

		Ja	Tety & Training	Department				
(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 7:30 AM			:30 AM	
Date of O	ccurrence:		4/1/2019	Time of Occurrence:			7:02 AM	
Weather:	Clear	Day of the	e Week:	Mor	nday	DHD (Y/N):	N	
Location (Conso Ctu								
Location (Cross Stre	eet and Town)			Route 1 &	Knox Road			
Route Impact:				1 Pull				
Employee Name:				Jean Joseph				
Run#	17	703	Bus#	626	537	Tag#	LG94081	
						LEAD TO THE REAL PROPERTY.		
	Vehicle 2 rear er	ided Vehicle 1 whil	e sitting at the I	bus stop. 2 passer	ngers on board n	eeded medic	al attention. Police,	
	EMS, Safty Mai	nager, AGM, Super	visor dispatched	d to the location.	Damage to the r	ear of Vehicle	2 1 & leaking fluid.	
What happened								
(Be Specific and								
Brief):								
Injuries (if any):		2 pat	rons transporte	ed to Washington	& Venice hospit	al		
Vehicle Damage				Rear of the bus.				
(Check all t	hat apply)	Police	) Y	Ambulance	Y	Tow	N	
(Check all )	пас арргу)	Fonce		Ambulance	I	TOW	IN	
Man that	O		(A)	1				
was the c	Operator sent for D	rug/Alconol Test (	r/N):			Υ		
No	tified (Indicate nam	e and time) GM:			J. Modlin	@7:15 AM		
Supervisor	K. Al	ston	AGM	B. Riyad @	7:03 AM	Maint	Kevin @ 7:07 AM	
Safety Tra	ining Sup	Bud @7:	02 AM		Dispatcher	V Tayl	or/ M. Proctor	
Surety Ha	mig sup.	Dad (37.	OZ PIIVI		Dispatcher	v.rayı	ory ivi. Proctor	
Camera	a and Tive			NA 1401	0.7.05.444			
County Name and Time:			1	M. Wilson @ 7:05 AM				
(Check	cone)	Telephone X In Person (Must be done within 1 hour)					done within 1 hour)	
Please note the								
details of this incident								
will change when the								
Supervisor Arrives								
en e								

10t 38.980830



(Check one)	Accident		Incident	X	X Time Supervisor Arrived: 9:39 AM				
Date of O	ccurrence:		9/6/2018	Time of Oc		currence:	9:17 AM		
Weather:	Clear	Day of the	Week:	Thur	sday	DHD (Y/N):	N		
Location (Cross Stre	ation (Cross Street and Town)  Southern Ave & Forest Hills								
Route Impact:				10 minutes					
Employee Name:			F	eter Makuyana					
Run#	33	01	Bus#	631	.51	Tag#	LG81871		
What happened (Be Specific and Brief):	(Be Specific and								
Injuries (if any):				None					
Vehicle Damage				None					
(Check all t	hat apply)	Police	Υ	Ambulance	N	Tow	N		
Was the C	Operator sent for D	rug/Alcohol Test (V	(/N):			N			
Not	tified (Indicate nam	e and time) GM:			j. Modlin	@ 9:20 AM			
Supervisor	R. Gı	reen	ОМ	R. Bandak (	@ 9:21 AM	Maint	Oneal @ 9:33 AM		
Safety Su	pervisor	S. Ford @ 9	:38 AM		Dispatcher	Proc	tor / Taylor		
	ty Name and Time: M. Wilson @ 9:21 AM								
(Check	one)	Telephone	Х	In Person (Must be done within 1 hour					
Please note the details of this incident will change when the Supervisor Arrives									

## **Operator Incident Report**



	Today's Date: 9-6-18 Time: 10:12 an
	Operator Name: Peter Makuyana Vehicle # 63151 Route # 3301
	Report Submitted to: Supervisor Dispatch Safety Dept.
	Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
	Passenger Complaint No Damage Vehicle Incident Report Other
	Was the incident reported immediately? Reported to Command: (Name)
	Did a SQM respond to this incident? No. Yes (SQM Name) R. Green
	Date Incident Occurred: 9-6-18 Time Occurred: 9:17 Am Do not have actual date or time
	Date Reported: 9-6-18 Time Reported: 9:17 an This is a late report
	Location of Incident Southern Ave & Forest Hills Apartments
	Complete a separate Incident Report for each passenger affected by this event.
	Passenger Name: Passenger ID/Seat #
Ca nee	Explain what happened: At about 9:20 am Customers shouted to me to stop the bus. I stopped the bus at outhern Ave and Forest Hills Apts. When I locked ack in the bus, I saw a soyr old African merican man on the floor, having the what ked to me to be a seizure. I asked the x men who were too close to him to move back a allow him to breathe freely and let e seizure take its course. After this I led dispatch and informed dispatch that I led ambulance because I had a medical ergency and explained to dispatch what I had served. The ambulance arrived shortly
11	then continued on route without any other inciden
0	perator Signature: Peter M. Makuyana Date Submitted: 09/06/18
	SPP F.8 Rev 5/2015



transdev	SUPERVIS	OR'S INCID	ENT F	REPORT
Date#: $9-6-18$	Time:	917 AM		Run: _330/
Operator #: PETER MAK		Division: 0124		Vehicle:63/5/
Supervisor: Lobert	Green			
Location: Southern	AUE	Washing	for I	00
			-	
Description of Event: Upon	o my Are	RUA/ 70	bus	63151 Operato
Jeter MAKUYA	NA TIRE	* KESCILE	WAS	treating A
Male PATRON MEdical SEIZ	ON the	bus due	10	having A
MEdical SEiz	ure. PAT	from WAS	checi	K AND
RELEASE by 7	FIRE + ZE	scure.		
			1	
		-		
	<u> </u>			
Supervisor Signature:				



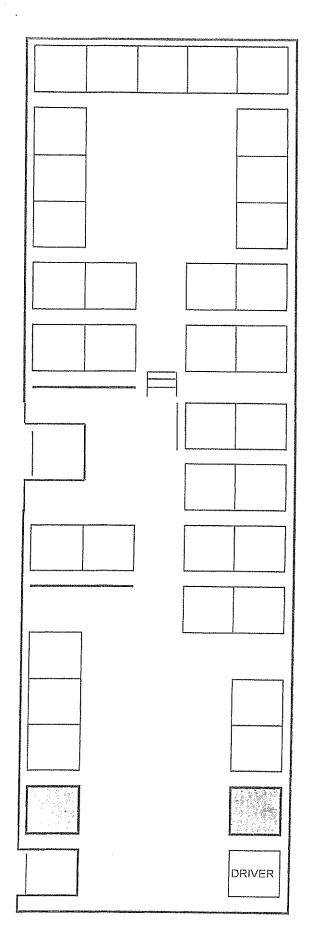
(Check one)	Accident		Incident	X	X Time Supervisor Arrived: 5:25 PM					
Date of O	ccurrence:		9/6/2018	Time of Occurrence:			4:59 PM			
Weather:	Clear	Day of the	Week:	Thur	Thursday		N			
Location (Cross Stre	Location (Cross Street and Town) Old Marlboro Pike & Dowerhouse Road, Upper Marlboro Maryland									
Route Impact:			2	20 Minute Delay						
Employee Name:				inwood Johnson						
Employee Nume.				inwood Johnson						
Run#	20	07	Bus#	632	.06	Tag#	LG92005			
What happened (Be Specific and Brief):	CONTINUE III SELVICE.									
Injuries (if any):				None						
Vehicle Damage				None						
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	l N			
Was the C	Operator sent for D	rug/Alcohol Test (Y	//N):			N				
Not	tified (Indicate nam	a and time) GM:			Jamey Modi	lin @ E:07 D	N.4			
140	ineu (muicate nam	e and time; Givi.			Jamey Mou	iii @ 3.07 P	IVI			
Supervisor	D. Bo	ykins	AGM	K. Jay 5	:07 PM	Maint	T. Ward@ 5:07 PM			
Safety Su	pervisor	S. Fo	rd		Dispatcher		Tyler			
County Name	o and Timo:			Marsha Wilso	∞ @ E.O. DM					
(Check		Telephone	Х	Marsha Wilson @ 5:08 PM  In Person (Must be done within 1 hour)						
Please note the details of this incident will change when the Supervisor Arrives										

### Vehicle Accident Report



Operators CDL # /	Exp Date マスー &37 -06	Valid DC	T Med Card	I / Ехр	Date		Accid	lent Report#	***************************************	***************************************	
Accident Date	Day of Week	Time of Acciden		icles	Smar	Drive T	riggered	Scend	∋ Photos	Substan	ce Abuse Tested
Month Day Year	Mursday	5:05 P	***************************************		ם.	⁄es	□ No	□ Yes	□ No	۵,	Yes □ No
	COMPAN	Y VEHIC	LE 1			*************		OTHER	PARTY	I	
Operator Name (Exactly A	Se Printed On License)				□Vei	nicle 2	□ Bicycl	ist □ Pedes	strian 🏻 Fix	ed Object	□Pax Fall
Address (Include Number,	& Street)	Apt#			Name (Exact)	As Printe	d On License)				
Clinton		Well Zip 20	7735		Address (Inclu	ae Numbe	,		Apt#		
Employee ID#	Date of Hire 9-3-20	913 Student Dri	ver? Y/N		City or Town		State		Zip		
# of Cards # of	Occupants # Seated	# Standin	9		Date of Birth	Sex	-	Driver's Licer	isa Lic St	ale	# of Occupants
Bus ID# Plate #	/ State	Vehicle Year / Make			Insurance Co		M □ F Policy#&E		No		
	2005 Md		110		magrance ou		CORCY # G ED	p cate			
Vehicle Type	Roule # &	Run# 0 /2co T	<del></del>		Name (Exactly	As Printe	d Registration)				
VIN 159683	17134117	8 119			Address (Inclu	de Numbe	r & Street)		Apt#	······································	
Insurance Co Old Repub	Policy#&	Expiration Date 13.212.68	( 07/0	1/19	City or Town	***************************************	Sta	e	Zìp		
	Location of Adaction of Adaction of Adaction	cident ,		-/	Plate#	State	Year &	Make of Vehicle	Vehicle :	Туре	Cofor
Address/street on which a	wer Herse K	d			VIN						
	Feet N S E				Telephone#					***************************************	***************************************
© On Roadway	☐ Off Roadway			-	-						
At Bus Stop? 1 Yes [		ır Stop □ Far Stop	□Mid-Block s	itop							
			E	nvironn	nental Conditi	ons					
Weather & Clear	Surface ISLBN	Traffic Co		ul Daylight			Roadway	# of Lanes	Roadway Cl	naracteristic	<u>:s</u>
☐ Cloudy	□Wet	☐ Yield Si	gn 🗀 C	)awn			🗆 Undivid	ed	Straight a	nd Grade	
☐ Raining ☐ Snowing	☐ Icy ☐ Snow	☐ Traffic S ☐ Flagma	n 🗆 🗅	ark Roa	ad – Unlighted			ê	☐ Straight at ☐ Curve and		
☐ Foggy ☐ Other	☐ Other	☐ Uncontr ☐ Other	olled 🗆 🗅	ark Roa	ad - Lighted		☐ Gravel☐ Other☐	***************************************	☐ Curve and ☐ Curve at F		
	Pre .	Accident Movement		·····	······		I				
V1 /V2/OV	V1 V2161	/	V1	V2/0	٧		D-100 Unu	oad Conditions sual Conditions	:		
☐ Going Straight		dting Bus Stop			Changing Lane	5	☐ Holes / I				
☐ ☐ Making right tu☐ ☐ Making right or	n red 🔲 🗆 Sl	ntering Bus Stop owing or stopping in t	n		Passing Merging		☐ Constru	ction / repair zon aterial on road	e		
☐ ☐ Making left turr☐ ☐ making left on i		opped in traffic arked		√Ó E	Backing .		☐ Reduce	d road width			
☐ ☐ Making U Tum		olded object in road	Q	″ U (	Other		□ Other				
Vehicle Lights	<u>Turn Signals</u>	Posted S	peed Limit	Est	imated Speed	Limit	Directio	of Travel	Acc	ident / Colli	sion With
No 1 BarOn □ Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn O	E .	32 mph	Vehic	же1 <u>С</u>	mph		ided	☐ Other Moto	r Vehicle	
No 2 □ On □ Off	No 1		mph	Vehic	le 2	mph		E/W	☐ Bicyclist ☐ Rail Train		
A	No 2 D Left Turn On							icle 2 E W	☐ Fixed Object ☐ Pedestrian		
	No 2 ☐ Rìght Turn Oi No 2 ☐ Four Ways O						0	**	☐ Animal		
☐ Crossing With Signal			<u>Ped</u> □ Riding / Wal		I Bicyclist Act		***************************************				
☐ Crossing - No Signal of			🗆 Riding / Wal	king Ag	ainst Highway	With Traf	ñc			shing / Work Irking In Roa	ing On Vehicle
☐ Crossing Against Sign ☐ Crossing - No Signat/	Marked Crosswalk	+	□ Emerging Fr □ Playing In R	oad			d Cars		☐ Not	t In Roadway	
☐ Going To / From Stopp	ped Bus		☐ Getting On /	Off Veh	icle Other Tha	n Bus			□ Oth	SPP F.20	7/0045

### Vehicle Accident Report AR# Police Investigated? Yes No □ Backing ☐ Passing ☐ Railroad Crossing ☐ Merging ☐ Sideswipe ☐ Hit Fixed Object Police Department Responding \_ ☐ T-Bone ☐ Head On ☐ Hit Pedestrian Officer Name (Badge / ID #) \_\_ ☐ Right Turn ☐ Bus Right Mirror □ Hit Animal ☐ Left Tum ☐ Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation Precinct # Report # ☐ Sudden Stop ☐ Vehicle Rear Ends Bus Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip Without Pax With Pax ☐ Business Trip 泊Fixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit Para Transit □ Maintenance Vehicle 2 Towed By. Accident Description Description of Damage Company Vehicle ☐ Minimal ☐ Moderate ☐ Major ☐ Moderate ☐ Major Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Articulated Bus Shuttle Vehicle Bus 2 Bus 1 Name of Witness / Injured Type of Injury Claimed Age Claiming Injury? Injured Transported To Other Transported To Transported By Unit # laim<u>ins</u> Mol 883-2485 Supervisor Name (Print): <u>Vo</u>^ Supervisor on Scene? Unit Number 1 - 4 \_Supervisor / Manager Reviewing \_



# BUS DIAGRAM

If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Complete and turn in with accident forms ASAP.

Thank You!

Date: 9-6-2019 Time: 5.05
Location: <u>Old Marlboro Rike @ Dwart</u> buse Rd
Driver: Linwood Johnson
Supervisor: Den Bog Kin

## Today's Date: Time: 2 Route # 2 Vehicle# Operator Name: \_ Report Submitted to: Supervisor Dispatch Safety Dept. Passenger Incident Passenger Injury Check One: Passenger Accident ☐ Vehicle Damage Passenger Complaint ☐ No Damage Vehicle Incident Report ☐ Other\_\_\_ Was the incident reported immediately? Reported to Command: (Name) \_\_\_\_(\_\_\_\_\_ I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) 18 Time Occurred: $1705 \, h^{ct}$ Do not have actual date or time Date Incident Occurred: 7-6-んでんめTime Reported: 」 This is a late report Location of Incident Complete a separate Incident Report for each passenger affected by this event. Passenger Name: ( Passenger ID/Seat # \_\_\_ Explain what happened: Operator Signature:

Date Submitted:



Accident/Incident/Workers Comp#:			
	(Workers Co	omp # Issued by Sedgwick)	
Name Linwood Johns	on	Birth Date	Hire Date 9-3-/3
Driver's License# 5-5355 Employee Number 306 DOT CARD VALID? (Yes or NO (IF N	5 <u>22-23</u> 566 NO, PLEASE EXPLAIN		
	**************************************		
HOME ADDRESS: // )	6/issac	le Dr.	
city <u>Olinton</u>	STATE	M.D	ZIP CODE <u>20735</u>
HOME PHONE NUMBER  301-3-03-13/3	301-55	1BER 35-8220	EMPLOYEE STATUS (please circle)  FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?  Yes / No / Unknown	GENDER (M) or F	MARTIAL STATUS	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME  / S 5 O AM o PM / 4 9	* 27 hrs	PM)	



# Transder supervisor's incident report

Date#.	<u>08-06-201</u>	S Time: _	<u>605pm</u>	Run: <u>2007</u>	
Operator #	:Linwood 3	solves	Division: 0124	Vehicle: <u>- 6320</u> を	
Supervisor	D. Byk	<u>(                                    </u>			
Location:	<u> </u>	Rke Dower ress or Cross Street	Hose Rd. (	pper Mortboro P. Ke City & State	
Description	n of Event: 🕡	Thile heade	d to upperMarl	oom on the 2007 bloc	<u>.</u>
on bus	6320Cc	Operator	L. Johnson Sle	sed down to service	
the s	top o the	at location	a male passe	enger Cuhorn requested	
the stor	) steed	up and l	lost his balance	e, falling down	
	140			Solmson Called dopot	1
			V	iger stated that he	
				of the passenger was	5
	<del>atexicata</del>				
	The F	)assenger	is / Gregory	Bagley	
	•		· · · · · · · · · · · · · · · · · · ·	rocklee Dr.	
				Thoro Mel.	
***************************************			<del></del>	20772	
			202/383-6		wheelerschause
			,		
					********
		***************************************	,		
Supervisor	o:	Jon Bay L	<u></u>		



(Check one)	Accident		Incident	dent X Time Supervisor Arrived: 3:31 PM				
Date of C	ccurrence:		9/14/2018	Time of Occurrence: 3.				
Weather:	Rain	Day of th	ne Week:	Friday		DHD (Y/N	): N	
ocation (Cross Str	eet and Town)		373	7 Branch Avenue,	Temple Hills, M.	arvland		
						A STATE OF THE STA		
Route Impact:				30 Minute Delay				
Employee Name:				Sinora Phillips				
Run#	3	252	Bus#	63	169	Tag#	LG85850	
Be Specific and Brief):		was sarely remo	oved from the b	ous. Operator was	able to continue	e into service	à.	
uries (if any):				None				
hicle Damage				None				
(Check all t	nat apply)	Police	Y	Ambulance	N	Tow	N	
Was the C	perator sent for D	Prug/Alcohol Test (	Y/N):			N		
						IV.		
Not	ified (Indicate nan	ne and time) GM:			J. Modlin	@ 3:30 PM		
Supervisor	D. Ja	ckson	AGM	K Jav 3	·39 PM	Maint	Ray 2:41 DM	
						Iviaiiit	Kdy 3.41 FIVI	
Asst. Safe	ty Mgr.	R. Jones @	3:40 PM		Dispatcher	STATE OF THE PARTY OF THE	Tyler	
County Name	and Times							
		Telephone	Y	M. Wilson @ 3:36 PM				
		Тегерионе	A SERVICE OF THE SERV	III Person	N-Market Market Market	(Must be	e done within 1 hour)	
Asst. Safe  County Name (Check ease note the tails of this incident I change when the pervisor Arrives	ty Mgr.			M. Wilson In Person	Dispatcher	Maint (Must be	Ray 3:41 P	



## Transdev supervisor's incident report

Date#: 9-14-18 Time: 3.30 p M	Run: 3252
Operator #: S. Philipp E Division: 0124 Vehic	le: 63169
Supervisor: D. Jack 50N	
Location: $TV \in PSON St$ . $TEMP \setminus E$ Address or Cross Street City & State	Hills, Md
Description of Event: I ARRIVED ON the SCENE	e A t
3:30 pm, AND the OPERATOR STATE	b that
She had a patron on the bus	that
SEEM to be VERY UNSTABLE, FIND	having
MENTAL ISSUES. I tried to talk	40
the pateon, AND WAS VERY UN	evit a siz good
I continue to try to Proces	
Situation with the patron, Ar	3 A cu
212 EVENTRUIN GET OFF The	
ON his own ACCORD. There	
NO INSURIES to ANY OF the	2 most ng
1+ + FI Rud 3 At MO 3 SASW + FAT	he time
OF the Situation.	
Supervisor Signature: Dumbh Jan Won	***************************************

### Operator Incident Report



Today's Date: 9114 18 Time:
Operator Name: SINGCa Philippe Vehicle #6169 Route #325 2
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name) Dispatch  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name) To Section  Date Incident Occurred: 9(14/18) Time Occurred: 15-05 Do not have actual date or time  Date Reported: 3/14/18 Time Reported: 15-10 This is a late report
Location of Incident Inerson Hall
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:  To picked up the passenger on 28th are once he Boarded the bus the began acting errotic and yerbally abusing the other passengers once one of the passengers stanted to confront him I ake to Dispatch of the Situation and a supervisor and the police was established to the Iverson Mall stap
Operator Signature: Date Submitted:



(Check one)	Accident	Incident		X Time Superviso		or Arrived: 5:12 PM		
Date of Oc	currence:		9/18/2018		Time of Occ		4:47 PM	
Weather:	Clear	Day of the	: Week:	Tuesday		DHD (Y/N):	N	
Location (Cross Stre	et and Town)		3930 9	Suitland Road, Sui	tland , Maryland	d 20746		
Route Impact:		2 Missed Pulls						
Employee Name:	Christopher Colores							
Employee Name.	Christopher Coleman							
Run#	34	52	Bus#	631	.62	Tag#	LG84953	
What happened (Be Specific and Brief):	fic and							
Injuries (if any):	None							
Vehicle Damage		(	Cracked Passage	er side window (E	ack window)			
(Check all th	nat apply)	Police	Υ	Ambulance	N	Tow	N	
Was the O	perator sent for D	rug/Alcohol Test (Y	//N):			N		
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 4:58 PM				
Supervisor	D. Jac	ckson	AGM	K. Jay 4	:47 PM	Maint	Zaw Zaw 5:01 PM	
Asst. Safe	ty Mgr.	R. Jones @	5:12 PM		Dispatcher	Tyler		
County Name	and Time:			M. Wilson @ 4:59 PM				
(Check	one)	Telephone	Х	In Person		(Must be	done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								

### Operator Incident Report



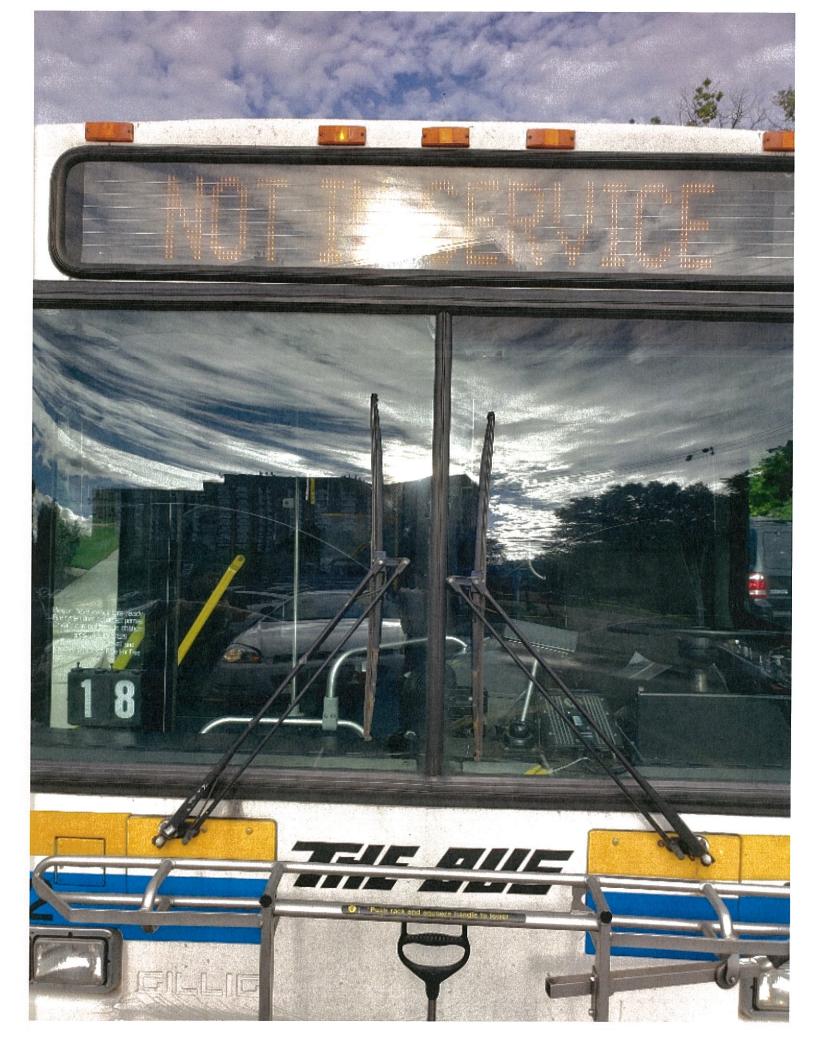
	Production (1980)			
Today's Date: _	1-18-15		Time: <u>4.45</u>	A Maria Mari
Operator Name	:: <u>Chostepher o</u>	clemen.	Vehicle # <u>63/62</u>	Route #
Report Submitted	d to: Supervisor	Dispatch DS	afety Dept.	
Check One:	Passenger Accident [	Passenger Incide	nt Passenger Injury	☑ Vehicle Damage
<b>Pas</b>	senger Complaint 🔲	No Damage Vehic	e Incident Report  □Oth	er
Was the incident	reported immediately?_	<u> 1/85</u> Re	ported to Command: (Nan	ne) Dispotch
	ne incident immediately l			
Did a SQM respor	nd to this incident?	lo 🖫 Ýes (SQM	Name) <u>Superviso</u>	r lackson
Date Incident Occ	:urred: <u>-1/8-1/8</u> -	ime Occurred: 👍	<i>1115pm</i> □ Do not	have actual date or time
Date Reported: _{	<u> </u>	ported:	$\int \frac{1}{2\pi} \int \frac{1}{2\pi$	
			Apartments	
	/ ate Incident Report for e		<i>f</i>	
Passenger Name:			_ Passenger ID/Seat #	
in Capi back v Jamaged	79/ Cross	NG apar Kit Wit	roching the rith an object break.	ight side
		***************************************		
Parket and the second s				
	Mintel 1	In waren		18 10/ 10
perator Signature:	STANDARD ST		Date Submitt	red: 9-15-18

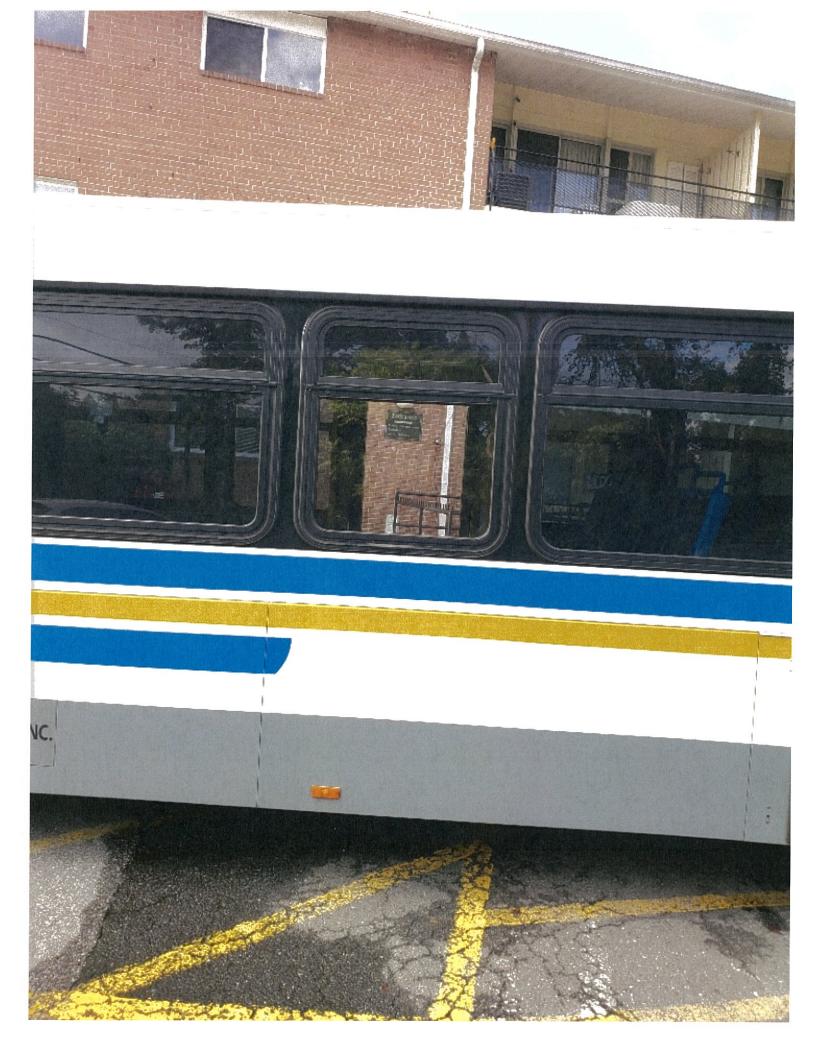
7-/3 \/\X SPP F.8 Rev 5/2015

## transdev supervisor's incident report

Date#: 9-18-18 Time: 5:12 pm Run: 3452
Operator #: C. COLEMAN Division: 0124 Vehicle: 63162
Supervisor: D. JACKSON
Location: SUITIAND RD SUITIAND, MD Address or Cross Street City & State
Description of Event: I ARRIVED ON THE SCENE AT
5:12 pm, AND the OPERATOR STATED That
While he was driving in Capital
CRUSSING FIPARTMENTS SOMEONE THREW
A ROCK At the bus CRACKING the
4 WINDOW ON the PRSSENGER SIDE.
At the time OF the incapent there
WAS 2 PATRONS ON the bus At the
time of the situation. When i.
ARRIVED ON the SCENE THERE WAS
NO PATRONS ON the SERNE At
the time. AND NO INJURIES to
REPORT. The bus was taken out of
SERVICE to be REPAIRED.
18-0056751 Dist. III P.O. Hang 4174
The state of the s

