

Red Alternating Light Violation Report



The following information directly pertains to an incident whereby a vehicle passed a school bus while the Alternating RED LIGHTS WERE ACTIVATED.

Date of Incident _____ Time of Incident _____

Location _____

Bus Driver Name _____ Contact # _____

Offending Vehicle Details:

Make/Model _____ Approx year _____

License Plate # _____ Color _____

Driver description **Male Female** _____

Approx. speed _____ # of Occupants _____

Vehicle Details _____

Conditions: (rain, snow, gravel, pavement, heavy or light traffic, fog/ curve/hill)

Weather _____ Roadway _____

Traffic _____ Visibility _____

Details at Bus Stop:

Students **Loading Unloading** # of Students _____

Students required to cross in front of the bus **Yes No** # of Vehicles that did stop _____

Details of incident _____

Bus Driver Signature _____ Date _____

