

**REPORT OF SCHOOL BUS OPERATOR  
TUSCARORA SCHOOL DISTRICT**

Bus Driver's Name: \_\_\_\_\_ Bus #: \_\_\_\_\_

Driver's Address: \_\_\_\_\_  
\_\_\_\_\_

Driver Phone #'s: \_\_\_\_\_

**Report of Incident of Individual Meeting or Overtaking School Bus**

Identity of Individual (if known): \_\_\_\_\_

Description of Individual (if known): \_\_\_\_\_  
\_\_\_\_\_

Description of Violation: \_\_\_\_\_  
\_\_\_\_\_

Description of Vehicle: \_\_\_\_\_  
\_\_\_\_\_

License Plate # of Vehicle: \_\_\_\_\_

Date Violation Occurred: \_\_\_\_\_ Time Violation Occurred: \_\_\_\_\_

Description of Location Where Violation Occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments that would be helpful to the State Police: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Bus Operator

*This form must be filed with the Pennsylvania State Police within 48 hours of when the violation occurred. Use the back of this form if you need additional space.*