

# MOUNTAIN BROOK CITY SCHOOLS BUS/VEHICLE INCIDENT REPORT

DATE OF INCIDENT: \_\_\_\_\_

TIME OF INCIDENT: \_\_\_\_\_

VEHICLE :  BUS - # \_\_\_\_\_

Car - Make/Model \_\_\_\_\_

BUS/VEHICLE DRIVER'S NAME: \_\_\_\_\_

Employee  Student  Vehicle Not Occupied at time of incident

DESCRIPTION OF INCIDENT:

NATURE OF INJURIES OR PROPERTY DAMAGE (LIST ADDRESS OF PROPERTY DAMAGE IF OFF CAMPUS):

WITNESSES: (Attach witnesses statement(s) if necessary)

\_\_\_\_\_  
EMPLOYEE IN CHARGE AT TIME OF INCIDENT: \_\_\_\_\_

FIRST REPORTED TO: \_\_\_\_\_

DATE OF THIS REPORT: \_\_\_\_\_ COMPLETED BY: \_\_\_\_\_

PRINCIPAL'S SIGNATURE: \_\_\_\_\_

**SCAN/EMAIL OR PONY COMPLETED REPORT TO:**

Kari Austin, CSFO  
Mountain Brook City Schools  
32 Vine Street, Mountain Brook, Alabama 35213  
Phone (205) 871-4608