State Department of Education Student Transportation P.O. Box 83720 Boise, ID 83720-0027, 208-332-6851, FAX: 208-334-3484 Rev. 09/2019

## **Bus Driver's Report on School Bus Passing Violation**

Date of Violation			
Bus Driver's NameW	ork Dhone	□ Within □ On	
Home Address (optional)w		State or Federal Highway	
Tionic Address (optional)	WITNESSES		
Name	Address		Phone
VIO	LATOR VEHICLE AND DRI	IVER INFORMATION	
License Plate Number	StateMake	Model	
ColorPassenger(s)	J Yes D No Direction of Tra	avel (NB, WB, EB, SB)	
On (name of roadway)	near (cross	s street or mile marker)	
Lane of travel	Estimated spee	ed of vehicle when passing bus	MPH
Driver Description  Male  Fer	nale Approximate Age	Hair Color	
Distinctive Characteristics (beard, glasses	, clothing, etc.)		
	<b>BUS INFORMA</b>	TION	
Bus NumberOwner or	f Bus (District or Contractor Name)		
Direction of Travel (NB, WB, EB, SB)	On (name of roadw	way)	
near (cross street or mile marker)			
etc.)			
Approximate distance the flashing a			
Approximate distance the flashing $\underline{r}$	ed lights were on prior to passing	$\Box$ $\Box$ $\Box$ $\Box$ $\Box$ $\Box$ $\Box$	
Children were: Loading U			
Departing from	n area Other (specify)		
ADDITIONAL COMMENTS OR	NARRATIVE		
Diagram (if necessary):			
Bus Driver's Signature		Date	
	LAW ENFORCEMI	ENT USE	
Date Report Received Receiving		Officer Assigned	
Registered Owner or Driver Name	Address		Phone
	_HeightWeightEyesHair	Sex 🗖 Male 🗖 Female Race	Ethnicity
	No If no, why not?		
Bus driver contacted and advised of case disposition			