



## School Bus Stop Arm Violation Incident Report

SHP-459 10/19

Incident	
Date:	Time:
Location:	County:
Violation:	
Vehicle Approached From: <input type="checkbox"/> Front <input type="checkbox"/> Back	
Direction Of Travel:	
Description Of Driver: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Other Details:	
Vehicle Description	
License Plate Number:	
Make:	Model: Color:
Description of Driver:	
Bus Information	
Driver's Name:	
Bus Number:	School District:
On Bus Video of Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's Signature:	
Phone Number:	
Notes: (If Necessary)	



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