

R. Helfrich & Son Inc.

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TRANSPORTATION INCIDENT REPORT

DRIVER'S NAME: _____

AIDE'S NAME: _____

STUDENT'S NAME: _____

SCHOOL: _____

TIME OF INCIDENT: _____

ROUTE #: _____

DATE OF INCIDENT: _____

_____ TO SCHOOL

_____ FROM SCHOOL

_____ MID-DAY TRIP

CHECK ALL THAT APPLY:

_____ VIOLATION OF SAFETY RULES

_____ SMOKING

_____ DESTRUCTION OF PROPERTY

_____ POSSESS OF ALC/DRUGS

_____ FIGHTING/PUSHING/TRIPPING

_____ POSSESS OF WEAPON

_____ THROWING OBJECTS

_____ EATING/LITTERING

_____ REFUSAL TO BOARD/EXIT BUS

_____ RUDE/DISOURTEOUS

_____ EXCESSIVE MISCHIEF

_____ PROFANITY

_____ LEFT SEAT/STANDING

_____ OTHER

SUMMARY OF INCIDENT:

DRIVER'S SIGNATURE

AIDE'S SIGNATURE

DATE: _____

ADMINISTRATIVE ACTION TAKEN: