

## Vehicle Passing School Bus: Police Report

DENT	Date of Incident:	Time of Incident:	Bus Number:				
INCI	Location of Incident:						
-	The following information directly pertains to an incident whereby a vehicle passed a school bus						

'	whose RED ALTI location						CTIVATED at the the the the			-	ne and
	Offending Vehicle:										
	Car Tru	ck	Van	Semi-trai	iler Carr	ving:					
	License Plate Numb				Colour: Make:						
ш											
OFFENDING VEHICLE	Signs / Distinctive M	larks or	n Vehicle:					L			
NG V	Number of Occupar	nts:	Did you recog			If Yes,	Driver Name:				
	Describe the Driver	(e.a. m	Ye ale/female. h		No clothes.	etc.):					
OFFER											
	Vehicle was travelli	ng:			Bus	Driver s	ignaled Vehicle to pa	ss Bus:	Approximate	speed of pa	ssing vehicle:
	North	South	East	W	est /		True	False		Slow	Quick
	Weather at time of	incider	nt:			Roa	dway at time of incid	ent: V	isibility at time	of incident:	
S	Rain Sno	w	Fog	Sleet	Clea	r	Wet	Dry	Good	Poor	
CONDITIONS											
	Incident happened	on a:	_								
			Cu		Hil	<u> </u>	Straight-Away				
	AT THE TIME O	F THE	<b>INCIDEN</b>	Т				l			
	The school bus was	facing:			The	school l	ous was:	The alt	ernate red light	s were:	
	North	South	East	W	'est	Moving	Not Moving	С	n Off	Visible	Not Visible
	The SCHOOL BUS si	gns we	re:	Other b	ous lights v	were:	Students were:				
10	Visible		Not Visible		On	Off		bus	Leaving 1	the bus	Neither
SCHOOL BUS	Describe exactly we	re the	students were	e located v	when the	venicie	passed the bus:				
S	Ages of Students:	Numb Stude the Bu	nts on	s on						passed the b	
	Describe how the v	l ehicle v	vas beina driv	/en:		True	<u>Fa</u>	ise	Tr	ue	False
			<b>J</b>								

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	DIAGRAM OF THE INCIDI	ENT:			
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B					
INCIDENT DETAILS					
_	OTHER IMPORTANT DETA	NI C OF THE INCIDENT.			
	OTHER IMPORTANT DETA	AILS OF THE INCIDENT:			
	Last Name:	First Name:	Phone Number:	Email:	
	Last Name:	First Name:	Phone Number:	Email:	
		First Name:	Phone Number:	Email:	
7	Last Name: Address:	First Name:	Phone Number:	Email:	
NO		First Name:	Phone Number:	Email:	
ATION	Address:	Un	it# City	Email:	Postal Code
MATION	Address:		it# City		Postal Code
DRMATION	Address:	Un	it# City		Postal Code
	Address:	Un	it# City		Postal Code
	Address:	Un	it# City		Postal Code
	Address:  Street  Describe any plans you have that	Un	it# City		Postal Code
	Address:	Un	it# City		Postal Code
	Address:  Street  Describe any plans you have that	Un	it# City		Postal Code
	Address:  Street  Describe any plans you have that	Un	it# City		Postal Code
	Address:  Street  Describe any plans you have that  Dates you may not be available:	Un	it# City		Postal Code
BUS DRIVER INFORMATION	Address:  Street  Describe any plans you have that  Dates you may not be available:  Report Completed:	Un	it# City Durt in the next three months:		Postal Code
	Address:  Street  Describe any plans you have that  Dates you may not be available:	Un	it# City		Postal Code
	Address:  Street  Describe any plans you have that  Dates you may not be available:  Report Completed:	would make you unavailable for co	it# City Durt in the next three months:		Postal Code
	Address:  Street  Describe any plans you have that  Dates you may not be available:  Report Completed:	would make you unavailable for co	it# City Durt in the next three months:		Postal Code
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Please send or bring this completed form to the RCMP office.

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