



Vehicular Crash/Accident Report

Explain in detail all events surrounding all conduct or any other actions of all involved occurring at, around, or in the vehicle.

THIS SECTION TO BE COMPLETED BY TRANSPORTATION DIRECTOR OR SUPERVISOR

Driver Information:

Name: _____

Address: _____

Home phone: _____

Date of accident: ___/___/___ Time of accident: _____

Locations/Roadway: _____

Responding police agency (Twp, County, City, State, Etc): _____

Police report # _____

Bus involved (bus #, year, make and VIN): _____

Was bus drivable after accident? _____ If No, where has it been towed? _____

List damages to bus: _____

Was driver ticketed? _____ Reason for citation _____

Please list all individuals involved. Please include relationship of all individuals (METS employee, student, etc), and injuries (if applicable):

Other Vehicle(s) Involved:

Please provide following information for each additional vehicle involved. Attach additional sheet if necessary.

Make: _____ Color: _____ License Plate #: _____

Other Identifiers: _____

Number of Occupants: _____ Were there any injuries? _____

Name(s) of Injured _____

Description of Injuries: _____

Name of Other Driver: _____

Address of Other Driver: _____

Phone Number and Carrier/Policy of Other Driver: _____

List anything unusual reported to you about the people or vehicle(s) involved:

Property Damage Involved:

List any additional non-vehicular property damage that occurred due to vehicular crash/accident:

Location of damaged property:

Has clean up or repairs been made, if so provide details? _____

Preventative/Training Action Taken:

Action taken – If driver was provided additional training, attach training notes. _____

Date action taken: _____

THIS SECTION TO BE COMPLETED BY METS EMPLOYEE INVOLVED

Employee Statement of Incident:

Must be written by METS employee involved. Please describe in detail your version of the vehicular crash/accident.

EMPLOYEE SIGNATURE: _____ DATE: _____

TRANSPORTATION DIRECTOR SIGNATURE: _____

METS Contact: Human Resources Phone: 517-647-7765

FAX THIS FORM TO METS AT 517-647-7572