



**WCED Learner Transport Scheme: Accident report**

Date on which the accident occurred:
Approximate time at which the accident occurred:
Names of affected school/s:
LTS route number:
LTS route description:
Vehicle (bus) registration number:
Seating capacity of the LTS vehicle:
Accident description:
Number of learners injured:
Number of learners hospitalised:
Number and name/s of learners fatally injured:
Was the accident reported at the appropriate police station?:
Did the contractor breach any aspect of the contract with the WCED:



which aspect/s of the contract with WCED were breached:

Finding/s:

District office action plan:

Name and signature of who compiled the accident report:

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

District Director



Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PLEASE NOTE:

1. The accident report must be compiled and submitted to relevant Senior Managers at Head Office within 5 working days of the occurrence accident.
2. Where it was found that specified aspects of the contract with the WCED were breached, the completed and signed accident report must be sent to the Chief Director: Districts and the Director: Procurement Management.
3. Where it was found that no aspects of the contract were breached, the completed and signed accident report must be sent to the Chief Director: Districts.