**SCHOOL BUS INCIDENT REPORT**

**1. YOUR CONTACT INFORMATION**

|  |  |  |
| --- | --- | --- |
| Title | Family Name | Given Name(s) |
|  |  |  |
| Residential Address | Suburb/Town/Locality | Postcode |
|  |  |  |  |  |  |
| Postal Address | Suburb/Town/Locality | Postcode |
|  |  |  |  |  |  |
| Daytime Telephone Number |  | Mobile Telephone Number |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date |
|  |

You are a…. (*Tick the appropriate box)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Operator/Driver |  | Parent |
|  | Principal |  | Student |
|  | Teacher |  | Other |

**2. BUS OPERATOR INFORMATION**

|  |
| --- |
| Bus Driver’s Name |
|  |

|  |
| --- |
| Bus Operator (if known) |
|  |

|  |  |  |
| --- | --- | --- |
| Vehicle Registration Number |  | Contract Number (if known) |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Bus Operating From |  | To |
|  |  |  |

**3. DETAILS OF INCIDENT**

|  |  |
| --- | --- |
| Date of Incident | Time of Incident |
|  |  | AM / PM  |
| Description of Incident  |
|  |

**4. NOTIFICATION**

Who was notified about the incident?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name of person notified | Date and time of notification | Comments |
| School |  |  |  |
| Parent |  |  |  |
| Police |  |  |  |
| Doctor |  |  |  |
| Other |  |  |  |

**5. PRIVACY STATEMENT**

You are providing information to the Department of State Growth, which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by the Department for the primary purpose for which it is collected.Failure to provide this information may result in your application not being able to be processed or records not being properly maintained. The Department may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Department and you may be charged a fee for this service.

**6. SIGNATURE**

|  |  |
| --- | --- |
| Signed | Date |
|  |  |  |

**For School and Bus Driver/Operator Use Only**

**7. ADDITIONAL INFORMATION**

|  |
| --- |
| Was a replacement vehicle provided? |
|  | Yes |  | No |
| If yes, please provide details |
|  |

|  |
| --- |
| Has any student been suspended from the bus service due to the incident? |
|  | Yes |  | No |
| If yes, please provide:Full name(s) | Period(s) of suspension |
|  |  |  |

|  |
| --- |
| Was any student injured due to the incident? |
|  | Yes |  | No |
| If yes, please provide:Full name(s) | Nature of injury |
|  |  |  |

**Follow up action taken (Office use only)**

Incident noted – follow up action assigned to

|  |
| --- |
|  |

Comments

|  |
| --- |
|  |

**IMPORTANT NOTICE ABOUT SERIOUS ROAD SAFETY INCIDENTS**

Bus drivers and operators are reminded that should a serious road safety incident arise with the operation of one of their buses, they should as soon as practicable:

* Report the incident by phoning Tasmania Police; and
* Email a completed copy of this form to the Senior Transport Inspector in your region and then follow up with a phone call, as necessary.

 North-Western Inspectors Ph: 03 6777 1937 Email: transport.inspectors@stategrowth.tas.gov.au

 Northern Inspectors Ph: 03 6777 1937 Email: transport.inspectors@stategrowth.tas.gov.au

 Southern Inspectors Ph: 03 6166 3168 Email: transport.inspectors@stategrowth.tas.gov.au

The prompt reporting of serious road safety incidents will give officers of the Department of State Growth the best opportunity to fully investigate incidents.

**Please return form to:**

Passenger Transport

Department of State Growth

GPO Box 1242

HOBART 7001

Ph: 03 6166 3343

Email: ptscontracts@stategrowth.tas.gov.au

Fax: 03 6173 0260