

Volusia County Schools
Supervisor's Report of Traffic Crash

SOC Case Number: _____

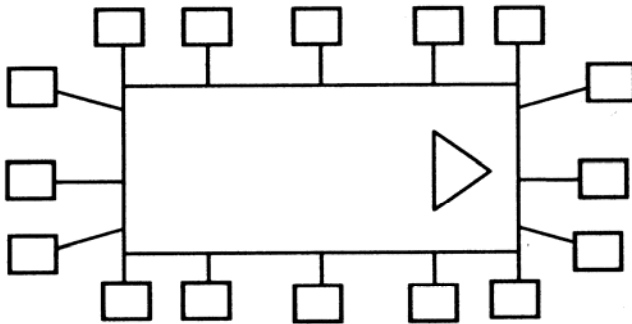
Date: _____	Time: _____ A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	Private Property? Yes <input type="checkbox"/> No <input type="checkbox"/>
Location: _____		City: _____
Type of Road: 2 Lane <input type="checkbox"/> 4 Lane <input type="checkbox"/> 6 Lane <input type="checkbox"/>	Divided? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Type of Crash: Between motor vehicles <input type="checkbox"/> Pedestrian <input type="checkbox"/> Fixed Object <input type="checkbox"/> Animal <input type="checkbox"/> Bicycle <input type="checkbox"/> Non-Collision <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____		
School Board Vehicle Action: Stopped <input type="checkbox"/> Forward <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> Backing <input type="checkbox"/> Parked Improperly <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Loading/unloading <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____		
Other Vehicle Action (If applicable): Stopped <input type="checkbox"/> Forward <input type="checkbox"/> Right Turn <input type="checkbox"/> Left Turn <input type="checkbox"/> Backing <input type="checkbox"/> Parked Improperly <input type="checkbox"/> Changing Lanes <input type="checkbox"/> Loading/unloading <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____		
Skid Marks At Scene: District Vehicle: _____ ft. Other Vehicle: _____ ft.		
Weather: Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Fog/Smoke <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____		
Light Conditions: Dawn <input type="checkbox"/> Dusk <input type="checkbox"/> Daylight <input type="checkbox"/> Dark with Street Light <input type="checkbox"/> Dark - no Street Light <input type="checkbox"/>		
Roadway Conditions: (Check all that apply) Lanes Marked <input type="checkbox"/> Lanes Unmarked <input type="checkbox"/> Straight <input type="checkbox"/> Curve <input type="checkbox"/> Intersection <input type="checkbox"/> Railroad Crossing <input type="checkbox"/> Private Property <input type="checkbox"/> School Property <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____		
Shoulder: Paved <input type="checkbox"/> Unpaved <input type="checkbox"/> Curb <input type="checkbox"/>		
Road Surface: Black Top <input type="checkbox"/> Concrete <input type="checkbox"/> Dirt <input type="checkbox"/> Other: <input type="checkbox"/> (Specify) _____		
Area Type: Residential <input type="checkbox"/> Business <input type="checkbox"/> Industrial <input type="checkbox"/> Parking Lot <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____		
Traffic Control: Traffic Signal <input type="checkbox"/> Stop Sign <input type="checkbox"/> Yield Sign <input type="checkbox"/> Posted Speed Limit <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> (Specify) _____		
Photographs taken?: Yes <input type="checkbox"/> No <input type="checkbox"/>		
School Bus Use at time of Crash (if applicable): Regular Route <input type="checkbox"/> Field Trip/Activity <input type="checkbox"/> ESE <input type="checkbox"/> Joint Use <input type="checkbox"/> Other: _____		
Law Enforcement Information:		
Investigating Law Enforcement Agency: _____		
Name of Investigator: _____		
Report Number: _____	Citation Issued to School Board Driver? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Citation Issued to Other Driver? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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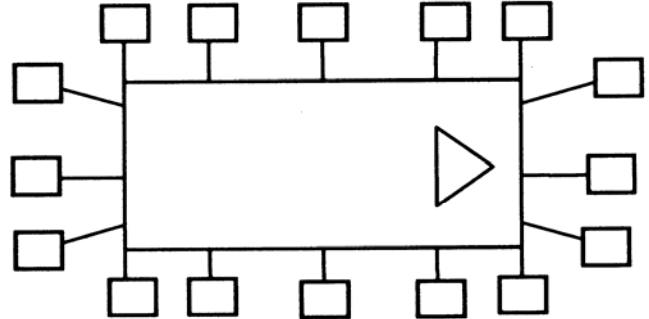
SOC Case Number: _____

