



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Student Transportation
 Old Capitol Building
 PO BOX 47200
 OLYMPIA, WA 98504-7200
 (360) 725-6120 TTY (360) 664-3631

COUNTY #	DIST #	BUS #
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SCHOOL CROSSWALK VIOLATION

A violation of RCW 46.61.235(5)-Crosswalks; RCW 46.61.245(2)-Drivers to exercise care; or RCW 46.61.261(2)-Sidewalks, crosswalks-Pedestrians, bicycles occurred on:

DATE	TIME	STREET NAME	CROSS STREET AND/OR BLOCK NUMBER
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Vehicle Information

COLOR	YEAR	MAKE (I.E. FORD, CHEV.)	MODEL (I.E., MUSTANG, CAMARO)	LICENSE	STATE
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Driver Information

GENDER	RACE	SKIN TONE	HAIR COLOR	HAIR LENGTH	HAIR STYLE	FACIAL HAIR
<input type="checkbox"/> Male	<input type="checkbox"/> African American	<input type="checkbox"/> Light	<input type="checkbox"/> Black	<input type="checkbox"/> Long	<input type="checkbox"/> Straight	<input type="checkbox"/> Beard
<input type="checkbox"/> Female	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Medium	<input type="checkbox"/> Blonde	<input type="checkbox"/> Medium	<input type="checkbox"/> Wavy	<input type="checkbox"/> Goatee
<input type="checkbox"/> Unknown	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Dark	<input type="checkbox"/> Brown	<input type="checkbox"/> Short	<input type="checkbox"/> Curly	<input type="checkbox"/> Mustache
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Unknown	<input type="checkbox"/> Red	<input type="checkbox"/> Military Style	<input type="checkbox"/> Unknown	<input type="checkbox"/> None
	<input type="checkbox"/> Native American		<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown		<input type="checkbox"/> Unknown
	<input type="checkbox"/> Other					

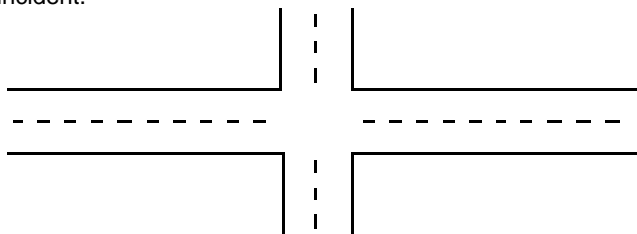
Narrative

This form must be completed within 72 hours pursuant to RCW 46.61.275.

I was performing my official duties as an adult crossing guard on the above date, time and location.

I observed the above vehicle:

Please use the diagram and direction of travel to describe incident.



SCHOOL DISTRICT	SCHOOL NAME
ADDRESS	CITY, STATE, ZIP

I certify (declare) under penalty of perjury under the laws of the State of Washington (RCW 9A.72.085) that the foregoing is true, correct and accurate to the best of my ability.

SIGNATURE	DATE	PLACE SIGNED
		County, Washington
APPROVED	TITLE	PHONE NUMBER

Distribution—Original and 2nd copy to the local law enforcement agency: City Street—City Police Department, County Road—County Sheriff's Office, State Hwy—Washington State Patrol. 3rd copy to school district safety administrator. 4th copy to be retained by the submitting school.

Law Enforcement Use Only Pursuant to RCW 46.61.275

BADGE NO.	OFFICER	VIOLATOR CONTACT - DATE/TIME
		REPORTING PARTY NOTIFIED - DATE/TIME
Disposition _____		

After disposition is completed by law enforcement, 2nd copy is returned to school district.
 The form was designed and approved for use by all Washington State School Districts.