

REPORT TO LOCAL LAW AUTHORITY
Vehicle Passing School Bus

Bus Number: _____ Bus Driver Name: _____
Date of Incident: _____
Time of Incident: _____ a.m. / p.m.
Location of Incident: _____

The following information directly pertains to an incident whereby a vehicle passed a school bus where the RED ALTERNATE FLASHING LIGHTS WERE ACTIVATED at the aforementioned date, time and location. Responses should be CIRCLED by the School Bus Driver where applicable:

1. The offending vehicle was a car / truck / semi
The vehicle license plate number is: _____
The vehicle colour is: _____
The vehicle make is: _____
Sign(s) on the vehicle read: _____
Number of occupants in the vehicle: _____
Did you recognize the driver? _____
If so, name of the driver: _____
Describe the driver (male/female, hair colour, clothes, etc.): _____
The vehicle was traveling north / south / east / west
The vehicle was / was not signaled to pass the bus by the bus driver.
The approximate speed of the vehicle that passed was slow / quick
2. The weather was raining / snowing / foggy / sleeting / clear at the time.
The roadway was wet / dry / icy.
The traffic visibility was good / poor.
If the roadway was paved, describe the markings: _____

The incident happened on a curve / hill / straight-a-way

3. The school bus was facing north / south / east / west
The school bus was moving / stopped at the time of the incident.
The alternate red lights were on / off at the time of the incident.
The alternate red lights were / were not visible at the time of the incident.
The yellow alternate flashing lights had been activated for _____ seconds
The red alternate flashing lights had been activated for _____ seconds before the vehicle passed the bus
The "school bus" bus signs: were / were not visible at the time of the incident.
There were / were not other bus lights on at the time.
Students were / were not boarding / leaving the bus.
Exactly where were the students located when the vehicle passed the bus? _____

Grades of the students: _____
Number of students on the bus: _____
Students were / were not endangered by the incident.
The vehicle was / was not being driven properly other than when it passed the bus.
If it was not, describe: _____

Other important details of the incident: _____

4. Diagram of accident:

5. Your name: _____

Address: _____

Home Phone number: _____

Alternate Contact Number: _____

Do you have any plans that would make you unavailable for court in the next three months? _____

Give dates you may not be available: _____

Exactly when did you complete this questionnaire?

Date: _____ Time: _____

Has the questionnaire been completed in your own handwriting?

yes / no

The information that I have provided about the incident described is true to the best of my knowledge.

Bus Driver Name (Printed)

Bus Driver Signature

**PLEASE BRING OR SEND THIS
COMPLETED FORM TO THE RCMP OFFICE.**



VEHICLE PASSING SCHOOL BUS REPORT

