MINNESOTA STATE PATROL

SCHOOL BUS STOP ARM VIOLATION REPORT

Provide to Local Law Enforcement

Or fax to State Patrol Communications:
Northern Regions: Roseville - 651.582.1523
Southern Regions: Rochester - 507.280.2937

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 __________________________________

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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* ____________________