

PINELLAS COUNTY SCHOOLS  
**NON-SCHOOL BUS VEHICLE CRASH REPORT**

*Please Print*

*To be completed by employee and verified by supervisor*

**Incident Information**

Date of Crash \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

Vehicle # \_\_\_\_\_ Tag # \_\_\_\_\_ Make/Model \_\_\_\_\_ Year \_\_\_\_\_

Department: ☐ Transportation ☐ Drivers' Ed ☐ Maintenance ☐ Food Service ☐ Warehouse ☐ Other \_\_\_\_\_

**School District Vehicle**

Driver's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Vehicle Damaged ☐ Yes ☐ No Driveable ☐ Yes ☐ No Using Seat Belt ☐ Yes ☐ No

Passenger Name:

Phone

Insured

Transported

\_\_\_\_\_ ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

\_\_\_\_\_ ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

\_\_\_\_\_ ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No

**Other Vehicle** (If more than one attach additional forms)

Driver's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

\_\_\_\_\_ Driver License # \_\_\_\_\_

Owner's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone Number \_\_\_\_\_

\_\_\_\_\_ Work Phone Number \_\_\_\_\_

Vehicle Damaged ☐ Yes ☐ No Driveable ☐ Yes ☐ No Number of Passengers \_\_\_\_\_

Any Injuries ☐ Yes ☐ No Treated by EMS ☐ Yes ☐ No Transported ☐ Yes ☐ No

Vehicle Tag # \_\_\_\_\_ Make/Model \_\_\_\_\_ Year \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**Pedestrian Injury**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_

Treated by EMS ☐ Yes ☐ No Transported ☐ Yes ☐ No

**Property Damage** (Other than vehicles)

Owner's Name \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_

Give Specifics \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witnesses**

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

**Investigation Details**

Police Agency \_\_\_\_\_ Officer's Name \_\_\_\_\_ Report Number \_\_\_\_\_

Citation Issued ☐ Yes ☐ No To Whom \_\_\_\_\_ Offense \_\_\_\_\_

School District Vehicle  
Was traveling direction \_\_\_\_\_ on which street \_\_\_\_\_ at what speed \_\_\_\_\_

Other Vehicle  
Was traveling direction \_\_\_\_\_ on which street \_\_\_\_\_ at what speed \_\_\_\_\_

Check Contributing Factors  
Lighting – Bright Dusk Dawn Dark Road – Wet Dry Smooth Rough Weather – Fog Rain Sunny Cloudy

**School District Driver's Description of Incident**

Describe What Happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Include a pictorial diagram of the crash on a separate page.**

**Driver's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_