

**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 / sleet / 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

