

# School Bus Student Incident Report

Incident Number:  
 \_\_\_\_\_  
 Call OPT for Incident Number  
 (718) 392-8855

**TO:**

1 Recipient's Name	2 Recipient's Title <input type="checkbox"/> Principal <input type="checkbox"/> Teacher
3 School's Name and/or Number	4 School Borough

**FROM:**

5 Bus Company's Name	6 Bus Driver's Name
7 First Attendant's Name	8 Second Attendant's Name

**INCIDENT DETAILS**

9 Date of Incident	10 Time <input type="checkbox"/> AM <input type="checkbox"/> PM	11 Location of Incident	12 Route Number
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13 Please list each student involved in the incident, use an additional sheet if needed:

Student's Name	Student's School Name	General Ed. (GE) OR Special Ed. (SE)	Student ID Number	Student's Sex
		<input type="checkbox"/> GE <input type="checkbox"/> SE		
		<input type="checkbox"/> GE <input type="checkbox"/> SE		
		<input type="checkbox"/> GE <input type="checkbox"/> SE		
		<input type="checkbox"/> GE <input type="checkbox"/> SE		
		<input type="checkbox"/> GE <input type="checkbox"/> SE		

**Chancellor's Regulation A-412 requires that schools file an occurrence report for all student incidents within 24 hours. Incidents include, but not limited to: bullying, student illness, student accident, student conflict, infractions of discipline code, etc.**

14 Please describe the incident:

15 Full Name of First Witness to Incident (if available)	16 Full Name of Second Witness to Incident (if available)
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17 Preparer's Signature	18 Today's Date
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**STOP - FOR SCHOOL USE ONLY**

Date Entered into OORS	Infraction Code	OORS Control Number
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# Accessibility Report

Filename: school-bus-incident-report\_ADA.pdf

Report created by: [Enter personal and organization information through the Preferences > Identity dialog.]

Organization:

## Summary

The checker found no problems in this document.

- Needs manual check: 2
- Passed manually: 0
- Failed manually: 0
- Skipped: 1
- Passed: 29
- Failed: 0