

**South Carolina Department of Education (SCDE)  
STOP ARM VIOLATION REPORT**



Report Tracking Number:

<b>School District:</b>	<b>County:</b>
-------------------------	----------------

**INCIDENT INFORMATION PROVIDED BY BUS DRIVER**  
(Please complete one report per violation)

<b>Bus Driver's Name:</b>		<b>Bus Equipped with a Stop Arm Video Camera?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SCDE Bus Number:</b>	<b>Violation Date:</b>		<b>Violation Time:</b> <input type="checkbox"/> AM <input type="checkbox"/> PM
<b>Violation Location:</b> <small>(Road or Highway Name and/or Number)</small>	<b>Nearest Intersection:</b> <small>(Road or Highway Name and/or Number)</small>		
<b>Violator License Plate Number:</b>	<b>License Plate State:</b>		
<b>Driver Description:</b>			
<b>Can Bus Driver Positively Identify the Violator?</b> <input type="checkbox"/> <input type="checkbox"/> No			
<b>Type of Roadway:</b>	<input type="checkbox"/> Two-Lane	<b>If Two-Lane, Violator Passed from:</b>	<input type="checkbox"/> Oncoming (Front) <input type="checkbox"/> Rear
	<input type="checkbox"/> Multi-Lane	<b>If Multi-Lane, Violator Passed from:</b>	<input type="checkbox"/> Left (Driver's Side) <input type="checkbox"/> Right (Passenger Entry Side)

**THIS SECTION TO BE COMPLETED BY SCHOOL DISTRICT / CONTACT PERSON**

<b>Name:</b>	<b>Title:</b>
<b>Address:</b>	
<b>Office Phone:</b>	<b>Cell Phone:</b>
<b>SCDE Bus Shop for Your School District:</b>	<b>SCDE Bus Shop Phone:</b>

**Was the violation recorded utilizing a Stop Arm Video Camera?**     Yes     No  
*If there is a video of the violation, please submit a copy with this report.*

Complete electronically and forward SCDE Form S-28 directly to:  
Lieutenant C. M. McLeod ([cherrymc@ed.sc.gov](mailto:cherrymc@ed.sc.gov)), South Carolina Highway Patrol / SCDE Liaison Officer  
Date Sent:                      Time Sent:                       AM     PM

**COMPLETED BY SCDPS ONLY**  
(check all that apply)

<input type="checkbox"/> INVALID Tag Number	<input type="checkbox"/> LETTER Mailed to Owner	<input type="checkbox"/> VISIT to Owner	<input type="checkbox"/> UNFOUNDED
<input type="checkbox"/> Selective Traffic Enforcement (STE) Conducted on _____ (date)		by _____ (Trooper)	
<b>Stop Arm Charge Made?</b> <input type="checkbox"/> Yes (Summons Number)		<input type="checkbox"/> No	

**SCHOOL BUS STOP ARM VIDEO ENFORCEMENT**

<b>Driver identified by use of Stop Arm video?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Driver charged as a result?</b> <input type="checkbox"/> Yes (Summons Number) <input type="checkbox"/> No (Explain in field below)
If no charge, please explain:

*“Giving Our Best to Keep Our Children Safe”*