

“Don’t Pass Law” Violation Report (Sample)

Bus Driver Name & Address: _____

Phone #(s): _____

Route: _____ **Unit:** _____ **Date of Occurrence:** _____

Time of Occurrence: _____ **Bus Direction of Travel:** _____

Address/Location of Occurrence:

School Name (if violation occurred at school): _____

Weather Condition:

Clear Raining Snow Cloud Fog Dust Sleet

Light Condition: Dawn Daylight Dusk Dark

Road Condition:

Dry Icy Under repair Snow packed Holes/ruts Muddy

Type of Road:

Asphalt Gravel Dirt Concrete Undivided-Two Way Two Lane Traffic

Type of Bus: Conventional Flat Nose Wheelchair

Was Bus: Loading Unloading

No. of Passengers on bus: _____ **Approx. ages:** _____

Activated Warning Devices: Ambers Reds Stop Arm

Were traffic control devices near: No Yes (type): _____

Description of Suspect Vehicle: Licence Plate # _____ Year: _____

Make/Model: _____ **Colour:** _____

Type: Car Van Truck Sport Utility Vehicle Bus Other _____

Approx. Speed of Suspect Vehicle: _____ KMH

Was Suspect: In line of traffic Lone Vehicle

Distinguishing Signage/Markings on Suspect Vehicle: _____

Suspect Driver Actions: (include all actions, location before violation, etc.)

Can you identify the suspect driver? Yes No

Description of Suspect Driver: Male Female Unknown

Age: _____ Hair Color: _____ Glasses: Yes No

Other distinguishing features: _____

Witness Name: _____ **Witness Phone No:** _____

Bus Drivers Actions:

PLEASE COMPLETE A DIAGRAM SHOWING THE DIRECTION AND POSITIONS OF VEHICLES INVOLVED: Give Street Names, Numbers, etc.



***** PLEASE ATTACH ALL ORIGINAL COPIES OF NOTES TO THIS FORM *****

_____ Date

_____ Bus driver's signature

Disposition by Police Department:
