

School

Date of accident Time of accident Location of accident

Cause of accident Minor or major accident

Police Report Number Fault?

Operator's Vehicle Info

Operator Name Make Year

Capacity Vehicle Plate Number Run Number

Driver's Name Driver's License Number

Students on board? If yes, name of the passengers (attach list if many)

Other Vehicle

Make Model Color

Vehicle Plate Number Address

Driver's Name Driver's License Number

Telephone Insurance company file's number

Description of Accident

Diagram - (Please indicate directions of travel, cross streets, location of the vehicles)

Description of damages to the vehicles

Name of the person notified at the Consortium Time

Injuries

Name	Description
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Something else to say about particular conditions of the road or the weather :

Other comments

Reported by: Date:

Signature _____

Complete and send this form to :
Consortium de transport scolaire d'Ottawa
700 Industrial Avenue, Suite 201, Ottawa ON K1G 0Y9
Fax: 613-736-7510
transportscolaire@ctso.ca
2013-05-13