ARKANSAS SCHOOL BUS
STANDARD MOTORIST VIOLATION REPORT

This form is to be used by school bus drivers or other witnesses who observe motorists illegally passing stopped school buses. This form may be used by your local Prosecuting Attorney in determining whether to file criminal charges against the alleged offender. In the event charges are filed, the person making this report and the other witnesses listed will likely be subpoenaed to appear and testify before the court in the event a trial is necessary

Bus Driver Name:_____

Address _____

Phone Number: (W)_____ **(H)**_____ **(C)**_____

Bus#: _____   School District: _____

Date of Incident: _____   Time of Incident: _____

License Number of Vehicle: _____   Color of Vehicle: _____

Make of Vehicle: _____   Model of Vehicle: _____

Location of Incident: _____

_____

Any Description of the Driver (*gender, approximate age; hair color…etc*):

_____

_____

_____

Please Describe the Incident in Detail: _____

_____

_____

_____

Please Diagram Streets and Directions of Vehicles Involved, in Relation to the Bus, and

Indicate the Location of any Children Outside of the Bus:

Did the vehicle slow down, speed up, or continue at same rate of speed

while passing the bus? _____

_____

_____

What point of loading or unloading children were you at when the vehicle passed?

_____

_____

_____

How many children were outside the bus and where were those children as the vehicle

passed? _____

_____

Please list other witnesses to the incident (including students)

Witness:

_____   _____   _____
Name   age   grade

What did that witness personally observe?

_____

_____

_____

_____

Witness:

_____   _____   _____
Name   age   grade

What did that witness personally observe?

_____

_____

_____

_____

Witness:

_____   _____ _____
Name   age   grade

What did that witness personally observe?

_____

_____

_____

_____

I, _____, do swear and affirm that the above is an

accurate and true statement to the best of my belief and knowledge.

_____   _____

Signature   Date

Sworn and attested before me this _____ day of _____20___.

_____   _____

Notary Public   Date

My commission expires: _____