



VIOLATION REPORT
ILLEGAL PASSING OF SCHOOL BUS (WI STAT. 346.485)

Instructions: This form must be filled out in its entirety. Any information not known should be indicated as such by filling in the blank with "Unknown". FORM MUST BE FORWARDED TO THE MADISON POLICE DEPARTMENT TRAFFIC SECTION WITHIN 24 HOURS AFTER THE VIOLATION, FAX 266-4104.

PLEASE PRINT ALL INFORMATION.

Incident Date: _____ Day: _____ Time: _____ AM / PM

Location: _____
(Block Number & Street / Cross Street)

Direction of Travel: Bus _____ Vehicle _____

OFFENDING VEHICLE:

OFFENDING DRIVER - APPROXIMATE DESCRIPTION:

Make/Model: _____

Male Female Unknown

Color: _____

Caucasian African-American Asian

License Plate #: _____

Hispanic Native American Unknown

Hair Color: _____

Lic. Plate Type: _____ State: _____

Approximate Age: _____ Other Info: _____

Car (2 dr / 4-dr) Station Wagon Van
Sport Utility Truck
Other _____

Please Answer the Following Questions in Regards to the Violation:
(Indicate if unknown)

Was there a curb on left side of street?	YES	NO
Was there a sidewalk on left side of street?	YES	NO
Was there a curb on right side of street?	YES	NO
Was there a sidewalk on right side of street?	YES	NO
Was the school bus stopped?	YES	NO
Were flashing red lights actuated 100 ft. before stop?	YES	NO
Did the offending vehicle stop at least 20 ft. from the bus?	YES	NO
Did the offending vehicle overtake the bus?	YES	NO
Did the flashing red lights remain engaged while vehicle was passing the bus?	YES	NO
Did passengers cross the street prior to boarding or after unloading the bus?	YES	NO
Was the bus stopped in a School Zone designated by yellow warning signs?	YES	NO
Were passengers boarded or unloaded directly on school property?	YES	NO

WARNING LIGHT INFORMATION

School Bus number: _____

Please indicate the date and time the red warning lights were checked for operating condition:

Before Violation: _____ AT _____ AM / PM After Violation: _____ AT _____ AM / PM
Date Time Date Time

