

EEAE2—Bus Safety Program Incident Report

SCHOOL BUS INCIDENT REPORT

Bus No.	Driver's Name	Date
---------	---------------	------

Type of Incident _____

Student's Name _____

Incident:

- Failure to remain seated Throwing objects on bus Refusing to obey driver
- Hanging out of window Fighting Spitting Profanity Vandalism
- Lighting matches Disobeying bus monitor Smoking on bus
- Throwing objects in/out of bus Bothering others (see comment)
- Other (see comment)

Comments: _____

Signature: _____

Action taken by school:

Signature of School Official