

# Pupil Accident Report

**IMPORTANT:**

FILL OUT THIS FORM COMPLETELY, ANSWERING ALL QUESTIONS. MAKE OUT THIS REPORT NO MATTER HOW MINOR THE INJURIES ARE. TURN IN THE REPORT AS SOON AS POSSIBLE. (SAME DAY) THE REPORT SHOULD BE TURNED INTO THE SAFETY OFFICER. THANK YOU.

Pupil's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

Bus #: \_\_\_\_\_ Weather Condition: \_\_\_\_\_

Pupil Getting On \_\_\_\_\_ or Off \_\_\_\_\_ The Bus.

Enroute to \_\_\_\_\_ or From \_\_\_\_\_ School.

School Pupil Attends: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

State What/How The Accident Happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Accident Reported To: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_