



South Carolina Department of Education Stop Arm Violation Report

Complete SCDE Form S-28 electronically, save document, and e-mail to:
StopArmReports@ed.sc.gov

School District: _____ County: _____

Incident Information Provided by the Driver

(Please complete one report per violation, including as much information as possible)

Bus Driver's Name: _____ SCDE Bus Number: _____

Violation Date: _____ Violation Time: _____ AM PM

Violation Location: _____ Nearest Intersection: _____
Street Address and City Road Name

Violator License Plate Number: _____ License Plate State: _____

Type of Vehicle: _____ Color: _____

Violator Description: _____

Can Bus Driver Positively Identify the Violator? Yes No

Type of Roadway: Two-Lane Multi-Lane
Violator Passed from: Oncoming (Front)
 Rear
 Left (Driver's Side)
 Right (Passenger Entry Side)
 Left (Driver's Side)
 Right (Passenger Entry Side)

Bus Equipped with Video? Yes No

This Section to Be Completed by District Contact Person

Name: _____ Title: _____

Address: _____

Office Phone: _____ Cell Phone: _____

Was the violation recorded utilizing an on-board camera, even if there is no Stop Arm Camera? Yes No

If there is a video of the violation, please submit a copy with this report.

This Section to Be Completed by SCDCPS Only

Date Sent: _____ Time Sent: _____ AM PM Report Tracking Number _____

(Check all that apply)

Invalid Tag Number Letter Mailed to Owner Visit to Owner Unfounded

Selective Traffic Enforcement (STE) conducted on _____ by _____
(Date) (Trooper)

Stop Arm Charge Made? Yes (Summons Number: _____) No

School Bus Stop Arm Video Enforcement

Driver identified by use of Stop Arm video? Yes No

Driver charged as a result? Yes (Summons Number: _____)

No (Explain in field below)

If no charge, please explain: _____