

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: <input type="checkbox"/> Transportation <input type="checkbox"/> Drivers' Ed <input type="checkbox"/> Maintenance <input type="checkbox"/> Food Service <input type="checkbox"/> Warehouse <input type="checkbox"/> Other _____			

School District Vehicle			
Driver's Name: Last _____		First _____	
		Initial _____	
Address: _____		Work Phone Number _____	
Vehicle Damaged <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No	Using Seat Belt <input type="checkbox"/> Yes <input type="checkbox"/> No	
Passenger Name:	Phone	Insured	Transported
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	Driveable <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Passengers _____	
Any Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No	Treated by EMS <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Tag # _____	Make/Model _____	Year _____	
Insurance Company _____	Policy Number _____		

Pedestrian Injury			
Name: Last _____		First _____	
		Initial _____	
Address _____		Phone Number _____	

Treated by EMS <input type="checkbox"/> Yes <input type="checkbox"/> No	Transported <input type="checkbox"/> Yes <input type="checkbox"/> 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** _____