | | | | |
| Address: | | | | | |
| City: | | Prov/State: | | Postal Code: | |
| Business Phone: | | Resident Phone: | | | |
| Relationship Of Driver To Owner: | | | | | |
| Driver's Licence Number: | | | | | |

| SECOND VEHICLE(s) and DRIVER(s) | | | | | |
|---|---|---|---|---|---|
| Name of Driver: | | | | | |
| Address: | | | | | |
| City: | | Prov/State: | | Postal Code: | |
| Business Phone: | | Resident Phone: | | | |

| ACCIDENT DETAILS | | |
|---|---|---|
| 1. Accident Location | | |
| 2. Accident | **Date:** | |
| | **Time:** | |
| | | A.M. ☐ P.M. ☐ |
| 3. Type of Run | Bus #<br>To & from school ☐ School to school ☐<br>Late run ☐ Field Trip ☐<br>Noon Kindergarten Run ☐<br>Route # / Name / Description: | |
| 4. Location | Rural ☐ Urban ☐ | |
| 5. Road Conditions | Gravel ☐ Paved ☐ Dry ☐ Heavy Snow ☐<br>Wet ☐ Icy ☐ Hill ☐<br>Other ☐ | |
| 6. Speed | Posted limit km/h<br>Estimated speed of bus km/h | |
| 7. Weather conditions | Raining ☐ Sleeting ☐ Snowing ☐<br>Blowing Snow ☐ Fog ☐ Dandy ☐ | |

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| | |
|---|---|
| 8. Type of accident | Between Motor Vehicles ☐ Overturn ☐<br>Pedestrian ☐ Bicycle ☐<br>Other (Animal, etc) ☐ Railroad train ☐<br>Slipping off road ☐ |
| 9. Manner of collision | Vehicle ahead ☐ Vehicle behind ☐<br>Vehicle passing ☐ Meeting a vehicle ☐<br>Intersection ☐ Overtaking another vehicle ☐ |
| 10. Bus direction | Bus going straight ☐ Bus turning right ☐<br>Bus turning left ☐ Bus backing ☐<br>Bus stopped ☐ |
| 11. Was the accident caused by a defect in the school vehicle | Yes ☐ No ☐ |
| 12. Bus driver | Age:<br>Years driving a school vehicle:<br>Years driving a vehicle this size:<br>Preventable: |

| **INJURIES** | | |
|---|---|---|
| 1. Number of passengers aboard: | | |
| 2. Was the driver injured? | Yes ☐ | No ☐ |
| 3. Was/Were the pupil(s)? Hit by the bus ☐ | Hit by another vehicle ☐ | |

| GRADE | Fatalities | Injuries | Fatalities | Injuries |
|---|---|---|---|---|
| JK - 4 | | | | |
| 5 - 8 | | | | |
| 9 - 12 | | | | |

***Please show on the diagram provided, where any injured students were seated on the bus.***

DESCRIPTION OF ACCIDENT (Use one of the diagrams provided):

| | |
|---|---|
| Police Report # | Investigating Officer |

Rainy River District Transportation Services Consortium

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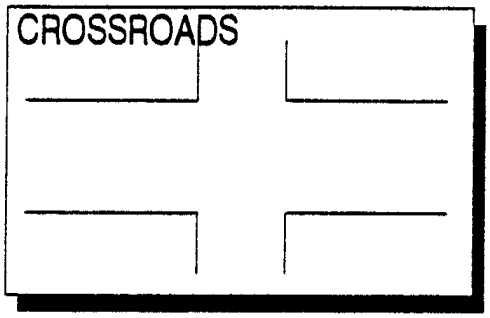
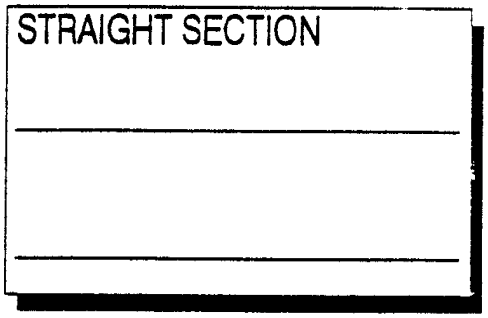
Indicate your vehicle (A), others 1, 2, etc. just prior to impact. Show directions each vehicle was travelling.

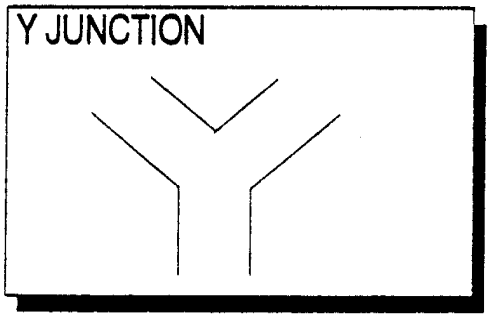
CROSSROADS



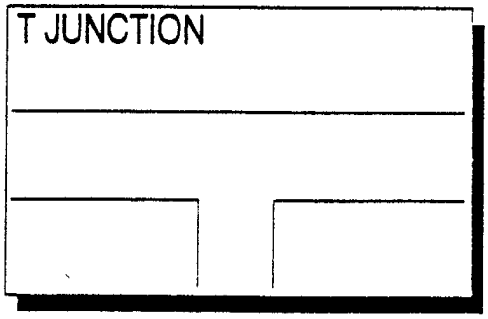
STRAIGHT SECTION



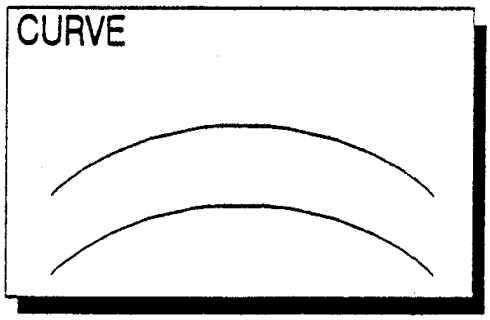
Y JUNCTION



T JUNCTION



CURVE



OFFSET JUNCTION