



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

Superintendent's Signature

April 26, 2013