

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 707.2.2P Adopted May 1980 Revised January 2010

Title School Bus Stop Arm Violation Report

→ Print or type both sides of this report. ←

Violation _____ am

Bus # _____ Date _____ Time _____ pm

Location _____

Direction of bus _____ Direction of violator _____

Approximate speed of violator: 10 mph 20 mph 30 mph or more

Students crossing in front of bus? yes no

Violator passed on right side of bus? yes no

Violator Information

Vehicle: color(s) _____ make _____ model _____

2-door 4-door van pickup other _____

Approximate year _____ License plate # _____ State _____

Driver: male female Approximate age _____ Hair color _____

Describe clothing _____

Other information: _____

District 196 Bus Driver Information

Name _____ Date of birth _____
(must include middle initial) mm/dd/yy

Home address _____
Street City Zip Code

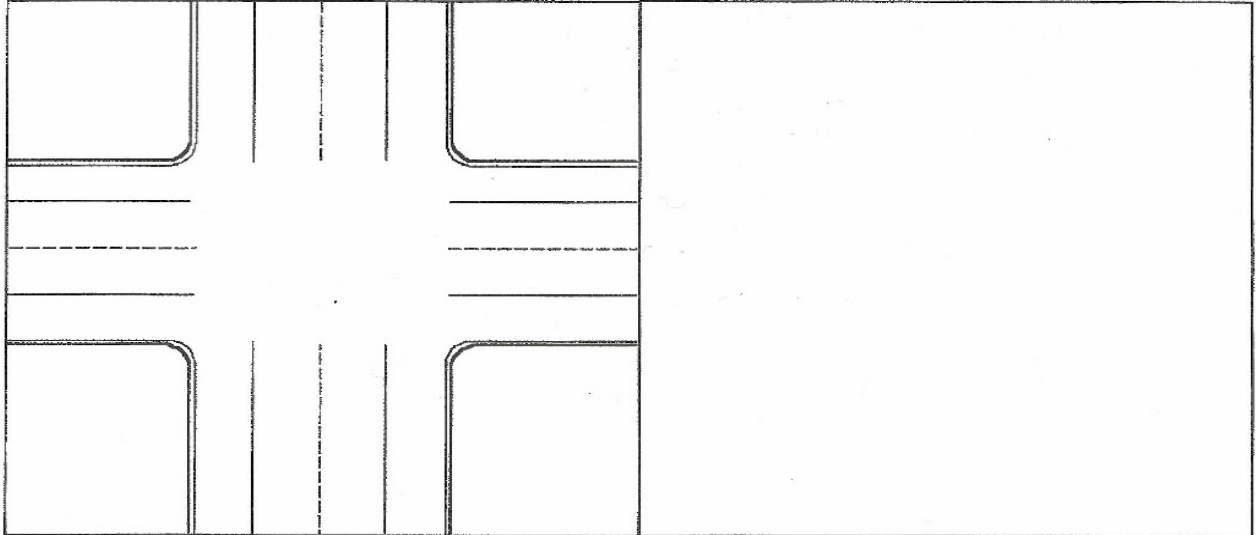
Phone numbers (include area code): _____
Home Cell

Signature of Driver

<u>OFFICE USE</u>	
<p style="text-align: center;"><u>Transportation Department</u></p> <p>Radio message received at _____ time</p> <p>Radio message received by _____ name</p> <p>Faxed to PD _____ at _____ name time</p>	<p style="text-align: center;"><u>Police Department Response</u></p> <p>Case file # _____</p> <p>Citation? _____</p> <p>Conviction? _____</p>

SCHOOL BUS STOP ARM VIOLATION SYNOPSIS

Draw a description of the incident. If the incident did not occur at a four-way stop, draw it in the blank box. Indicate north and label the street names.



Write a detailed description of the incident. Include the date/time, location, direction of travel, full description of the suspect vehicle and driver, and the location of the students. Attach additional sheets if necessary.