Vehicle # 1 (District Owned/Leased Vehicle)		Vehicle No: _____	Department: _____
Direction of Travel: N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> on _____			
Route Number (If applicable): _____		VIN # _____	
Year: _____	Make: _____	Type: _____	Estimate of Damage: _____
Describe Damage: _____			
Trailer (if applicable):	Year: _____	Make: _____	Tag: _____
VIN# _____	Estimate of Damage: _____		

Check all areas of Damage



Check all areas of Trailer Damage



Vehicle towed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Towing Company: _____	
Was Safety belt in use? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Equipped <input type="checkbox"/>			
Owner: _____		Address: _____	
City: _____		State: _____	Zip: _____
Insurance Company: _____		Policy Number: _____	
Driver: _____		DL #: _____	State: _____
Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe: _____	
Address: _____		City: _____	State: _____
Telephone: _____	Work: _____	Home: _____	
Drug / Alcohol Test? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason: _____	
Number of Passengers: _____		Total Injuries: _____	

List Passengers: (If a school bus is involved, a School Bus Seating Assignment form and/or Bus Accident Medical Report must be attached to this report and will replace this section.)

1.	Name: _____	Address: _____	
City: _____		Telephone: _____	Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Facility: _____		Describe Injuries: _____	

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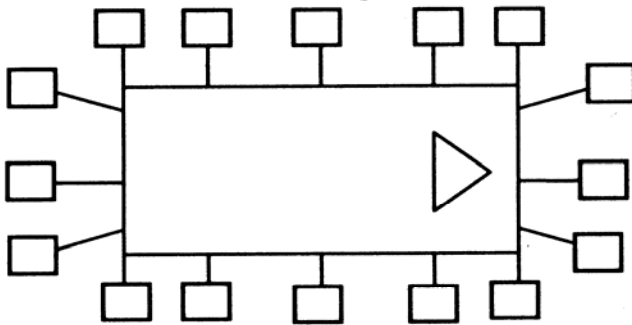
SOC Case Number: _____

2.	Name: _____	Address: _____
City: _____		Telephone: _____
Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medical Facility: _____		Describe Injuries: _____

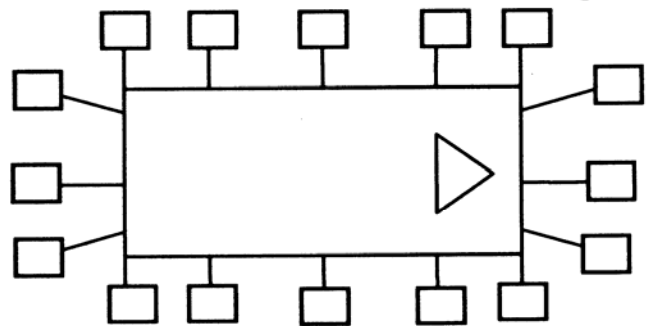
3.	Name: _____	Address: _____
City: _____		Telephone: _____
Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Medical Facility: _____		Describe Injuries: _____

Vehicle # 2 (or Pedestrian)	Vehicle No: _____	Department: _____
Direction of Travel: N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> on _____		
Route Number (If applicable): _____		VIN # _____
Year: _____	Make: _____	Type: _____
Estimate of Damage: _____		
Describe Damage: _____		
Trailer (if applicable):	Year: _____	Make: _____
		Tag: _____
VIN# _____	Estimate of Damage: _____	

Check all areas of Damage



Check all areas of Trailer Damage



Vehicle towed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Towing Company: _____		
Was Safety belt in use? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Equipped <input type="checkbox"/>			
Owner: _____		Address: _____	
City: _____		State: _____	Zip: _____
Insurance Company: _____		Policy Number: _____	
Driver: _____		DL #: _____	State: _____
Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Describe: _____		
Address: _____		City: _____	State: _____
Telephone: _____	Work: _____	Home: _____	
Drug / Alcohol Test? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason: _____	
Number of Passengers: _____		Total Injuries: _____	

