

**TUSCOLA COUNTY**  
**SCHOOL BUS VIOLATION FORM**

School Name: \_\_\_\_\_ Bus Number: \_\_\_\_\_

Bus Driver Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Bus Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident or Address: \_\_\_\_\_

Suspect Name: \_\_\_\_\_ Suspect Phone: \_\_\_\_\_

Suspect Vehicle Description: Color: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

Suspect Vehicle License Plate: State: \_\_\_\_\_ Plate #: \_\_\_\_\_

Suspect Vehicle Last Known Direction of Travel: \_\_\_\_\_

Students Involved: \_\_\_\_\_

School Bus Stopped? (YES/NO): \_\_\_\_\_ Stop Sign Out? (YES/NO): \_\_\_\_\_

Red Lights Activated? (YES/NO): \_\_\_\_\_ Yellow Lights Activated? (YES/NO): \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Phone: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Phone: \_\_\_\_\_

**\*\*\*COMPLETE ALL FIELDS WITH AS MUCH DETAIL AS POSSIBLE (write N/A if unknown)\*\*\***

Detailed description of incident:

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**\*\*\*PLEASE REPORT INCIDENT TO TUSCOLA COUNTY CENTRAL DISPATCH AS  
SOON AS SAFELY POSSIBLE.**

**TELEPHONE 989-673-8738 EXT #1 or FAX FORM TO 989-672-3747\*\*\***