

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

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 REPORT TO OTSI WITHIN 72 HOURS OF REQUEST:		
Email: transport.safety@otsi.nsw.gov.au		
Report prepared by: <input style="width: 80%;" type="text"/>	Report forwarded by: <input style="width: 80%;" type="text"/>	
Name: <input style="width: 80%;" type="text"/>	Name: <input style="width: 80%;" type="text"/>	
Date: <input style="width: 80%;" type="text"/>	Date: <input style="width: 80%;" type="text"/>	
Phone: <input style="width: 80%;" type="text"/>	Phone: <input style="width: 80%;" type="text"/>	