

NEW YORK CITY DEPARTMENT OF EDUCATION OFFICE OF PUPIL TRANSPORTATION

44-36 Vernon Boulevard, Long Island City, NY 11101 TEL (718) 392-8855 www.opt-osfns.org/opt



SCHOOL BUS STUDENT INCIDENT REPORT

CONTROL #000001

(Please print clearly) Principal/Teacher's Name				Title					
School's Name and/or Number				Borough) (Please (circle)			
				Borough (Please circle) BRONX BROOKLYN QUEENS MANIFATTAN STATEN ISLAND					
FROM (Please print clearly)									
Driver's Name				Es cort s Name					
Bus Company's Name				Escort's Name					
Route #									
INCIDENT (Please print clearly)									
Date of Incident (MM/DD/YYYY)			Location of	of Incident					
1 1		AM PM							
Student's Name & School Name				Special	Ed (SE)	PUPIL ID No.	(M)a	ile or	
(Please list each stude			General	Ed (GE)		(F)e	male		
(Student)		(Sch	nool)		e circle)			e circle)	
				SE	GE		M	F	
				SE	GE		M	F	
				SE	GE		M	F	
				SE	GE		M	F	
				SE	GE		M	F	
Please select each type of inappropriate behavior exhibited by the above med Refused to get on the bus Refused to wear seatbelt Disrupted other students Fought with other students Opened Emergency Door Jumper				Sexually abusive Verbally abusive Physically abusive Threw items from bus window Brought inappropriate items onto bus Brought weapon onto bus					
Other				(Weapon)					
Please describe incident:									
Preparer's Signature					Today's Date				
FOR SCHOOL/OPT USE									
Date entered into OORS		Infraction Code				OORS Con	trol #		