Supervisor Signature: Double Paulsen











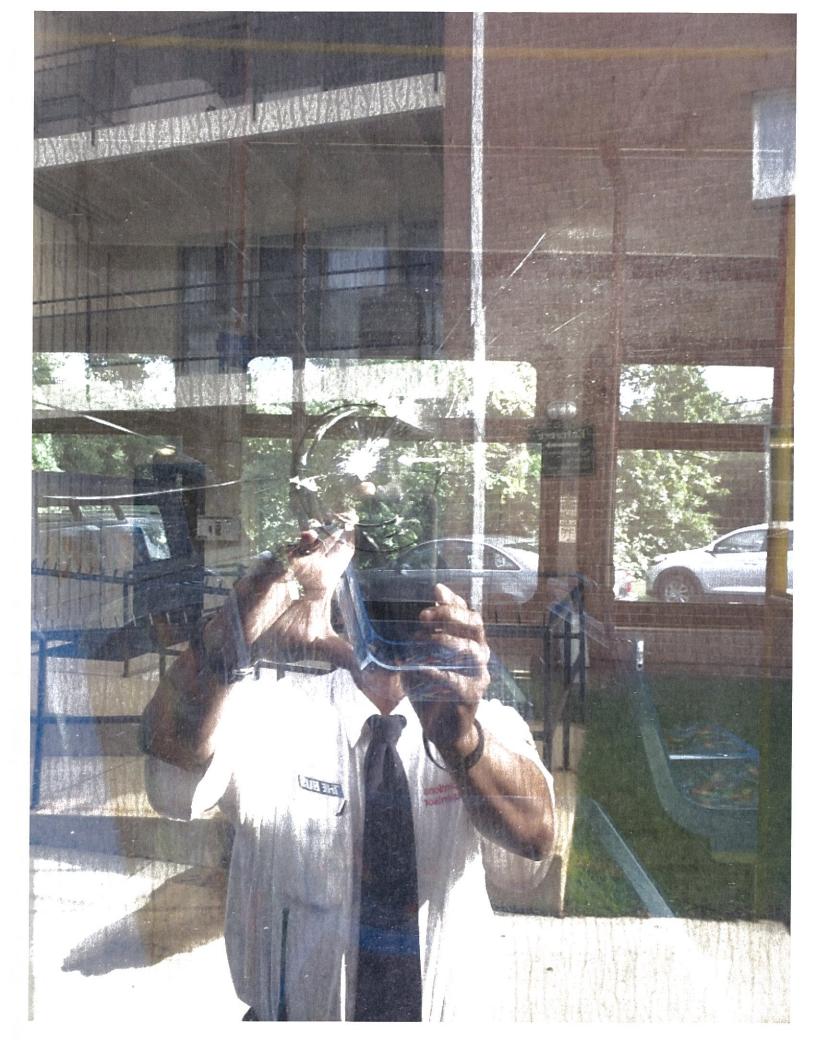


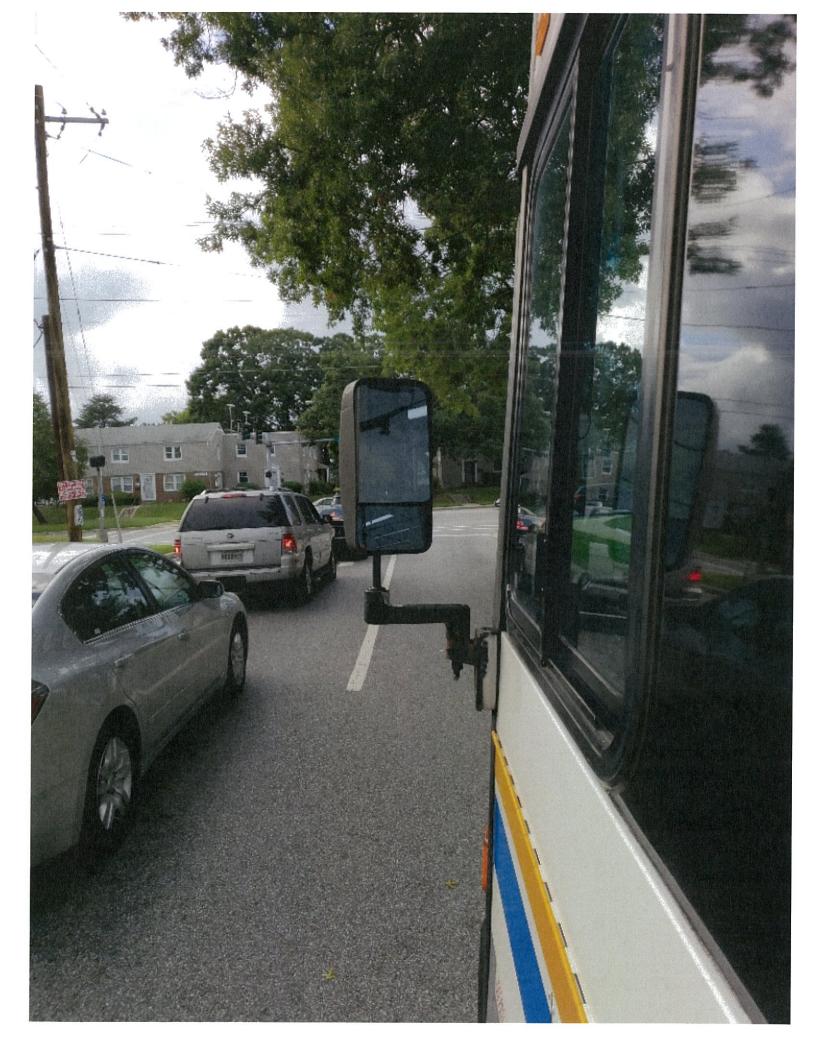


# PRINCE GEORGE'S COUNTY TRANSIT

NOTICE THIS BUS STORS AT ALL RAILROAD CROSSINGS THE BUS









(Check one)	Accident	Х	Incident	X	Time Superviso	or Arrived: 11:28 AM		
Date of Oc	currence:		9/21/2018	Time of Oc		currence: 11:40 AM		
Weather:	Clear	Day of the	Week:	Friday		DHD (Y/N):	N	
Location (Cross Stre	et and Town)		Valley Tr	ail @ Bain Drive,	Capital Heights,	Maryland	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	
Route Impact:		1 missed trip						
Employee Name:				Tanika Posey				
Employee Hume.				Tallika i OSEy				
Run#	22	02	Bus#	632	203	Tag#	LG92008	
What happened (Be Specific and Brief):	I mignies reported, the lemale patron staved on the bus her designated location. The operator continued on rollie.							
Injuries (if any):			STATISTICS AND ENTRY OF THE PARTY OF THE PAR	None				
Vehicle Damage				None				
(Check all ti	nat apply)	Police	N	Ambulance N		Tow	N	
Was the C	perator sent for Di	rug/Alcohol Test (Y	/N):			N		
		-8,						
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 11:35 AM				
Supervisor	K. Als	ston	Ops Mgr.	R. Bandak 11:34 AM		Maint	O'neil @ 11:43 AM	
Asst. Safe	ty Mgr.	R. Jones @ 1	1:29 AM		Dispatcher	Pro	ctor/Venus	
							Established States	
County Name	e and Time:			M. Wilson @	9 11:33 AM			
(Check one) Telephone		X	In Person (Must be done within 1 hou			done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives								

