

School

School

RUN ID
Number

Date of
Accident

Time of
Accident

Minor or Major
Accident

Location of
Accident

Cause of
Accident

Police
Responded?

YES
NO

Police Report
Number

Ambulance
Responded?

YES
NO

Who is at
fault? Explain

Operator's Vehicle Info

Operator's
Name

Year

Make

Capacity

Vehicle Plate
Number

ROUTE ID
Number

Driver's
Name

Driver's License
Number

Passengers
on board?

YES
NO

Do you need to transfer
students into another vehicle?

YES
NO

If you answered Yes,
please submit form **FT013**

Students on board? If yes, name of 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 number

Complete and send this form within 24 hours to:
Consortium de transport scolaire d'Ottawa
transportscolaire@ctso.ca

Description of Accident

Diagram – (Please indicate directions of travel, cross streets, location of vehicles)	Driver Error	
	1	Turn
	2	Intersection
	3	Sideswipe or Tailswing
	4	Backing
	5	Rear End Other Vehicle
	6	Rear End by Other Vehicle
	7	Lane Change
	8	Pedestrian
	9	Stationary Object
	10	Overhead Object
	Please find the accident photos attached: Yes ☐ No ☐	
11	Parking Brake	
12	Miscellaneous	

Name of person notified at the Consortium Time

Weather Conditions		Road Conditions		Light Conditions	
☐ 1 - No adverse conditions	☐ 4 - Fog	☐ 1 - Dry	☐ 4 - Fog	☐ 1 - Daylight	☐ 4 - Dark
☐ 2 - Rain	☐ 5 - High Wind	☐ 2 - Wet	☐ 5 - Dirt	☐ 2 - Dawn	☐ 5 - Dark-Lit
☐ 3 - Snow		☐ 3 - Snow	☐ 6 - Sand	☐ 3 - Dusk	☐ 6 - Other

Brief description of the accident

Injuries (attach list if many)

Name	Description
1	1
2	2
3	3
4	4
5	5

Other comments

Reported by: Date