

# SCHOOL BUS ACCIDENT "NIL" REPORT

School Division Name: \_\_\_\_\_

Year reporting:

No school bus accidents occurred during the following months: (choose as many months as applicable)

- |                                   |                                    |
|-----------------------------------|------------------------------------|
| <input type="checkbox"/> January  | <input type="checkbox"/> July      |
| <input type="checkbox"/> February | <input type="checkbox"/> August    |
| <input type="checkbox"/> March    | <input type="checkbox"/> September |
| <input type="checkbox"/> April    | <input type="checkbox"/> October   |
| <input type="checkbox"/> May      | <input type="checkbox"/> November  |
| <input type="checkbox"/> June     | <input type="checkbox"/> December  |

**Please mail or fax this report to the Pupil Transportation Unit at:**

**507-1181 Portage Avenue  
Winnipeg MB R3G 0T3**

**Fax: 204-948-2154**