## Bus Number

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

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
- PHéform must be filled out completely. Incomplete and incorrect forms will be
- Cethrplede sections A \& B if an accident should occur. (Directions on bottom of reverse
- Begprepared to submit one copy of this form when involved in a school bus accident.

Please enter information for students assigned to the seats behind the driver on this side of the

| SEAT | fommo | STUDENT ADDRESS (must be in 911 format) | Phone Number | AGE | SEX | A | B |
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| SEAT | STUDENT NAME | STUDENT ADDRESS (must be in 911 format) | Phone Number | AGE | SEX | A | B |
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If an accident should occur be prepared to fill out the following
sections:

| SECTION A - INJURY SEVERITY |  | SECTION 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 |