### Operator Indident Report



Today's Date: 19121		Time: 11.28A	
Operator Name: TONCON F	Vehi	icle #	Route # 2 2 2 0 / 2
Report Submitted to:	☑ Dispatch ☐ Safety I	Dept.	
Check One: Passenger Accident	Passenger Incident [	Passenger Injury [	Vehicle Damage
Passenger Complaint	No Damage Vehicle Incic	ient Report	
Was the incident reported immediately?	Reporte	d to Command: (Name)	JUP FRECKE
I did not report the incident immediately			***************************************
Did a SQM respond to this incident?		The galle	HISE
Date Incident Occurred: VALUE	Time Occurred: 11,2°	Do not have	ve actual date or time
Date Reported: Time R	eported:	This is a late rep	ort
Location of Incident Walley T	VAR LAVE		
Complete a separate Incident Report for	each passenger affected b	y this event.	7
Passenger Name:	Pas:	senger ID/Seat #	H H
Explain what happened:  10 JANA TRADETE  16 VER DAG TRADETE  NOTE OF THE PROPERTY OF THE PROPE	ne copo ha	ading the the Responsibilities	e frakvoussy
Operator Signature:		Date Submitted	d: <u>OG   Z   1   8</u> SPP F.8 Rev 5/2015

Chenelle King (301) 910-0213 Chenelle mking @yahoo.com P.S. I am okay, just be hart my arm but the paper work off -CKes



Date#: $9-21-18$ Time:	11.28 AM	Run: 2202
Operator #: Tanka Poscy	Division: 0124	Vehicle: <u>63203</u>
Supervisor: Alston		
Location: Valley Trail Lane Address or Cross Street	et Capit	al Heights MD ty & State
Description of Event: When I ar	rived at bus 63	203 Operator
Poscy and the patron	was standing ou	itside of the
bus, when I ask wha	+ happen operato	r posey and
the patron said that	t the patron u	Das walking up
the rear Steps when	the patron 31	ip and fell.
the patron also said	She was not	injuried.
Supervisor Signature:	lile	



(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: 4:20 PM			
Date of Oc	currence:		9/26/2018	Time of Occ		currence:	3:35 PM		
Weather:	Clear	Day of the	e Week:	Wednesday		DHD (Y/N):	. N		
Location (Cross Stre	et and Town)		Baltimore Av	enue & Van Bure	n Street, Hyatts	ville, Marylan	d		
Route Impact:	: 1 Missed Trip								
Employee Name:	Juveena Parker								
Run#	17	52	Bus#	631	.66	Tag#	LG84950		
What happened (Be Specific and Brief):	Operator called into dispatch to inform us about a verbal dispute between two patrons over a cellular phone.  Supervisor and Police was dispatched to the location to mitigate the situation. There were 4 patrons onboard. No injuries to report. Operator was able to continue in service.								
Injuries (if any):	None								
Vehicle Damage				None					
(Check all th	nat apply)	Police	Y	Ambulance	N	Tow	N		
Was the O	perator sent for Di	ug/Alcohol Test (\	(/N):			N			
Not	ified (Indicate nam	e and time) GM:		J. Modlin 3:42 PM					
Supervisor	T. Ogu	ndana	AGM	K. Jay 3:	39 PM	Maint	Zaw Zaw 4:10 PM		
Safety Sup	ervisor	S. Ford @ 4	1·08 PM		Dispatcher	l Tyle	er/M. James		
Surety Sup	2011	3.1014 @	1.00 1 141		Disputerier	Tyl	ery ivi. James		
County Name	e and Time:			M. Wilson @ 3:37 PM					
(Check	eck one) Telephone			In Person (Must be done within 1 hour)					
Please note the details of this incident will change when the Supervisor Arrives									

### Operator Incident Report



The second of th
Today's Date: 9.26 Time: 4.20Pm
Operator Name: VIVEENA PARKEN Vehicle # 63166 Route # 1702
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? 3.40 PM Reported to Command: (Name) Manita
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name) Tayo
Date Incident Occurred: 926 8 Time Occurred: 3.40 Pm Do not have actual date or time
Date Reported: 9/26/18 Time Reported: 3.42Pm This is a late report
Location of Incident Van Bueen St and baltimore AUC
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
A black man and a white women was fighting over a phone. I stop the bus and called dispatch when the women yelled out call the police. A passenger spit them up.
·
erator Signature: Juneara Port Date Submitted: 9.36.17 SPP F.8 Rev 5/2015



transdev supervisor's incident report
Date#: 926 18 Time: 4.20Pm Run: 1702
Operator #: PARKER JUVEENA Division: 0124 Vehicle: 63/66
Supervisor: TAYO OGWDANA.
Location: VAN BUREN STREET & BACTIMORE AVENUE, HYATTSVILLE.  Address or Cross Street  City & State
Description of Event:
I responded to an incident on the 1752
I responded to an incident on the 1752 operated by Parker Inveens where two patrons
where grarreling over a phone. When I got
there, there was no patrons on the bas.
One witness the operator took his number
717-440-1079 (Joseph Koivisto)
Redirected the operator to Mount Rainier
for 4:45pm pull.
XV2
Supervisor Signature:



(Check one)	Accident	Х	Incident		Time Supervi	sor Arrived: 11:27 AM			
Date of Oc	currence:		9/6/2018	Time of Oc		currence: 11:10 AM			
Weather:	Clear	Day of the	Week:	Thurs	Thursday		N		
Location (Cross Stre	et and Town)			St	uart Lane				
Route Impact:		25 minutes							
Employee Name:		Kiana Vanhorn							
Zimpioyee realine.				Klaria Variriori					
Run#	360	01	Bus#	6262	20	Tag#	LG94090		
What happened (Be Specific and Brief):	reported at this time. Strategic operator continued in service.								
Injuries (if any):	None								
Vehicle Damage			Passenge	er side rear outer	tire damage				
(Check all t	hat annly)	Police	] N [	Ambulance	N	Tow	N		
	The state of the s			Ambalance		1000			
Was the Ope	erator sent for Drug	g/Alcohol Test (Y	/N):			N			
Notifie	ed (Indicate name	and time) GM:			J.Modli	n @ 11:30 AN			
Supervisor	Robert	<u>Green</u>	AGM	R. Bandak @	11:30 AM	Maint	Oneal @ 11:30 AM		
Safety Mgr. & As	sst. Safety Mgr.	S. Ford @ 11:3	O AM		Dispatcher	<u>M. F</u>	Proctor / Taylor		
County Name and Time: Marsha Wilson @ 11:50 AM									
(Check		Telephone	Х	Marsha Wilson @ 11:50 AM In Person (Must be done within 1 hour)					
Please note the details of this incident will change when the Supervisor Arrives									

