

St. Lucie Public Schools  
**Transportation Incident Report**

Bus #: \_\_\_\_\_ School: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Person Filling Out this Report: \_\_\_\_\_

What was Damaged: \_\_\_\_\_

Use of Vehicle:     Reg. Run     Field Trip     Other \_\_\_\_\_

Any Injuries:     yes     no    If so, who: \_\_\_\_\_

Property Damage:     yes     no    If so, what: \_\_\_\_\_

Police Contacted:     yes     no    If not, who was contacted: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Use additional sheet of paper to list any other information you have about this incident. Example: names of injured, parent's name, phone numbers, addresses.

**PLEASE RETURN TO SAFETY OFFICE AFTER COMPLETING FORM**

Date Filled Out: \_\_\_\_\_

Type of Incident: \_\_\_\_\_