



SCHOOL BUS STUDENT INCIDENT REPORT

CONTROL #000001

TO (Please print clearly)

Principal/Teacher's Name	Title
School's Name and/or Number	Borough (Please circle) BRONX BROOKLYN QUEENS MANHATTAN STATEN ISLAND

SAMPLE

FROM (Please print clearly)

Driver's Name	Escort's Name
Bus Company's Name	Escort's Name
Route #	

INCIDENT (Please print clearly)

Date of Incident (MM/DD/YYYY) / /	Time (Please circle) AM PM	Location of Incident
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Student's Name & School Name (Please list each student involved in the incident)		Special Ed (SE) General Ed (GE) (Please circle)	PUPIL ID No.	(M)ale or (F)emale (Please circle)
(Student)	(School)			
		SE GE		M F
		SE GE		M F
		SE GE		M F
		SE GE		M F
		SE GE		M F

Please select each type of inappropriate behavior exhibited by the above mentioned student(s) on the date of the incident:

- | | |
|---|---|
| <input type="checkbox"/> Refused to get on the bus | <input type="checkbox"/> Sexually abusive |
| <input type="checkbox"/> Refused to wear seatbelt | <input type="checkbox"/> Verbally abusive |
| <input type="checkbox"/> Disrupted other students | <input type="checkbox"/> Physically abusive |
| <input type="checkbox"/> Fought with other students | <input type="checkbox"/> Threw items from bus window |
| <input type="checkbox"/> Opened Emergency Door | <input type="checkbox"/> Brought inappropriate items onto bus |
| <input type="checkbox"/> Jumper | <input type="checkbox"/> Brought weapon onto bus |
| <input type="checkbox"/> Other | (Weapon) _____ |

Please describe incident:

Preparer's Signature

Today's Date

FOR SCHOOL/OPT USE

Date entered into OORS	Infraction Code	OORS Control #