



AA Transportation Co., Inc.

PO Box 639MO Shrewsbury, MA 01545
508-791-9100 Fax 508-845-7215

DRIVER INCIDENT REPORT

The completion of this form is required by ALL transportation incidents. Serious incidents must be verbally communicated immediately with your manager. All incidents must be reported in writing within 24 hours.

Bus Incident	Passenger Incident	Injury
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DATE: _____ TIME: _____ am / pm

SCHOOL / TRIP: _____ ROUTE: _____

DRIVER'S NAME: _____ VEHICLE : _____

Description of Incident:

(use back if more space is needed)

INJURY ON BUS

Type of Injury: _____

Name of person injured: _____

Grade / Age: _____ Bus Stop _____

Do you need the police? YES NO

Police Department: _____ Office: _____

Do you require an ambulance? YES NO What Hospital? _____

ADMINISTRATION'S REPORT

Did you call the school? YES NO Spoke with: _____

Did you notify Safety Department? YES NO