

School Traffic Incident Report

Subject of complaint description: Vehicle _____ Pedestrian _____
Number of vehicles involved: _____ (If more than one, attach another copy of this form)

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|---|---------------------------------|-----------------|
| School: <u>Ecole Peter Greer Elementary</u> | Date: _____ | Time: _____ |
| Location at School: _____ | Environmental conditions: _____ | Lighting: _____ |

Person filling out this form:

Name: _____ Address: _____ Phone #: _____

| | | | | |
|---------------------------|---------------------|------------------------------------|----------------------------|---------------|
| Vehicle Description: | License Plate _____ | Prov _____ | Make/Model: _____ | Colour: _____ |
| Driver: Male: ___ | Female ___ | Number of occupants (if known) ___ | Direction of travel: _____ | |
| Traffic volume: Light ___ | Moderate ___ | Heavy ___ | Injuries: Yes ___ | No ___ |

Additional Witness if any:

Name: _____ Address _____ Phone# _____

Narrative: (In your own words, what did you see occur?)

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This information is true and accurate to the best of my knowledge and belief.
Signed: _____ Dated: _____

I am willing to testify to this information in court Yes ___ No ___

Reviewed by _____ School Administrator, on
Date _____

Official use only

Routed: Traffic Services ___ Bylaws ___ School Liaison ___
Disposition of complaint:

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