



MINNESOTA STATE PATROL



SCHOOL BUS STOP ARM VIOLATION REPORT

Date of incident _____ Time of incident _____ AM PM County _____

Address _____

City/Twp. _____

OR, Street/Hwy _____ At intersection with _____

VIOLATOR INFORMATION:

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

Vehicle Color _____ Make _____ Model _____ # of Doors _____

Other Vehicle Features _____

Violator direction of travel _____ Right side pass? _____

Children outside bus? _____

Driver Description _____

Number of Passengers in Vehicle _____

Comments _____

SCHOOL BUS INFORMATION:

ISD# _____ Company Name _____

Bus # _____ School Bus Direction of Travel _____

Driver's Name _____ Home/Cell Phone _____

Witness(es), if any _____

Supplemental warning? _____

Stop-Arm Camera? _____

Reported to LE? _____

Comments _____

PERSON MAKING THE REPORT (if other than driver)

Name _____ Phone _____

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For MSP Use: Trooper _____ Event Number _____