

School Patrol Flag Violation Form

Minnesota Statute 169.21 Subd 2 (c)

School Name _____ School Patrol Name _____

Date of Violation Month Date Year Time _____ AM PM

Location of Violation
Street Name (on) _____ at _____

Description of Violating Vehicle

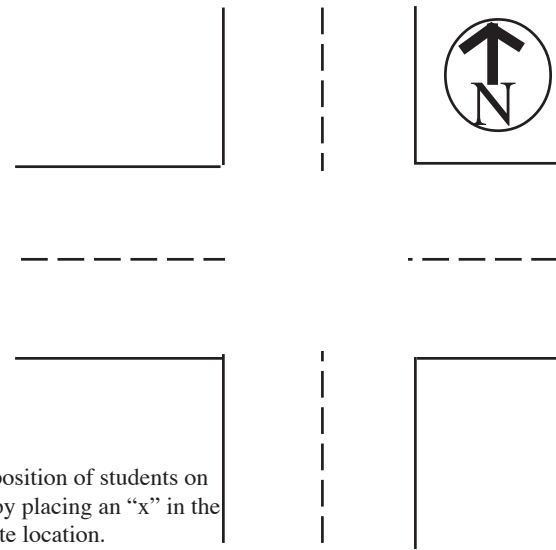
License Number _____ Color _____ Make _____ Model _____ State _____

What did violating vehicle do ?

- | | |
|--|--|
| <input type="checkbox"/> Breaking formation of children
<input type="checkbox"/> Vehicle hit a child
<input type="checkbox"/> Failed to stop in time
<input type="checkbox"/> Skidding through extended flags
<input type="checkbox"/> Made no attempt to stop
<input type="checkbox"/> Drove on wrong side of street
<input type="checkbox"/> Driver stopped after violation
<input type="checkbox"/> Speeding - Estimate Speed _____
<input type="checkbox"/> Driving slowly | <input type="checkbox"/> Making right turn into flag
<input type="checkbox"/> Making left turn into flag
<input type="checkbox"/> Going straight ahead through flags
<input type="checkbox"/> Backing vehicle up through flags
<input type="checkbox"/> Man driving
<input type="checkbox"/> Woman driving
<input type="checkbox"/> Young driver
<input type="checkbox"/> Old driver
<input type="checkbox"/> Driver was alone
<input type="checkbox"/> Passengers in vehicle |
|--|--|

<p>Road Conditions</p> <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snowy/Icy	<p>Weather Conditions</p> <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog/Misty <input type="checkbox"/> Rain <input type="checkbox"/> Snow	<p>Answer yes or no by marking an "X" in the box</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="text-align: right;">Yes No</td> </tr> <tr> <td>Was crossing controlled by a traffic light ?</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>Was there any danger to children crossing street ?</td> <td style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>How many children were crossing? Give No. _____</td> <td></td> </tr> </table>		Yes No	Was crossing controlled by a traffic light ?	<input type="checkbox"/> <input type="checkbox"/>	Was there any danger to children crossing street ?	<input type="checkbox"/> <input type="checkbox"/>	How many children were crossing? Give No. _____	
	Yes No									
Was crossing controlled by a traffic light ?	<input type="checkbox"/> <input type="checkbox"/>									
Was there any danger to children crossing street ?	<input type="checkbox"/> <input type="checkbox"/>									
How many children were crossing? Give No. _____										

Describe Violation:



Complete this form and mail it to:
Supervisor of School Patrol, Officer Charles Ly
367 Grove Street
Saint Paul, Minnesota 55101