



Continuation Sheet

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Accident Date (Month/Day/Year)	County of Accident	Last Name of School Bus Driver	First	M.I.	School Bus Plate Number
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ALL PERSONS INJURED OR KILLED Provide Information for Every Person Injured or Killed in Accident (Continued from MV-104F)						INJURY SECTION Check proper column(s). See instruction 7 on Page 6.				
Name of All Persons Injured or Killed	Which Veh. Occ.	Safety Equip. Used	Age	Sex	Seated/ Standing	A	B	C	If Deceased, Enter Date of Death	Describe Injuries



ACCIDENT REPORT FOR SCHOOL VEHICLES TRANSPORTING PUPILS/TEACHERS/SUPERVISORS

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