



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION

Pupil Transportation
Old Capitol Building
PO BOX 47200
OLYMPIA, WA 98504-7200
(360) 725-6120 TTY (360) 664-3631

COUNTY #	DIST #	BUS #
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SCHOOL BUS STOP SIGN VIOLATION

A violation of RCW 46.61.370 (Failure to stop for a school bus, displaying a visual sign while receiving or discharging school children) occurred on:

DATE	TIME	STREET NAME	CROSS STREET AND/OR BLOCK NUMBER
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Vehicle Information

COLOR	YEAR	MAKE (I.E. FORD, CHEV.)	MODEL (I.E., MUSTANG, CAMARO)	LICENSE	STATE
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Driver Information

GENDER	RACE	SKIN TONE	HAIR COLOR	HAIR LENGTH	HAIR STYLE	FACIAL HAIR
<input type="checkbox"/> Male	<input type="checkbox"/> African American	<input type="checkbox"/> Light	<input type="checkbox"/> Black	<input type="checkbox"/> Long	<input type="checkbox"/> Straight	<input type="checkbox"/> Beard
<input type="checkbox"/> Female	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Medium	<input type="checkbox"/> Blonde	<input type="checkbox"/> Medium	<input type="checkbox"/> Wavy	<input type="checkbox"/> Goatee
<input type="checkbox"/> Unknown	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Dark	<input type="checkbox"/> Brown	<input type="checkbox"/> Short	<input type="checkbox"/> Curly	<input type="checkbox"/> Mustache
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Unknown	<input type="checkbox"/> Red	<input type="checkbox"/> Military Style	<input type="checkbox"/> Unknown	<input type="checkbox"/> None
	<input type="checkbox"/> Native American		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other					

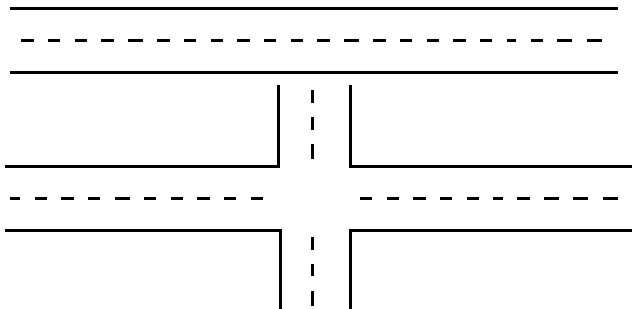
Narrative

This form must be completed within 72 hours pursuant to RCW 46.61.372.

I was operating a fully marked school bus pursuant to RCW 46.37.190(2) on the above date, time and location. I was stopped in the roadway to receive discharge school children using my flashing red lights and stop paddle for traffic control.

Please use the diagram below and direction of travel to describe incident.

I observed the above vehicle:



I certify (declare) under penalty of perjury under the laws of the State of Washington (RCW 9A.72.085) that the foregoing is true, correct and accurate to the best of my ability.

SIGNATURE	DATE	PLACE SIGNED	County, Washington
APPROVED	TITLE	PHONE NUMBER	
BUS DRIVER	BUS NUMBER	SCHOOL NAME	
SCHOOL DISTRICT	ADDRESS		

Law Enforcement Use Only Pursuant to RCW 46.61.372(2)

BADGE NO.	OFFICER	VIOLATOR CONTACT - DATE/TIME
		REPORTING PARTY NOTIFIED - DATE/TIME

Disposition _____

Distribution—Original and photo copy to the local law enforcement agency. Return photo copy to school district after disposition is completed. Send a photo copy to regional transportation coordinator. A copy needs to be retained by the submitting school. (City Street—City Police Department, County Road—County Sheriff's Office, State Hwy—Washington State Patrol).

This form was designed and approved for use by all Washington State School Districts.