

NEW YORK CITY DEPARTMENT OF EDUCATION OFFICE OF PUPIL TRANSPORTATION

44-36 Vernon Boulevard, Long Island City, NY 11101 TEL (718) 392-8855 www.opt-osfns.org/opt



SCHOOL BUS STUDENT INCIDENT REPORT

CONTROL #000001

(Please print clearly) Principal/Teacher's Name				Title				
School's Name and/or Number				Borough (Please circle)				
					BRONX	BROOKLYN	QUEENS	
					MAN	HATTAN STATEN	ISLAND	
Prom (Please print clearly) Driver's Name				I Eccortic	Name			
				Es cort s Name				
Bus Company's Name				Escort's Name				
Route #								
INCIDENT (Please print clearly)								
Date of Incident (MM/DD/YYYY) Time (Pleas			Location of Incident					
1 1		AM PM						
01 1 11 11		I Niano		0	E4 (05)	DUDIL ID M	(B. f.)	
Student's Name & School Name (Please list each student involved in the incident)			nt)	Special Ed (SE) General Ed (GE)		PUPIL ID No. (M)ale of (F)emal		
(Student)		(School)			e circle)			e circle)
,		Ì	•	SE	GE		M	F
				SE	GE		M	F
				SE	GE		М	F
				SE	GE		M	F
				SE	GE		М	F
Please select each type of inappropriate behavior exhibited by the above me Refused to get on the bus Refused to wear seatbelt Disrupted other students				entioned student(s) on the date of the incident: Sexually abusive Verbally abusive Physically abusive				
Fought with other students				Threw items from bus window				
Opened Emergency Door				Brought inappropriate items onto bus				
Jumper				Brought weapon onto bus				
Other				(Weapon)				
Please describe incident:								
Prep	arer's Sigr	nature				Toda	y's Date	
FOR SCHOOL/OPT USE								
Date entered into OORS		Infra	ction Code			OORS Cor	ntrol#	