

Report of Stop Arm Violations

Bus _____

Driver _____

Date _____

Time _____

Location _____

Vehicle License # _____ Vehicle Driver Male ___ Female ___

Type of Vehicle: Color _____ Year _____ Make _____ Model _____

Identifying Features:

Description of Violation:

Bus Driver Signature: _____

Copy and send to Transportation Coordinator immediately after incident. Send original to local law enforcement. Keep a copy for your records.