

**Report of a School Bus Driver Failing to Visually Inspect a Bus at the  
End of a Transportation Route Resulting in a Pupil Being Left on the Bus**

Every owner/operator of a school vehicle shall immediately inform the Administrator or Principal of the receiving school **and** the Chief School Administrator of the District Board of Education providing for the transportation of their designee following an incident in which it has been determined that the assigned school bus operator failed to conduct a visual inspection at the end of his/her transportation route in order to assure no pupil(s) was left on the bus. School District or School Bus Contractor personnel who discover, or to whom the incident is reported, that a school bus driver failed to visually inspect a bus at the end of a transportation route resulting in a pupil being left on a bus shall immediately report the incident to the owner/operator of the vehicle.

The “End of a Transportation Route”, pursuant to N.J.S.A. 18A:39-28, “Terminates at the point where all of the children leave the bus and before the driver moves on to the next route”.

The chief school administrator or their designee shall complete the Report of a School Bus Driver Failing to Visually Inspect a Bus at the End of a Transportation Route Resulting in a Pupil Being Left on the Bus Report prescribed by the Commissioner of Education and submit the completed report electronically to the Executive County Superintendent.

The Executive County Superintendent shall electronically submit the completed Report of a School Bus Driver Failing to Visually Inspect a Bus at the End of a Transportation Route Resulting in a Pupil Being Left on the Bus Report and all related reporting to the NJ DOE Office of School Bus Safety.

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Transportation Provider (County): \_\_\_\_\_

Transportation Provider (District): \_\_\_\_\_

Resident County: \_\_\_\_\_ Resident District: \_\_\_\_\_

School Bus Owner: \_\_\_\_\_

Date of Incident (mm/dd/yy): \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Driver First Name: \_\_\_\_\_ Driver Last Name: \_\_\_\_\_

Driver S.S. # (last 4 digits): \_\_\_\_\_ Driver DL #: \_\_\_\_\_

(If Applicable): Aide First Name: \_\_\_\_\_ Aide Last Name: \_\_\_\_\_ Aide S.S.# (last 4 digits): \_\_\_\_\_

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

Student Injured? Yes ☐ No ☐

(**Note:** If More Than One Student is Involved List Additional Names in Narrative of the Description of Incident)

Nature of Student Injury(s): \_\_\_\_\_

Student Resident District: \_\_\_\_\_

Police Notified? Yes ☐ No ☐ Police Case Number: \_\_\_\_\_

Name of Police Department: \_\_\_\_\_

Executive County Superintendent Notified? Yes ☐ No ☐ Date Reported to Executive County Superintendent (mm/dd/yy): \_\_\_\_\_

Description of Incident: (Include the Outcome of the Initial Investigation/Action Taken by District and the Name and Contact Information of the Person Completing this Form.)