**ACCIDENT SUMMARY REPORT**

District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Period: Month **\_\_\_\_\_\_** Year**\_\_\_\_**

Quarter **\_\_\_\_\_\_**

Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Annual **\_\_\_\_\_\_**

Number of accidents during the period listed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of School Bus passenger fatalities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of School Bus passenger injuries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of accidents causing damage to property \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total estimated property damage $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For each accident is the accident report form included? \_\_\_\_\_\_ Yes \_\_\_\_\_ No

For each accident with injury, is a list of persons injured,

type of injury and whether the injury occurred within or

outside the bus included? \_\_\_\_\_\_ Yes \_\_\_\_\_ No

Were all accidents reported to Department of

Public Safety as required by regulation? \_\_\_\_\_\_ Yes \_\_\_\_\_ No

*Name of person completing this form:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email address:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I certify that the totals listed are correct for the period indicated.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Superintendent's or Designee’s Signature)

AT THE END OF EACH PERIOD (MONTH OR QUARTER), EMAIL A COPY TO [eed-pupil.trans@alaska.gov](mailto:eed-pupil.trans@alaska.gov) OR MAIL A COPY TO: PUPIL TRANSPORTATION PROGRAM, P.O. BOX 110500, JUNEAU, ALASKA 99811-0500. RETAIN COPY FOR SCHOOL FILE. INCLUDE COPIES OF ALL ACCIDENT REPORTS, PURSUANT TO AS 14.09.030(b)(3).