

PYMATUNING VALLEY LOCAL SCHOOL DISTRICT
TRANSPORTATION
INCIDENT REPORT

This report is to be completed and (1) copy filed with the Transportation Supervisor within (24) twenty four hours of the incident.

Date: _____

Name: _____ Vehicle No. _____

INCIDENT: WHAT happened (briefly): _____

Please Check:

Reported to insurance company: YES

Not reported to insurance company: NO

(If no, why not?): _____

Drivers Signature: _____

This report is to be used for minor damage. Example: backing over mail box when backing into driveway or similar incidents causing minor damage to the bus and or other property.