

HAZLEHURST CITY SCHOOL DISTRICT
119 Robert McDaniel Drive
Hazlehurst, MS 39083

Mr. Cloyd Garth Jr., Superintendent

Name of Bus Driver: _____ Date of Accident: __/__/_____
Purpose/Destination: _____ Time of Accident: ____:____ am /pm
Bus# _____ Bus Vin# _____
(Select One)

Accident Location: _____
Description of incident: _____

**List of Students on Bus: Attach a list to Report

Other Driver Information:

Name of Driver: _____ Driver's Phone No. _____

Driver's Address: _____
Street City State Zip

Vehicle Information: _____
Make /Model /Year /Vin No.

Insurance Carrier: _____

Policy No. _____ Effective Dates of Policy: __/__/____ to __/__/____

Name of Insured: _____ Insured's Phone No. _____

Agent: _____ Agent Phone No. _____
