St. Mary's County School Bus **Seating Chart/Accident Report Form**

Bus Number	
School Served	
Driver	

- Please number each seat in the "SEAT" column.
- Submit one copy to each school served, on copy to transportation, and keep two copies on the
- PHS form must be filled out completely. Incomplete and incorrect forms will be
- Legitiplede sections A & B if an accident should occur. (Directions on bottom of reverse
- Begrepared to submit one copy of this form when involved in a school bus

SEAT	STUDENT NAME	STUDENT ADDRESS (must be in 911 format)	Phone Number	AGE	SEX	Α	В

SEAT	STUDENT NAME	STUDENT ADDRESS (must be in 911 format)	Phone Number	AGE	SEX	A	В

If an accident should occur be prepared to fill out the following sections:

	3ECU0113.		
SE	CTION A - INJURY SEVERITY	SI	ECTION B - EJECTION
1	No Injury	1	Not Ejected
2	Possible Injury	2	Fully Ejected
3	Non - Incapacitating Injury	3	Partially Ejected
4	Incapacitating Injury	4	Trapped
5	Fatal	5	Unknown