

SCHOOL BUS INCIDENT REPORT

PTS035-IF

I. 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)

- | | |
|------------------------------------------|----------------------------------|
| <input type="checkbox"/> Operator/Driver | <input type="checkbox"/> Parent |
| <input type="checkbox"/> Principal | <input type="checkbox"/> Student |
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Other |

2. BUS OPERATOR INFORMATION

Bus Driver's Name

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Bus Operator (if known)

--

Vehicle Registration Number

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Contract Number (if known)

--

Bus Operating From

--

To

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3. DETAILS OF INCIDENT

Date of Incident

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Time Of Incident

	AM / PM
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Description of Incident

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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

- 1. Personal information will be collected from you for the purpose of processing this document.
- 2. Failure to provide this information may result in your application not being able to be processed.
- 3. Your personal information will be used for the primary purpose for which it is collected, and may be disclosed to contractors and agents of DIER, law enforcement agencies, courts and other organisations authorised to collect and keep it.
- 4. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to DIER. You may be charged a fee for this service.

6. SIGNATURE

Signed

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Date

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For School and Bus Driver/Operator Use Only

7. ADDITIONAL INFORMATION

Was a replacement vehicle provided?

Yes No

If yes, please provide details

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Has any student(s) 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
- Fax a completed copy of this form to the Senior Transport Inspector in their region and then follow up the fax with a phone call, as necessary.

North-Western Inspectors	fax 6434 7299	phone 0417 557 128
Northern Inspectors	fax 6336 2621	phone 0419 358 509
Southern Inspectors	fax 6233 5253	phone 0419 313 910

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

Please return form to:

Passenger Transport Services Branch
Department of Infrastructure, Energy and Resources
GPO Box 1242 Hobart 7001

Ph: 03 6233 5351
Fax: 03 6233 5377