

## SCHOOL BUS INCIDENT REPORT

### I. YOUR CONTACT INFORMATION

Title	Family Name	Given Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address	Suburb/Town/Locality	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address	Suburb/Town/Locality	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone Number
<input type="text"/>

Mobile Telephone Number
<input type="text"/>

Date
<input type="text"/>

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
<input type="text"/>

Bus Operator (if known)
<input type="text"/>

Vehicle Registration Number
<input type="text"/>

Contract Number (if known)
<input type="text"/>

Bus Operating From
<input type="text"/>

To
<input type="text"/>

### 3. DETAILS OF INCIDENT

Date of Incident

Time of Incident

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](mailto:transport.inspectors@stategrowth.tas.gov.au)

Northern Inspectors              Ph: 03 6777 1937      Email: [transport.inspectors@stategrowth.tas.gov.au](mailto:transport.inspectors@stategrowth.tas.gov.au)

Southern Inspectors              Ph: 03 6166 3168      Email: [transport.inspectors@stategrowth.tas.gov.au](mailto: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](mailto:ptscontracts@stategrowth.tas.gov.au)

Fax: 03 6173 0260