School Traffic Incident Report

Subject of complaint description: Vehicle___ Pedestrian___

School:_____Date:_____Time:_____

Location at School:_____ Environmental conditions:_____ Lighting:_____

Number of vehicles involved:_____(If more than one, attach another copy of this form)

Vehicle Description: License Plate_____ Prov___ Make/Model_____ Colour_____

Driver: Male___ Female___ Number of occupants (if known)___ Direction of travel:_____

Traffic volume: Light___ Moderate___ Heavy___ Injuries: Yes___ No___

Person filling out this form:

Name:_____Address_____Phone#_____

Additional Witness if any:

Name:_____Address_____Phone#_____

Narrative: (In your own words, what did you see occur?)

This information is true and accurate to the best of my knowledge and belief.

Signed:_____Dated:_____

I am willing to testify to this information in court Yes___ No___

Reviewed by _____ School administrator, on Date _____

*****please scan the completed form and attach to an email to healthandsafety@sd23.bc.ca*****

Official use only

Routed: Traffic Services___ Bylaws___ School Liaison___

Disposition of complaint: