

Wicomico County Public Schools Transportation Incident Report

(Submit to Transportation)

Vehicle #:	Route:	Contractor:	Social Security #:
Complainant's Name:		Title:	Work Phone:
Date Occurred:	Time Occurred:	Date Reported:	
Type of Incident:	Damage <input type="checkbox"/>	Injury <input type="checkbox"/>	Illness <input type="checkbox"/>
			Misc. <input type="checkbox"/>
School Name:			
Passenger's Name:		Home Phone:	
Passenger's Address:		Passenger's Condition:	
Parent/Guardian Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Parent/Guardian:	
Witness #1:		Phone Number:	
Witness #2:		Phone Number:	
Property Involved:			
School Property: <input type="checkbox"/> Yes <input type="checkbox"/> No		Personal Property: <input type="checkbox"/> Yes <input type="checkbox"/> No	Value:
		Person Notified:	
School Notified: <input type="checkbox"/> Yes <input type="checkbox"/> No		Person Notified:	
		Person Notified:	
Student Bus Referral Form Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Narrative: Describe details of incident, include description of property lost, stolen or damaged. Tell what action has been taken.			