

# School Traffic Incident Report

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

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: Witness Name:**

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone# \_\_\_\_\_

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


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:
