PRINCE GEORGE'S COUNTY PUBLIC SCHOOLS
Driver's Report of Vehicle Accident

Vehicle #	Bus Lot or Department	Self-Insurance Office	Incident ☐ Claim ☐
		File #	

Date of Accident	Time of Accident	☐ A.M. ☐ P.M.	Weather Conditions	Road Conditions

Exact Location of Accident

Which police investigated?	☐ Prince George's County Police ☐ Maryland State Police ☐ Other:	Police Case #

Was either driver charged? ☐ Yes ☐ No	Which Driver?	For What Violation?

VEHICLE # 1 (Board of Education Vehicle) | What sections of vehicle are damaged?

Year: _____ Make: _____

Driver: Your Name	Last	First	Middle Initial	Home Phone	Business Phone

Date of Birth	Occupation

VEHICLE # 2 (Other Vehicle) (Use more sheets for additional vehicles) | License # | State

Year: _____ Make: _____

Driver's Name	Address	Age	Phone No.
Owner's Name	Address	Age	Phone No.

What sections of vehicle are damaged?

Name of Insurance Company	Policy #	Where can vehicle be seen?

INJURIES. If school bus had passengers, use separate sheet to list ALL passengers, injured or not.

☐ Board of Ed. Vehicle ☐ Other Vehicle ☐ Pedestrian	Name	Address
	Age Phone Extent of Injury	
☐ Board of Ed. Vehicle ☐ Other Vehicle ☐ Pedestrian	Name	Address
	Age Phone Extent of Injury	
☐ Board of Ed. Vehicle ☐ Other Vehicle ☐ Pedestrian	Name	Address
	Age Phone Extent of Injury	
☐ Board of Ed. Vehicle ☐ Other Vehicle ☐ Pedestrian	Name	Address
	Age Phone Extent of Injury	

WITNESSES:

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

FO-19 10/05

_____
_____
_____
_____
_____
_____
_____
_____

DIAGRAM

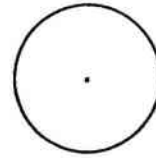Show vehicles like this:
Label Board of Ed. Vehicle # 1
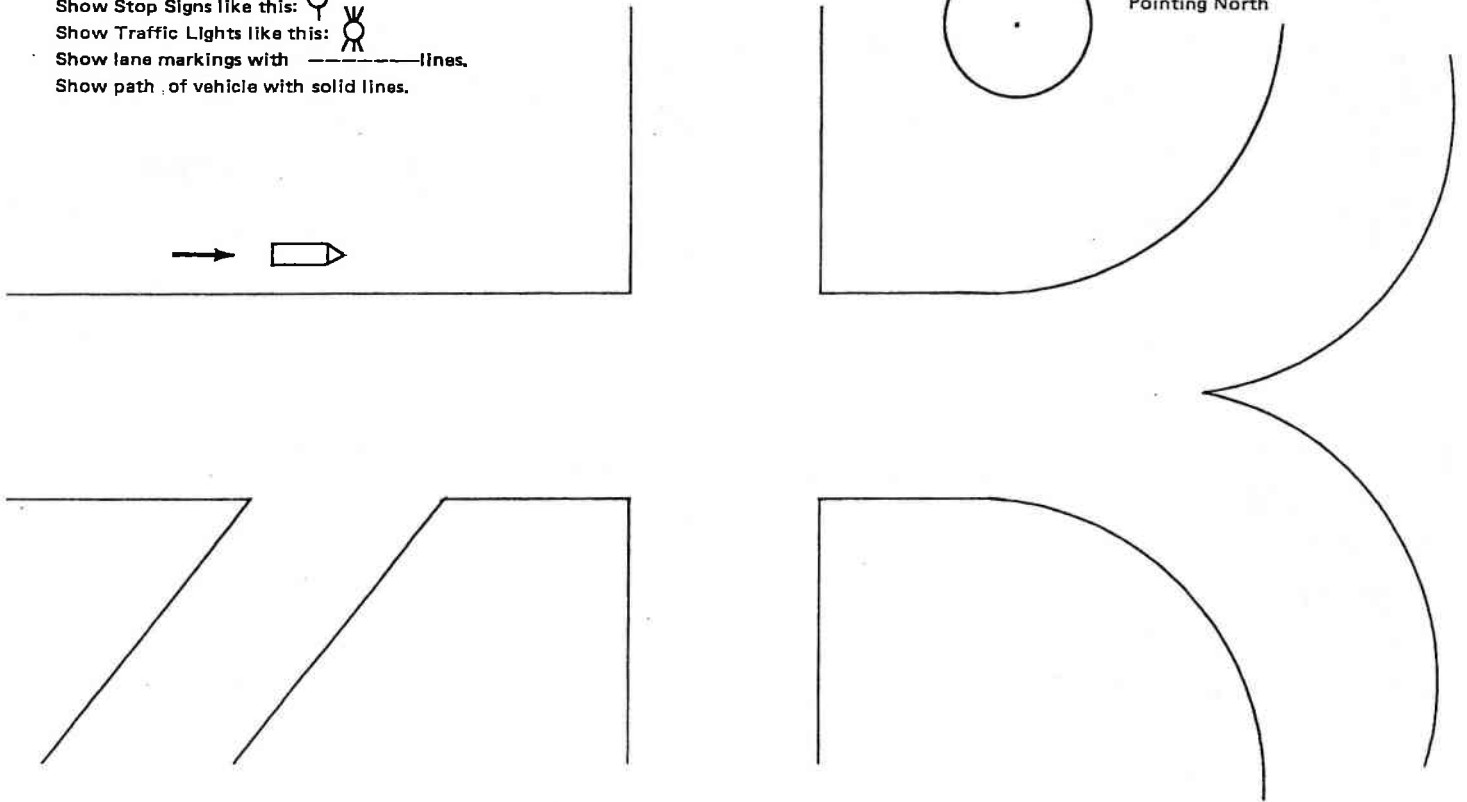Label Other Vehicle # 2
Show Stop Signs like this:
Show Traffic Lights like this:
Show lane markings with ————————lines.
Show path of vehicle with solid lines.

#2

Draw arrow
Pointing North

BUS DRIVERS ONLY:

Driving Experience on Bus _____ Years _____ Months	Were Pupils on Bus? ❑ Yes ❑ No
Classroom Training Past 12 Months _____ Hours (include safety meetings)	Injuries on Bus? ❑ Driver No. of Injured Students _____
Behind the Wheel Training Past 12 Months _____ Hours	Injuries in Other Vehicle? ❑ Yes ❑ No │ Total Number of Injuries: _____
Were your red warning flashes on at the time of accident? ❑ Yes ❑ No	Signature of Foreman _____

_____
Date

_____
Your Signature (Board of Education Driver)

FO-19 (Back)