**Instructions for Reporting Incidents**

1. Although incidents involving School Crossing Patrols are very rare in comparison to the numbers of crossings completed every school day, when they occur Kent County Council view them as unacceptable and encourage all SCP’s to report them to the appropriate authority. i.e. driving, threats or abuse to Kent Police; incidents involving parking to the local borough/district parking enforcement team.
2. The KCC Safer Active Journeys Team supports this process but it is very important (for legal reasons) that reports are made by SCP’s as soon as possible.
3. Any incident that threatens or endangers life or property should be reported to Kent Police via 999, otherwise the process in the following instructions should be followed.
4. If the incident relates to **parking** issues only, these should be reported to the Civil Enforcement Team at the District or Borough Council, with a copy of the matter forwarded to the KCC Safer Active Journeys Team via email ([scp@kent.gov.uk](mailto:scp@kent.gov.uk))
5. If the incident relates to **threats** or **abuse**, the attached form should be completed either electronically or handwritten and the incident reported to Kent Police via 101. There is no need to complete the police statement in these cases.
6. In all other cases e.g. **driver failing to stop** or **bad driving**, the attached form must be completed either electronically or handwritten as soon as possible after the incident.
7. The SCP Incident Report Form is for your notes of what happened and provide some guidance on what needs to be completed. All sections need to be completed (if relevant) and the form then signed at the bottom. By completing this form it will help to complete the Kent Police Statement. A rough sketch plan showing where you were stood and where any vehicle involved was positioned can be very helpful. The form can be completed on a computer by typing or clicking in the relevant boxes.
8. There are two versions of the Kent Police Statement on the website; one for handwritten statements, the other can be completed on a computer (Digital).
9. Only complete **ONE** of these statements in full. If handwriting, write carefully so it can be read and each page signed at the bottom. The statement should include as much information as possible that you can take from the SCP Incident Report form. *Please note: the statement does ask if you are prepared to attend court as a witness. If the answer to this is ‘no’, the police are unable to prosecute offender’s and the matter will not be continued.*
10. When the SCP Incident Report Form and Kent Police Statement are completed, please email them personally (or ask your school to help), to [scp@kent.gov.uk](mailto:scp@kent.gov.uk) as soon as reasonably possible.

**This is very important to comply with legal requirements.**

1. The reports will be forwarded to Kent Police who will then be in contact with you regarding any follow up enquiries or their decision to prosecute an offender.

