



PATERSON PUBLIC SCHOOLS



Transportation Department
90 Delaware Avenue, Paterson NJ 07503
Office: (973) 321-0830 Fax: (973) 321-0484

Lisa Vainieri-Marshall
Director of Student Assignment Services

Donnie W. Evans, Ed. D.
State District Superintendent

TRANSPORTATION INCIDENT/CONDUCT REPORT

Student's Name _____ First Notice Second Notice Final Notice

Date of Incident _____ Time _____

Bus Company _____ Route No. _____

Driver _____ Aide _____

School Name _____

CHECK TYPE OF INCIDENT:

- | | |
|--|---|
| <input type="checkbox"/> Assault | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Destruction of property | <input type="checkbox"/> Spitting |
| <input type="checkbox"/> Disobedient behavior | <input type="checkbox"/> Sticking head or hands out of window |
| <input type="checkbox"/> Disturbing others | <input type="checkbox"/> Tampering with bus equipment |
| <input type="checkbox"/> Eating, drinking, littering | <input type="checkbox"/> Throwing objects out of window |
| <input type="checkbox"/> Fighting, pushing, tripping | <input type="checkbox"/> Unacceptable language; gestures |
| <input type="checkbox"/> Failure to remain seated | <input type="checkbox"/> Unusual loud talking or undue noise |
| <input type="checkbox"/> Refuses to wear seat belt | <input type="checkbox"/> Violation of safety procedures |
| <input type="checkbox"/> Possession of a weapon | <input type="checkbox"/> Yelling or inappropriate gestures out the bus window |
| <input type="checkbox"/> Possession of alcohol or drugs | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rude/discourteous/annoying behavior | |

Explanation of Incident(s) _____

Driver/Aide's Signature _____ Date _____

Copy to Transportation Department - Fax (973) 321-0484 or email -transportationdept@paterson.k12.nj.us
Copy: School Administrator