

# Operation Safe Stop



## School Bus Driver Survey Form

Please complete the following:

School District/Contractor: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM

Location/Cross Street:

\_\_\_\_\_

Police Agency/Precinct (if known):

\_\_\_\_\_

Passing from: Front  Rear  Any Near Misses? Yes  No

Approximate Number of Vehicles Passing the Stopped Bus in a Day: \_\_\_\_\_

### Driver

Please return the completed form to your Transportation/Contractor's Office.

### Office

Please fax form to \_\_\_\_\_ (phone)  
or send to \_\_\_\_\_ (school and address).

The information will be given to the Police Agency covering the area.



Funded by the National Highway Traffic Safety Administration with a grant from the New York State Governor's Traffic Safety Committee.