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| **IMPORTANT – To comply with legal requirements to prosecute drivers, this form must be completed as soon as possible following your duty and emailed to the KCC Safer Active Journeys Team (**[**scp@kent.gov.uk**](mailto:scp@kent.gov.uk)**) within 24 hours.**  **If the incident is not as a result of a driving fail to stop matter, complete the form and report to Kent Police via 101, online or in person at a police station. The form must then be sent to the KCC Safer Active Journeys Team** | | | | | | | | | | | |
| **School Crossing Patrol Information** | SCP Name: | | Click here to enter text. | | | | | | | | |
| Date of Birth: | | Click here to enter text. | | | | | | | | |
| Telephone No: | | Click here to enter text. | | | | | | | | |
| Email: | | Click here to enter text. | | | | | | | | |
| Permanent or Relief SCP | | Click here to enter text. | | | | | | | | |
| Crossing Times | | Morning: Click here to enter text. | | | | | | | | |
| Afternoon: Click here to enter text. | | | | | | | | |
| **School and Crossing Information** | School Name: | | Click here to enter text. | | | | | | | | |
| Address: | | Click here to enter text. | | | | | | | | |
| Telephone No: | | Click here to enter text. | | | | | | | | |
| Email: | | Click here to enter text. | | | | | | | | |
| School SCP Supervisor: | | Click here to enter text. | | | | | | | | |
| Contact No: | | Click here to enter text. | | | | | | | | |
| Location of SCP point:  e.g. road name | | Click here to enter text. | | | | | | | | |
| Crossing Type (‘x’ which applies) | | SCP only | | | | | | | |  |
| Zebra Crossing | | | | | | | |  |
| Pelican/Puffin Crossing | | | | | | | |  |
| **Incident Details** | Type of Incident (‘x’ all that apply) | | Vehicle - fail to stop? | | | | | | | |  |
| Verbal abuse? | | | | | | | |  |
| Physical abuse or threats? | | | | | | | |  |
| Accident - person only? | | | | | | | |  |
| Accident involving vehicle? | | | | | | | |  |
| Time of incident: | | Click here to enter text. | | | | | | | | |
| Day/date of incident: | | Click here to enter text. | | | | | | | | |
| Exact location incident occurred: | | Click here to enter text. | | | | | | | | |
| Describe what actually happened  - if possible draw rough sketch plan on separate page to help explain  - include what did you do, directions of vehicle travel, estimated speed of vehicles, any avoiding action taken, any words spoken, how did it make you feel (continue on separate sheet if necessary) | | Click here to enter text. | | | | | | | | |
| Was anybody injured, type of injuries and did they get medical help? | | Click here to enter text. | | | | | | | | |
| Name of injured person(s)? | | Click here to enter text. | | | | | | | | |
| Who did you report the incident to and when? | | Click here to enter text. | | | | | | | | |
|  | | | | | | | | | | | |
| **Vehicles** | **Vehicle 1** | | | **Vehicle 2** | | | **Vehicle 3** | | | | |
| Reg. No:Click here to enter text. | | | Reg. No:Click here to enter text. | | | Reg. No:Click here to enter text. | | | | |
| Make:Click here to enter text. | | | Make:Click here to enter text. | | | Make:Click here to enter text. | | | | |
| Type:Click here to enter text. | | | Type:Click here to enter text. | | | Type:Click here to enter text. | | | | |
| Colour:Click here to enter text. | | | Colour:Click here to enter text. | | | Colour:Click here to enter text. | | | | |
| Driver Name:Click here to enter text. | | | Driver Name:Click here to enter text. | | | Driver Name:Click here to enter text. | | | | |
| Address:Click here to enter text. | | | Address:Click here to enter text. | | | Address:Click here to enter text. | | | | |
| Contact No:Click here to enter text. | | | Contact No:Click here to enter text. | | | Contact No:Click here to enter text. | | | | |
| Email:Click here to enter text. | | | Email:Click here to enter text. | | | Email:Click here to enter text. | | | | |
| **Witness(es)** | Name:Click here to enter text. | | | Name:Click here to enter text. | | | Name:Click here to enter text. | | | | |
| Address:Click here to enter text. | | | Address:Click here to enter text. | | | Address:Click here to enter text. | | | | |
| Contact No:Click here to enter text. | | | Contact No:Click here to enter text. | | | Contact No:Click here to enter text. | | | | |
| Email:Click here to enter text. | | | Email:Click here to enter text. | | | Email:Click here to enter text. | | | | |
| What did they see and do?  Click here to enter text. | | | What did they see and do?  Click here to enter text. | | | What did they see and do?  Click here to enter text. | | | | |
|  | | | | | | | | | | | |
| School Crossing Patrol Uniform | | Was the full uniform being worn – full length coat fully fastened and peaked cap? | | | Yes | | | | No | | |
| How was the sign displayed (‘x’ all that apply) | | Inactive phase – not ready to cross | | | Green | | | |  | | |
| Barrier - prevent pedestrians crossing | | | Green | | | |  | | |
| Ready to cross – drivers to stop | | | Amber | | | |  | | |
| Fail to stop or returning to pavement | | | Red | | | |  | | |
| Return to pavement | | | Red | Amber | | |  | | |
| \\invicta.cantium.net\KCCRoot\Users\SHQ\SHQ4\WelleD02\My Pictures\sign-giving-order-school-crossing-patrol.jpgThe school ‘STOP’ sign.  (‘x’ all that apply) | | What is the condition of the ‘STOP’ sign? | | | Excellent | | | |  | | |
| Good | | | |  | | |
| Poor | | | |  | | |
| Damaged | | | |  | | |
| School crossing patrol hazard wigwag lights | | Do you use hazard wigwags? (‘x’ which applies) | | | Yes | | | | No | | |
| Who turns them on/off? | | | Click here to enter text. | | | | | | |
| Were they working? (‘x’ which applies) | | | Yes | | | | No | | |
| Condition of lights? (‘x’ which applies) | | | Excellent | | | |  | | |
| Good | | | |  | | |
| Poor | | | |  | | |
| Damaged | | | |  | | |
| Do you have these signs displayed? | | How many of these signs? | | |  | | | | | | |
| What is their condition? (‘x’ which applies) | | | Excellent | | | |  | | |
| Good | | | |  | | |
| Poor | | | |  | | |
| Damaged | | | |  | | |
| Are there any other signs or road markings that you think may be relevant (please describe) | | | Click here to enter text. | | | | | | |
| Road and weather conditions at time of incident (‘x’ all that apply) | | Weather | | | Rain | | | |  | | |
| Sunny | | | |  | | |
| Cloudy | | | |  | | |
| Windy | | | |  | | |
| Storm | | | |  | | |
| Fog | | | |  | | |
| Ice | | | |  | | |
| Snow | | | |  | | |
| Road Surface | | | Dry | | | |  | | |
| Wet | | | |  | | |
| Icy/snow/slippery | | | |  | | |
| Visibility | | | Excellent | | | |  | | |
| Good | | | |  | | |
| Poor | | | |  | | |
| Traffic | | | Heavy | | | |  | | |
| Moderate | | | |  | | |
| Light | | | |  | | |
| Street Lighting | | | On | | | Off | | N/A | |
| Vehicle Lights | | | On | | | | Off | | |
| Speed limit of road | | | Click here to enter text.mph | | | | | | |
|  | | | | | | | | | | | |
| This incident report is true to the best of my knowledge and belief.  I am prepared\*/not prepared\* to attend court as witness if required  SCP Signed:  Date:  \* delete as appropriate | | | | | | | | | | | |
| School Supervisor Signed:  Print name:Click here to enter text.  Date:  Copy of incident report, sketch plan and other relevant documents forwarded to: [scp@kent.gov.uk](mailto:scp@kent.gov.uk) **as soon as possible** | | | | | | | | | | | |
| KCC Safer Active Journeys Team use only:  Received from SCP/school:  KCC SCP Incident Report Number:  Safer Active Journeys SCP Officer Signed:  Print name:Click here to enter text.  Date: | | | | | | | | | | | |