



Registry of Motor Vehicles – Vehicle Safety and Compliance Services
School Bus Accident/Incident Report Form

Date & Time of Accident: _____

Location of Accident: _____
(street & city/town)

Was it Reported to Police: YES ___ NO ___

Company Name: _____

Company Address: _____

Company Telephone: _____

Bus Registration: SB _____ BU _____

School Bus Driver Name: _____

School Bus Driver License #: _____

Injuries: _____

Damage to Bus: _____

Damage to Other Vehicle(s): _____
(Involved in Accident)

Property Damage: _____

Details of Accident: _____

Reported By: _____

Report Taken Via Telephone By: _____

*Please report via Fax # 617-351-9362 or Telephone # 617-351-9345