



ALLEGAN COUNTY SHERIFF OFFICE

640 RIVER ST. - ALLEGAN, MICHIGAN 49010

Incident # _____

SCHOOL BUS VIOLATION

Bus Driver to Fill Out as Completely as Possible

School District: _____ Phone # _____
 Address: _____
 Bus Driver's Name: _____ Bus Number: _____
 Incident Date & Time: _____
 Location: _____ (Address or nearest intersection)

Automobile Description	Suspect Physical
License Plate #: _____	Male or Female
Make: _____	Approximate Age: _____
Model: _____	Additional Info: _____
Color: _____	_____
Number of Occupants: _____	_____

Your Direction of Travel: _____ Violator's Direction of Travel: _____
 Was the Bus at Complete Stop When Pass Occurred: Yes or No
 Were the Red Flashers on: Yes or No
 Stop Sign: Yes or No
 Was Violator 20 feet or more from the Bus when Reds were Activated? Yes or No
 Did Violator Attempt to Stop? Yes or No Or Slow Down? Yes or No
 Weather Conditions: _____ Road Conditions: _____
 How Many Kids were Getting on or off? _____
 Where were Kids when Violation Occurred: _____
 List Additional Witnesses: _____

Give Description of What Occurred _____

Action Requested: Citation Verbal Warning Written Warning Report Only
 School Children Endangered? Yes No No Action Info Only

DISPOSITION:
 Citation Issued Yes No Citation Number: _____
 Verbal Warning Yes No Driver Could Not Identify Violator
 Other _____

Officer Assigned: _____ Date: _____

Email Completed Form to Sgt. Damveld @ jdamveld@allegancounty.org
 Or Fax Completed Form to (269) 673-0406. Thank you.