

# SCHOOL BUS/CROSSING GUARD VIOLATION REPORT



License No. \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  a.m.  p.m.

Make of Car \_\_\_\_\_ Type \_\_\_\_\_

Color \_\_\_\_\_ Driver  Male  Female

Bus Traveling: N S E W On (Highway/Street) \_\_\_\_\_

State Route  City Street  County Road

Vehicle Traveling: N S E W On (Highway/Street) \_\_\_\_\_

Location \_\_\_\_\_ Miles \_\_\_\_\_ of \_\_\_\_\_  
No. Direction Location

Violation \_\_\_\_\_

Approved \_\_\_\_\_  
Transportation Supervisor or Principal

School District \_\_\_\_\_

Name of School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Bus Driver \_\_\_\_\_ Safety Patrol Advisor \_\_\_\_\_

Name and Address  
of Registered Owner \_\_\_\_\_

Disposition \_\_\_\_\_

**ORIGINAL SEND TO APPROPRIATE LAW ENFORCEMENT AGENCY WITHIN 72 HOURS.**

**2nd Copy RETAINED BY SUBMITTING SCHOOL AUTHORITY.**