

EIPS Collision Report Form

Date _____ Time _____ Route/Bus # _____

Location (e.g. street name, highway number or specific address)

School Bus Use at Time of Collision _____

Number of Students/Passengers on Bus (excluding driver): _____ (attach separate list of names)

EIPS Driver Information

Name _____

Address _____

Phone # _____ Driver's License # _____

CBO Name _____ Phone # _____

or _____ (mark) if owned by **Elk Island Public Schools**

EIPS or CBO Insured Vehicle

Year/Make/Model _____

VIN _____

List apparent damage to vehicle

Is damage over \$2000? Y/N Is vehicle drivable? Y/N

3rd Party Driver's Information:

Driver's Name _____ Injured? _____

Street Address: _____

City, Town or County and Postal Code _____

Phone # Home _____ Cell _____ Work _____

Email Address _____

Driver's License Number _____

3rd Party Vehicle Information

Vehicle Make/Model _____ Year _____ Color _____

VIN _____ Plate No. _____

No. of Passengers _____ Passenger's Names (list all) _____

Owner's Name _____ Owner's Phone _____

Owner's Address _____

Insurance Company _____ Phone _____

Insurance Broker or Agent _____ Phone _____

Insurance Policy No. _____

List apparent damage to Vehicle:

Is Damage over \$2000.00? Y/N Drive-able? Y/N

Passenger(s) Positions in Vehicle _____

Injured? Y/N Details _____

Auto Collision Witnesses

1. Name _____

Address _____

Phone _____ Email _____

2. Name _____

Address _____

Phone _____ Email _____

Attending Police or RCMP Officer

Name _____ Badge No. _____

Division _____ Phone _____ Email _____

Tow Truck Operator

Company _____ Truck No. _____ Phone _____

Driver Name _____ Address Towed To _____

Driver Description of Collision

Write down everything that happened and anything that you think is important

Draw a Diagram: (include streets, traffic controls, visual obstacles, etc.)

 **N/S/E/W**

Estimated Speed of Vehicles(s) _____

Posted Speed Limit _____ km/h

Potential Factors Contributing to Collision

Weather Conditions (fog, hail, clear) or Visibility

Road surface (icy, wet, clear, debris)

Light Conditions (dawn, dusk, dark, bright) _____

Review by Safety Officer

- Meet with Driver
- Charges Laid?
- Disciplinary Action?