

SCHOOL BUS PASSING INCIDENT REPORTING FORM

Bus Drivers Name _____ Bus # _____

Date/Time of Occurrence _____ @ _____ am/pm

Location: On _____ Road _____ Near _____ Road _____
Direction Bus Traveling

N	S	E	W
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 Direction Auto Traveling

N	S	E	W
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Vehicle License Number / State _____ Color of vehicle _____

Description of vehicle (please list type, distinguishing characteristics such as bumper stickers, dents, rust, antennas, etc.).

Occupants, How many _____ Gender _____

Description of driver _____

Describe incident : _____

Witnesses : _____

Diagram indicating direction of travel, road name, where children were.

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