



MINNESOTA STATE PATROL
SCHOOL BUS STOP ARM VIOLATION REPORT



Date of incident _____ Time of incident _____ County _____

Location _____

VIOLATOR INFORMATION:

License Plate Number _____ State (if other than MN) _____

Vehicle Color _____ Make _____ Model _____ # of Doors _____

Other Vehicle Features _____

Violator direction of travel _____; Passed on what side of bus L or R; Between Bus and Child Y or N

Description of Driver _____

Number of Passengers in Vehicle (if any) _____ Comments _____

SCHOOL BUS INFORMATION:

ISD # _____ Bus or Route # _____ Direction of Travel for Bus _____

Driver's Name _____ Home/Cell Phone _____

School Bus Owner _____ Phone _____

Were students outside of bus? Y N LOADING ____ UNLOADING ____ CROSSING ____

Name Other Known Witness (if any) _____

Comments _____

PERSON MAKING THIS REPORT (If other than the driver):

Name _____ Phone Number _____

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(FOR PATROL USE): Trooper _____ Event Number P _____