

Bus Driver's Report on School Bus Passing Violation

Date of Violation _____ Time _____ ☐ AM ☐ PM

Bus Driver's Name _____

Home Phone _____ Work Phone _____

Home Address (optional) _____

JURISDICTION:

☐ Within _____ city limits

☐ On _____ county roadway

☐ State or Federal Highway ☐ Unknown

WITNESSES (if any):

Name

Address

Phone

VIOLATOR VEHICLE AND DRIVER INFORMATION

License Plate Number _____ State _____ Make _____ Model _____

Color _____ Passenger(s) ☐ Yes ☐ No Direction of Travel (NB, WB, EB, SB) _____

On (name of roadway) _____ near (cross street or mile marker) _____

Lane of travel _____ Estimated speed of vehicle when passing bus _____ MPH

Driver Description ☐ Male ☐ Female Approximate Age _____ Hair Color _____

Distinctive Characteristics (beard, glasses, clothing, etc.) _____

BUS INFORMATION

Bus Number _____ Owner of Bus (District or Contractor Name) _____

Direction of Travel (NB, WB, EB, SB) _____ On (name of roadway) _____

near (cross street or mile marker) _____ Position of Bus in Roadway (center of lane, partially off roadway, etc.) _____

Stop Arm Extended at Time of Passing Violation ☐ Yes ☐ No

Approximate distance the flashing amber lights were on prior to activation of flashing red lights _____ feet

Approximate distance the flashing red lights were on prior to passing violation _____ feet

Children were: ☐ Loading ☐ Unloading ☐ Waiting at bus stop ☐ Only on bus ☐ Waiting to cross roadway

☐ Departing from area ☐ Other (specify) _____

ADDITIONAL COMMENTS OR NARRATIVE

Diagram (if necessary):

Bus Driver's Signature _____ Date _____

LAW ENFORCEMENT USE

Date Report Received _____ Receiving Agency _____ Officer Assigned _____

Registered Owner or Driver Name _____ Address _____ Phone _____

DOB _____ SSN# _____ Height _____ Weight _____ Eyes _____ Hair _____ Sex ☐ Male ☐ Female Race _____ Ethnicity _____

Citation Issued? ☐ Yes Citation # _____ ☐ No If no, why not? _____

Bus driver contacted and advised of case disposition: (date) _____