



SCHOOL BUS ACCIDENT REPORT

1. Name of School:_____ County:_____
2. Date of Accident:_____ Name of Driver:_____
3. Arkansas Commercial Driver's License Number:_____
4. Model Year of School Bus Involved:_____
5. Bus Number:_____
6. Was the Accident Investigated By the Police?_____
7. Number of Persons on the School Bus:_____
8. Number of Persons Injured Requiring Medical Attention on the School Bus:_____
9. Approximate Financial Damage to the School Bus:_____
10. Date of Last In-Service for the Bus Driver:_____
11. Who Conducted the In-Service Training:_____
12. Date of Last Physical for the Bus Driver:_____
13. Brief Explanation Containing the Details of the Accident:_____

Return To:
Senior Transportation Manager
One Capitol Mall, Suite 4D-200
Little Rock, AR 72201
Fax (501) 682-6308

Superintendent's Signature

April 6, 2017