



**CLARKSVILLE MONTGOMERY COUNTY SCHOOL SYSTEM  
ACCIDENT AND INCIDENT REPORT**

County Montgomery Date of Accident \_\_\_\_\_

Vehicle Number \_\_\_\_\_ Location of Accident \_\_\_\_\_

**I. Identifying Data: Drivers Involved**

Name \_\_\_\_\_ Yrs. Of Experience  5 yrs. Or less  
 6-10 Yrs.  
 11 or more

Driver License No. \_\_\_\_\_ Number of Accidents this Year  One  
 Two  
 Three

Number of Incidents this Year  One  
 Two  
 Three

Other Driver Name \_\_\_\_\_ Address \_\_\_\_\_ License No. \_\_\_\_\_

**II. Vehicles Involved**

Vehicle \_\_\_\_\_ Chassis \_\_\_\_\_ Body \_\_\_\_\_ Capacity \_\_\_\_\_ # of Passengers \_\_\_\_\_

Other Vehicle Year/Model \_\_\_\_\_ Make (Buick, Ford, etc.) \_\_\_\_\_ Type (2-door, 4-door, etc.) \_\_\_\_\_

Other Vehicle Year/Model \_\_\_\_\_ Make (Buick, Ford, etc.) \_\_\_\_\_ Type (2-door, 4-door, etc.) \_\_\_\_\_

**Characteristics**

Accident happened on:  Primary Road  
 Secondary Road  
 City Street  
 School Grounds

Vehicle was:  Picking up passengers  
 Discharging passengers  
 Backing up  
 Turning

Road was:  Straight  
 Curve  
 Upgrade  
 Downgrade

The Speed was:  0-10 MPH  
 11-20 MPH  
 21-35 MPH  
 36-55 MPH  
 Over 55 MPH

Weather Condition was:  Clear  
 Cloudy  
 Rain  
 Snow  
 Ice

Road Surface was:  Asphalt  
 Concrete  
 Gravel  
 Dirt

Impact Occurred on the:  Right Side  
 Left Side  
 Rear  
 Front

Accident Occurred on:  Sunday  
 Monday  
 Tuesday  
 Wednesday  
 Thursday  
 Friday  
 Saturday

**III. Type of Accident (choose only one type and complete)**

**A. COLLISIONS**

Vehicle Collided with:  Another Vehicle  
 Mail Box  
 Bicycle  
 Fixed Object

Number Injured:  Passengers \_\_\_\_\_  
 Driver \_\_\_\_\_  
 Other Driver \_\_\_\_\_  
 Adult Passengers \_\_\_\_\_

Number Persons:  Treated and Released \_\_\_\_\_  
 Confined Overnight \_\_\_\_\_

Number Persons Injured Fatally:  Passengers \_\_\_\_\_  
 Drivers \_\_\_\_\_  
 Others \_\_\_\_\_

**B. NON-COLLISIONS**

Vehicle  Overturned  
 Left Roadway  
 Other \_\_\_\_\_

Number Injured:  Passengers \_\_\_\_\_  
 Bus Driver \_\_\_\_\_  
 Others \_\_\_\_\_

Number Passengers:  Treated and Released \_\_\_\_\_  
 Confined Overnight \_\_\_\_\_

Number Persons Injured Fatally:  Passengers \_\_\_\_\_  
 Drivers \_\_\_\_\_  
 Others \_\_\_\_\_

**V. Briefly Describe the Accident:**

**VI. What Could I Have Done to Prevent This Accident?**

**VII. Certification**

I hereby certify to the accuracy of all facts included in this report.

\_\_\_\_\_  
 Driver's Signature

**C. ON BOARD ACCIDENTS**

Vehicle:  Stopped abruptly  
 Swerved Suddenly  
 Started  
 Erratically

# of Passengers:  Treated and Released \_\_\_\_\_  
 Confined Overnight \_\_\_\_\_  
 Fatally Injured \_\_\_\_\_

**D. PEDESTRIAN**

Pupil/Pedestrian struck on:  School Grounds  
 Roadway  
 Bus Stop  
 Other \_\_\_\_\_

**IV. WITNESSES (if any)**

Name \_\_\_\_\_

Address \_\_\_\_\_

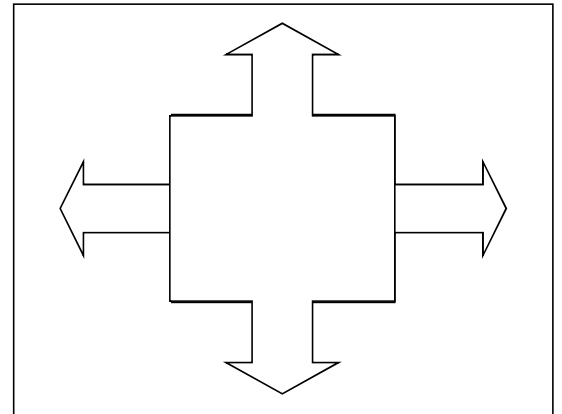
Name \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

**SKETCH**



**For Official Use ONLY**

Incident   
 Accident   
 Contact

Signature \_\_\_\_\_