



Office of Transport
Safety Investigations

72 Hour Bus Incident Investigation Report

Incident Details

Incident date & time		Reference no.	
Incident location			
Weather Conditions			

Brief incident description:

Company Details

Company/ies involved		Company reporting	
Accreditation number/s		Regular Passenger Service <input type="checkbox"/>	Charter Service <input type="checkbox"/>

Vehicle Details

Registration Number		Vehicle manufacturer	
Vehicle model		Age	Depot
Number of passengers aboard at time of incident/accident			

Police / OTSI Details

Police notified	Yes <input type="checkbox"/> No <input type="checkbox"/>	Police attendance	Yes <input type="checkbox"/> No <input type="checkbox"/>
Police Officer name		Police Contact Number	
Police Station		Police Event Number	
OTSI notified (1800 - 677 - 766)	Yes <input type="checkbox"/> No <input type="checkbox"/>	OTSI Contact Person	
Date OTSI notified		Time OTSI notified	

School Children Details

School children aboard	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of school/s	
No. of students aboard		No. of students injured	

Injured Passenger Details

Name	Contact Number	Injury Type



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Investigation Facts:	<ul style="list-style-type: none"> ▪ Record the key events and actions, leading up to and those which occurred as a result of the incident/accident, in chronological order. ▪ Include the time of the event or action. 	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
What actions were taken to prevent the situation from becoming worse. (Remedial action at time of incident) eg Secure the site, diverted traffic	Action by:	Date
1.		
2.		
3		
4		
5		
What measures have been or are being taken to prevent recurrence of similar incidents in the future. (Preventative action) eg new technology installed on fleet	Action by:	Date
1.		
2.		
3		
4		
5		
PLEASE EMAIL / FAX REPORT TO OTSI WITHIN 72 HOURS OF REQUEST:		
Email: transport.safety@otsi.nsw.gov.au or Fax: (02) 9322 9299		
Report prepared by: <input type="text"/>	Report forwarded by: <input type="text"/>	
Name: <input type="text"/>	Name: <input type="text"/>	
Date: <input type="text"/>	Date: <input type="text"/>	
Phone: <input type="text"/>	Phone: <input type="text"/>	