Sacramento City Unified School District
Transportation Services Department

Accident – Student Seating (TRA-F042)

Sacramento City Unified School District
Transportation Department
3101 Redding Avenue
Sacramento, CA 95820
(916) 277-6704

Driver name: _____
Bus attendant name: _____
Date: _____
Bus #: _____
Seating capacity (CHP 292): _____

Seat location: *DS = Driver's side*
SDS = Service door side

Seat position: *A = Aisle seat*
B = Center seat
C = Window seat

Row #	Seat location	Seat position	Name of student (Please print)	Date of birth	Home address (Please print)	Telephone	Attending school (Please print)

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