



SCHOOL BUS ACCIDENT REPORT

701.16AP Exhibit 1

| | | |
|----------------------|-----------------------------------|---------------------|
| POLICY HOLDER | | CLAIM NUMBER |
| INSURER | AGENT OR BROKER | |
| NAME OF INSURED | RESIDENCE PHONE BUSINESS PHONE | POLICY NUMBER |
| HOME ADDRESS | BUSINESS ADDRESS | |
| POSTAL CODE | POSTAL CODE | |

| | | | | |
|------------------|-----------------|-------|--------|--------------------|
| VEHICLE | | | | |
| REGISTERED OWNER | ADDRESS | | | |
| ACTUAL OWNER | ADDRESS | | | |
| MAKE OF VEHICLE | YEAR | MODEL | SERIAL | LICENSE NO. PROV. |
| MILEAGE | DESCRIBE DAMAGE | | | ESTIMATE OF DAMAGE |

| | | | |
|---|---|--|----------------------|
| DRIVER | | | |
| NAME OF DRIVER | AGE | STATE ANY PHYSICAL DISABILITIES | HOW LONG DRIVING |
| ADDRESS | | BUSINESS ADDRESS | |
| RESIDENCE PHONE-() | | BUSINESS PHONE-() | |
| DRIVER'S LICENCE NO. | PREVIOUS ACCIDENTS OR CONVICTIONS | | |
| DATE OF ACCIDENT DAY MONTH YEAR | TIME | DAYLIGHT <input type="checkbox"/> DUSK <input type="checkbox"/> DARK <input type="checkbox"/> | LOCATION OF ACCIDENT |
| PURPOSE VEHICLE USED FOR AT TIME OF ACCIDENT | WEATHER CONDITIONS | | ROAD CONDITIONS |
| YOUR SPEED | DIRECTION | OTHER SPEED | DIRECTION |
| POLICY INVESTIGATION | | CHARGES | |
| HAD YOU TAKEN ANY ALCOHOLIC BEVERAGES OR DRUGS PRIOR TO THE ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO | WHO WAS RESPONSIBLE FOR THE ACCIDENT - REASON | | |

| | | | |
|-------------------------------------|-------------|--------------------------------|-------------|
| DAMAGE TO PROPERTY OF OTHERS | | | |
| NAME | PHONE | NAME | PHONE |
| ADDRESS | | ADDRESS | |
| YEAR AND MAKE OF VEHICLE | LICENCE NO. | YEAR AND MAKE OF VEHICLE | LICENCE NO. |
| NAME OF INSURER | POLICY NO. | NAME OF INSURER | POLICY NO. |
| DESCRIPTION OF DAMAGE | | DESCRIPTION OF DAMAGE | |
| WHERE CAN VEHICLE BE INSPECTED | | WHERE CAN VEHICLE BE INSPECTED | |

| | | | | | |
|------------------------|-----|---------|-------|--------------------|----------|
| PERSONS INJURED | | | | | |
| NAME | AGE | ADDRESS | PHONE | NATURE OF INJURIES | HOSPITAL |
| | | | | | |