



# King William County Public Schools

P.O. Box 185  
18548 King William Road  
King William, Virginia 23086



Phone  
(804) 769-3434  
(804) 644-4803 – Richmond

Fax  
(804) 769-3312

## SPECIAL NEEDS TRANSPORTATION STUDENT INCIDENT SUMMARY

Date of Incident: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_ \_\_am. \_\_pm.

Vehicle/Bus #: \_\_\_\_\_ Driver: \_\_\_\_\_

Location of Incident: \_\_\_\_\_ City/County: \_\_\_\_\_

Student(s) Involved in Incident: \_\_\_\_\_  
\_\_\_\_\_

Description of Incident (Please give a factual report using specific times, locations, and include all people involved): \_\_\_\_\_

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Submitted By: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

-----Submit to Director of Special Programs-----

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
**\*Director's Comments attached.**