

School Bus Accident File Summary

Date of Accident: _____ Location: _____

Bus Driver Name: _____

Bus Number: _____ Internal File Number: _____

Enclosures:

- | | |
|------------------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Dispatch Accident Log | <input type="checkbox"/> Accident Scene Checklist |
| <input type="checkbox"/> Passenger Position Chart | <input type="checkbox"/> Passenger Injury List |
| <input type="checkbox"/> Witness Statements | <input type="checkbox"/> Field Sketch |
| <input type="checkbox"/> Field Notes | <input type="checkbox"/> Photographs with Identification |
| <input type="checkbox"/> Negatives | <input type="checkbox"/> Newspaper Reports |
| <input type="checkbox"/> Bus Maintenance Records | <input type="checkbox"/> Route Sheet |
| <input type="checkbox"/> Tacograph | <input type="checkbox"/> Correspondence Regarding Accident |
| <input type="checkbox"/> Re-Training Record | |
| <input type="checkbox"/> Preventability/Contributing Factors Determination | |
| <input type="checkbox"/> Videotape (If stored separately, note where: _____) | |
| <input type="checkbox"/> TV News on Videotape (Stored: _____) | |
| <input type="checkbox"/> Police Report (Report #: _____) | |
| <input type="checkbox"/> Other Physical Evidence (Describe: _____) (Stored: _____) | |
| <input type="checkbox"/> Other Items (Describe: _____) | |

Individual Responsible For This File And All Physical Evidence

Name: _____ Position: _____

Does Any Other Person Have Access? YES NO

If Yes, Who? _____

Signed: _____ Date: _____