



EVENT REPORT

Event #

(Assigned by Risk)

EVENT INFORMATION

Rev: 01/14/2014

Event Date:	Time:	am / pm	Time Dispatch called:
Circle Event Indicator: Incident / Passenger Event / Vehicle Event / Customer Contact / Wheelchair / Pedestrian / Prop. Damage			
Circle One Dept: Fixed Route / VanPool / ParaTransit / Dial A Lift / Maintenance / Administration / Worker-Driver / Contract			
Circle One: Investigating Supervisor / Police Officer / Security Officer / Other Employee / None / Request Debriefing			
Date Investigated:	Investigator Name:	Police Rpt. #:	

TRANSIT DRIVER'S DESCRIPTION OF EVENT

I certify under penalty of perjury under the laws of Washington State that the foregoing is true and correct (Transit Driver): **Date:**

Action Taken:

What statement was made by the other party?

Part(s) of Other Party Vehicle or Property Damaged:

Describe Transit Vehicle Damage: (Secure Courtesy Cards!)	Most Injured Party:	Total Injured:
	Other Injured Parties:	Total Fatalities:

EVENT DETAIL

Location Address: (Include City & County)

Route No.	Run No.	Company Vehicle #:
City:	County:	

Circle ONE Primary Location & Type:

Alley	Railroad Tracks	Bus Shelter/Zone	Member Vehicle	Const. Zone	Driveway
Hill	Freeway/Interstate	Walkway/Sidewalk	Intersection	Parking Lot	Steps
Bridge	Residential Street	Mall/Shopping Center	Transit Facility	Highway	Street
URBAN	SUBURBAN	RURAL	PRIVATE PROPERTY	MEMBER PROPERTY	

OTHER DRIVER INFORMATION					
Last Name:		First Name:		Initial:	Wk Phone No:
Address:				Hm Phone No:	
City:		County:		State	Zip
Lic. Plate No:		State:	Driver's Lic. No:		State:
Vehicle Year:		Make:		Model:	Color:
Insurance Co:			Insurance. Policy No:		
REGISTERED VEHICLE OWNER					
Last Name:		First Name:		Initial:	Wk Phone #:
Address:			DOB:		Hm Phone #:
Last Name:		First Name:		Initial:	Wk Phone #:
City:		County:		State:	Zip:
Insurance Co.			Insurance. Policy No.		
TRANSIT DRIVER INFORMATION					
Last Name:		First Name:		Initial:	Wk Phone #:
Employer Name:				Employee I.D. #:	
Employee Injury: Yes / No				Date of Hire:	
OTHER PERSON INVOLVED INFORMATION (use courtesy cards for others)					
Last Name:		First Name:		Initial:	Wk Phone #:
Address:			DOB:		Hm Phone #:
City:		County:		State:	Zip:
PLEASE ATTACH COURTESY CARDS FOR WITNESS(S) INFORMATION & DESCRIPTION					

CIRCLE WEATHER CONDITIONS AT TIME OF EVENT

Weather (Clear, Cloudy, Rain, Fog, Snow)	Light (Daylight, Dawn, Dusk, Dark)	Road (Dry, Wet, Ice, Defect, Detour, Other)
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Please draw street names where event happened and show direction of travel in circle

