



COLLISION REPORT FORM

1. Call 911. Request appropriate assistance (police &/or ambulance &/or fire).
2. Contact all schools that this vehicle services (principal can contact parents and guardians).
3. Contact RCJTC as soon as possible. Contact the General Manager, via telephone at 613-732-8419 ext. 257, or cell phone 613-635-1691, or email trans@onthebus.ca.

Level 1 Level 2

Transporting For: RCCDSB RCDSB School(s): _____

Date: _____ Time: _____ a.m. p.m. Location: _____

Route #: _____ CVOR #: _____ Transportation Operator: _____

A: SCHOOL VEHICLE INFORMATION		
Vehicle Make:	Unit #:	Vehicle Size:
Model:	Year:	License Plate #:
Vehicle Identification No.:		
Insurance Company:		Policy No.:

B: OTHER VEHICLE INFORMATION			
Owner's Name:			
Owner's Address & Telephone #:			
Driver's Name:			
Driver's Address & Telephone #:			
Passenger Information:			
	Name	Address	Telephone #
Vehicle Make:	Model:	Year:	Licence Plate #:
Vehicle Identification No.:			
Insurance Company:		Policy No.:	

F: INJURIES

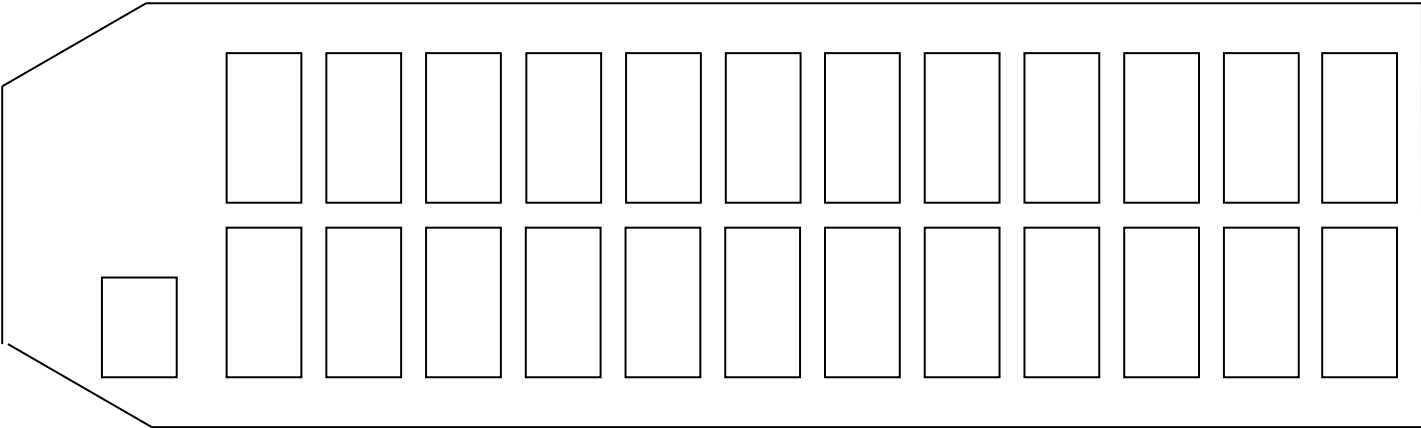
Anyone injured? **If no**, proceed to Section G.

1. Was the driver and/or passenger(s) in the other vehicle injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hit by: <input type="checkbox"/> bus <input type="checkbox"/> other vehicle
2. Were pedestrians injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hit by: <input type="checkbox"/> bus <input type="checkbox"/> other vehicle
3. Were there any students injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hit by: <input type="checkbox"/> bus <input type="checkbox"/> other vehicle

If yes to # 3, please complete	INSIDE OF BUS		OUTSIDE OF BUS		
	Grade	Fatalities	Injuries	Fatalities	Injuries
Elementary JK – 8					
Secondary 9 – 12					

Attach a complete list of students, identify on the list those students that were either injured or fatally injured.

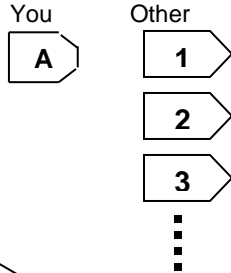
Please show on the diagram provided below, where any injured or fatally injured students were seated on the bus.



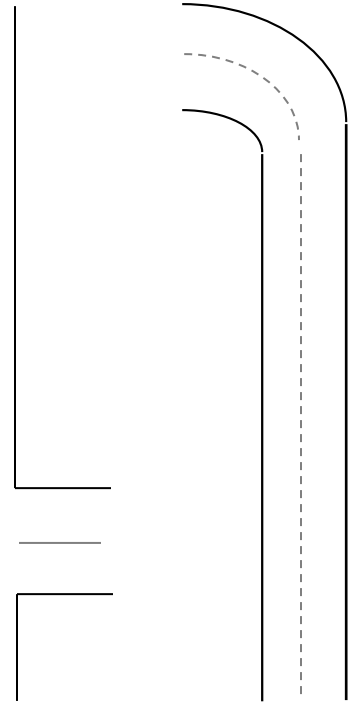
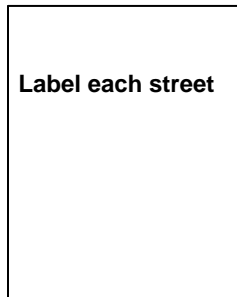
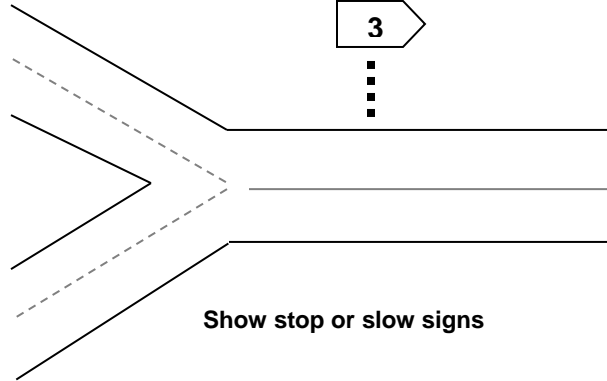
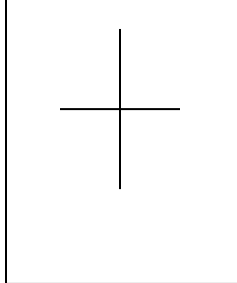
H: Description of Collision

Illustrate position of cars at time of collision. Show skid marks.
 (If any street is more than two lanes or is one way only, please indicate.)

Indicate cars as follows:



Indicate Direction:



Check One:

- I was Driver of Vehicle A Driver/Passenger in Vehicle 1
 Driver/Passenger in Vehicle 2
 Driver/Passenger in Vehicle 3

Date: _____

Driver's Signature: _____

Transportation Operator Representative:

Signature: _____

For RCJTC Use Only		
<input type="checkbox"/> Preventable	<input type="checkbox"/> Non-preventable	RCJTC File #: _____
Failed to Inform: <input type="checkbox"/> Yes <input type="checkbox"/> No		