



# Collision Report

Attridge Transportation Incorporated  
5439 Harvester Road  
Burlington, Ontario L7L 5J7

Burlington: 905-333-4047 1-888-749-1515  
Mississauga: 905-855-7771  
Waterdown: 905-690-2632 1-877-838-8868

Bus # \_\_\_\_\_

Depot: \_\_\_\_\_

Photos taken at the scene? Yes No If yes, attach to the collision report.

Date of collision: \_\_\_\_\_ Day of week: \_\_\_\_\_ Time: \_\_\_\_\_ am pm

Exact location: \_\_\_\_\_

Bus route or charter trip #: \_\_\_\_\_ Passengers on board: Yes No

Did police investigate? Yes No Officer's Name or Badge #: \_\_\_\_\_

Police Incident or Occurrence #: \_\_\_\_\_ Police Detachment: \_\_\_\_\_

Any indication of charges by police? Bus driver: No Yes \_\_\_\_\_

Other driver: No Yes \_\_\_\_\_

## Bus Driver:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Licence #: \_\_\_\_\_ Class: \_\_\_\_\_ Endorsement(s): \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Drugs/Medication?: \_\_\_\_\_

## Other Driver:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Owner of Vehicle: *Check to determine if other driver is the registered owner of the vehicle.*

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance: *Provide other driver with the information on the insurance certificate in the bus.  
Get the following insurance details from the other driver's insurance certificate.*

Insurance Company Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Make of Other Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ Colour: \_\_\_\_\_ Licence Plate: \_\_\_\_\_

Damage to other vehicle: \_\_\_\_\_

Damage to the bus: \_\_\_\_\_

Injuries: Was a student injured? Yes No

1. Attach a name/school list if you had passengers on board the bus.
2. Attach a separate list for any student or teacher that reported an injury with a description of the injury.
3. Advise your dispatcher if you were injured.

Was the other driver or their passenger(s) injured? Yes No

Describe the injury: \_\_\_\_\_

Did an ambulance respond to the scene to treat injured: Yes No

Property damage other than to vehicles: What: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

How the property damage occurred: \_\_\_\_\_

Driver's Statement of Collision: (Use an additional sheet of paper if needed. Include the names and contact information for all witnesses.)

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Show how this collision occurred by drawing a diagram. Please list street names, direction of travel, traffic signs, location of vehicles or pedestrians etc. The bus should be listed as vehicle 1 with the other vehicles identified as 2, 3 etc.

Posted speed limit: \_\_\_\_\_ Speed being traveled by the bus: \_\_\_\_\_

Were the bus headlights and clearance lights on?    Yes    No

Were the bus overhead lights flashing?                Yes    No

Initial point of impact on the bus?

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

This page to be completed by Management.

<u>Light Conditions:</u>		<u>Road Surface:</u>		<u>Weather:</u>	
Daylight	—	Dry	—	Clear	—
Dark	—	Muddy	—	Rain	—
Dawn	—	Snow/Slush	—	Fog	—
Dusk	—	Wet	—	Snow	—
Other (Describe)	—	Other (Describe)	—	Sleet	—
				Other (Describe)	—

<u>Traffic:</u>		<u>Traffic Control:</u>		<u>Driver:</u>	
Stop/start	—	School bus lights	—	Right turn	—
Heavy	—	Traffic lights	—	Left turn	—
Light	—	Signs (Describe)	—	Lane change	—
Other (Describe)	—	Railway mechanism	—	Fail to yield	—

<u>Loss Location:</u>		<u>Collision Result:</u>		<u>Driver:</u>	
Bridge	—	Island	—	Rear-end	—
Highway	—	Other (Describe)	—	Lost control	—
Intersection	—			Authorized back-up	—
Off-road	—	Collision – fixed object	—	Unauthorized back-up	—
Parking lot	—	Collision – parked vehicle	—	Scheduled back-up	—
Railroad crossing	—	Collision - pedestrian	—	Sideswiped	—
Street	—	Collision – Cyclist	—	Other (describe)	—
Designated Load Zone	—	Other (describe)	—		
School yard	—				
Depot	—				
Driveway	—				

Manager:      Preventable                      Non-preventable                      Unable to determine

Suspension Date(s): \_\_\_\_\_

Re-training Date(s): \_\_\_\_\_

Terminated: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Copy: (1) Employee      (2) Employee file      (3) Summary entered into EasyDriver