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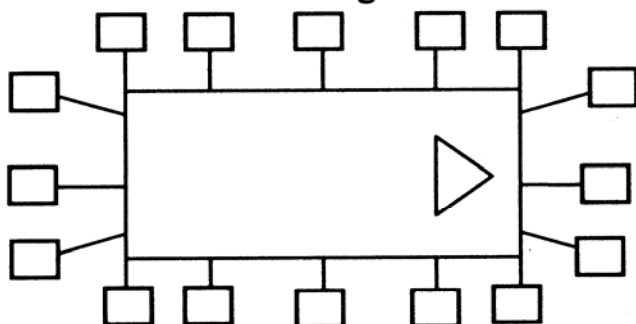
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List Passengers: *(If a school bus is involved, a School Bus Seating Assignment form and/or Bus Accident Medical Report must be attached to this report and will replace this section.)*

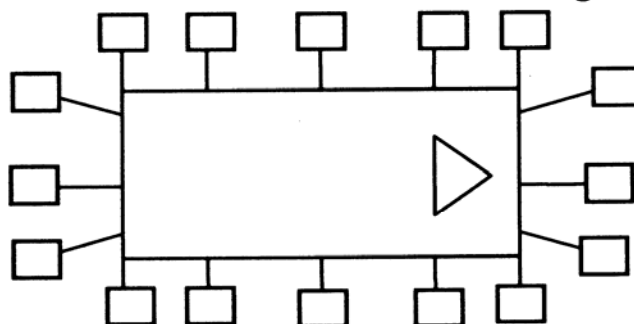
1.	Name: _____	Address: _____
City: _____		Telephone: _____
		Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Facility: _____		Describe Injuries: _____
2.	Name: _____	Address: _____
City: _____		Telephone: _____
		Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Facility: _____		Describe Injuries: _____
3.	Name: _____	Address: _____
City: _____		Telephone: _____
		Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Facility: _____		Describe Injuries: _____

Vehicle # 3 (or Pedestrian)		Vehicle No: _____	Department: _____
Direction of Travel: N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> on _____			
Route Number (If applicable): _____		VIN # _____	
Year: _____	Make: _____	Type: _____	Estimate of Damage: _____
Describe Damage: _____			
Trailer (if applicable):	Year: _____	Make: _____	Tag: _____
VIN# _____		Estimate of Damage: _____	

Check all areas of Damage



Check all areas of Trailer Damage



Vehicle towed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Towing Company: _____	
Was Safety belt in use? Yes <input type="checkbox"/> No <input type="checkbox"/> Not Equipped <input type="checkbox"/>			
Owner: _____		Address: _____	
City: _____		State: _____	Zip: _____
Insurance Company: _____		Policy Number: _____	
Driver: _____		DL #: _____	State: _____
Injured? Yes <input type="checkbox"/> No <input type="checkbox"/>		Describe: _____	

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SOC Case Number: _____

Address: _____		City: _____		State: _____
Telephone: _____	Work: _____	Home: _____		
Drug / Alcohol Test? Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason: _____		
Number of Passengers: _____		Total Injuries: _____		

List Passengers: *(If a school bus is involved, a School Bus Seating Assignment form and/or Bus Accident Medical Report must be attached to this report and will replace this section.)*

1.	Name: _____	Address: _____		
City: _____		Telephone: _____	Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical Facility: _____		Describe Injuries: _____		
2.	Name: _____	Address: _____		
City: _____		Telephone: _____	Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical Facility: _____		Describe Injuries: _____		
3.	Name: _____	Address: _____		
City: _____		Telephone: _____	Transported to Medical Facility? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medical Facility: _____		Describe Injuries: _____		

Property Damage				
1.	Type: _____			Cost: _____
Owner: _____			Telephone: _____	
Address: _____		City: _____		
2.	Type: _____			Cost: _____
Owner: _____			Telephone: _____	
Address: _____		City: _____		

Witnesses				
1.	Name: _____		Address: _____	
City: _____		State: _____	Telephone: _____	
2.	Name: _____		Address: _____	
City: _____		State: _____	Telephone: _____	
3.	Name: _____		Address: _____	
City: _____		State: _____	Telephone: _____	
4.	Name: _____		Address: _____	
City: _____		State: _____	Telephone: _____	

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Description of Crash / Incident (use narrative supplement if needed):

Law Enforcement Agency: _____ **Case Number:** _____

Investigating Supervisor (Print): _____

Supervisor's Signature _____ **Date:** _____

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Diagram:

Indicate NORTH
with and arrow

1 School Board
Vehicle

2 Other Vehicle

Mark diagram to show just
how the crash occurred.

Draw a symbol to show
every vehicle and/or
object involved and its
position.

Indicate the School Board
vehicle as No. 1, other
cars or objects as No. 2,
No. 3, etc.

Supervisor's Signature: _____

Date: _____