### Vehicle Accident Report

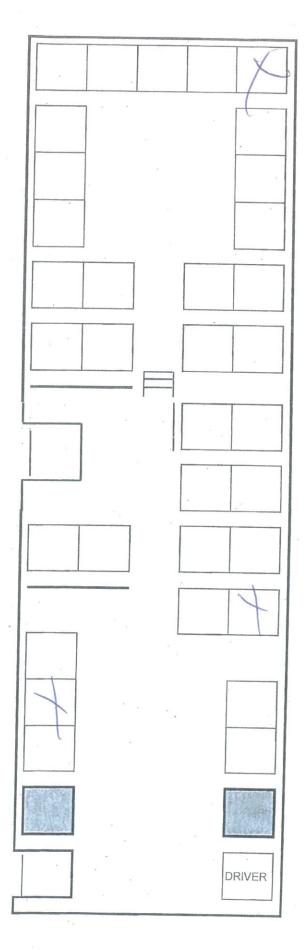
Accident Type



Operators CDL#	Exp Date		Valid DOT Med Card / Exp  ☑ Yes □ No //-			Date Accident Report					
Accident Date	Day of Week	Time of Accident	# of Vehi	" "	,		riggered	Scene	Photos	Substand	e Abuse Tested
Month Day Year 9 6 18		1110	0			Yes [	□ No	Yes	□No	ПΥ	es No
Palentina	COMPA	Y VEHICL	E1		ELECTION.			OTHER I	PARTY		
Operator Name (Exactly A	As Printed On License)				□ Vel	nicle 2	☐ Bicyclist	□ Pedes	trian 🗆 Fix	xed Object	□Pax Fall
Address (Include Number	& Street)	Apt#		- I	Name (Exactly	As Printed					
6804 FARMER DR					,						
FORT W	ASHINSTON	State Zip 207	,		Address (Inclu	de Number	& Street)		Apt#		
Employee ID# 36/3	Date of Hire 4-15- 2	Student Drive	17 Y(N)		City or Town		State	/	Zip		
	Occupants #Seated				Date of Birth	Sex		Driver's Licen		tate	# of Occupants
Rus ID# Plate#	State	Vehicle Year / Make	1.11:0		Insurance Co		M D F Policy # & Exp Da		No 1		
Vahiala Tuna	97/07 MP	20/2 Run# 36	6.11.7		Name (Freed)	4- D/-/-/	D 11 "	X/			
Vehicle Type	36				Name (Exactly	As Printed	Registration)	(/	<b>7</b> 11		
VIN 156	6E2713		70	- 1	Address (Includ	de Number	& Street)		Apt#		
Insurance Co. Old REpubl	Policy#8	Expiration Date	-2019	7	City or Town		State		Zip	Zip	
Address/Street on which a	Location of A	ccident		1	Plate#	State	Year & Mak	e of Vehicle	Vehicle 1	Туре	Color
At intersection with				1	VIN						
	Feet N S E	W of		-	Telephone #						
☑ On Roadway	☐ Off Roadway				rotopriorio n						
At Bus Stop? ☐ Yes I		ar Stop ☐ Far Stop I	⊐Mid-Block st	ор							
					ntal Condition	ons					
Weather     Surface     Traffic Control     Light       □ Clear     □ Dry     □ Stop Sign     □ Daylight       □ Cloudy     □ Wet     □ Yield Sign     □ Dawn       □ Raining     □ Icy     □ Traffic Signal     □ Dusk			aylight awn isk ark Road	□ Undivided □ Straight and Grade □ Asphalt □ Straight at Hillcrest ad – Unlighted □ Concrete □ Curve and Level							
	Pre	Accident Movement					Unusual Boad	Conditions			
V1 V2/OV	V1 V2/01	1	V1	V2/OV			M No Unusual	Conditions			
☐ ☐ Making right tu☐ ☐ Making right on ☐ ☐ Making left turn	☐ ☐ Making right turm ☐ ☐ Entering Bus Stop ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			☐ Pas	Changing Lanes  Changing Lanes  Passing  Construction / repair zone  Merging  Dacking  Reduced road width  Other						
Vehicle Lights	Turn Signals	Posted Spe	eed Limit	Estima	ated Speed I	imit	Direction of	Travel	Acci	ident / Collisi	on With
No 1 M On □ Off No 2 □ On □ Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn O No 1 ☐ Four Ways O	n romaio : _	5 mph	Vehicle	1 5	mph	Vehicle N 6 E	W	☐ Other Motor ☐ Bicyclist ☐ Rail Train	r Vehicle	
200000000	No 2	1	mae z mpn Vehicle				Vehicle N S E	2 W	☐ Fixed Object☐ Pedestrian ☐ Animal	et	
			Pede	strian / B	Bicyclist Acti	on					
□ Crossing With Signal □ Riding / Walking A □ Crossing - No Signal or Crosswalk □ Riding / Walking A □ Crossing Against Signal □ Emerging From in □ Crossing - No Signal/Marked Crosswalk □ Playing In Road □ Going To / From Stopped Bus □ Getting On / Off Ve					st Highway V nt of or Behin	Vith Traffic d Parked (	Cargy / A		□ Wor □ Not □ Othe	hing / Working rking In Roadw In Roadway er	vay

### AR# Police Investigated? ☐ Yes ☐ Backing ☐ Passing ☐ Railroad Crossing ☐ Sideswipe ☐ Merging ☐ Hit Fixed Object Police Department Responding ☐ T-Bone ☐ Head On ☐ Hit Pedestrian ☐ Bus Right Mirror ☐ Right Turn Hit Animal Officer Name (Badge / ID #) ☐ Left Tum ☐ Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation Precinct# Report# ☐ Sudden Stop ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Over Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip Without Pax With Pax ☐ Business Trip Fixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: То Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: To Accident Description Description of Damage Company Vehicle ☐ Minimal ☐ Moderate ☐ Major Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Articulated Bus Shuttle Vehicle Bus 1 Bus 2 Truck -Name of Witness / Injured Age ng Injury? Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # Supervisor on Scene? Yes Yes / No Supervisor Name (Print): Unit Number 0/24 Supervisor's Signature Supervisor / Manager Reviewing

Vehicle Accident Report



# BUS DIAGRAM

If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on
Accident Involvement Passenger List
when complete

Complete and turn in with accident forms ASAP.

Thank You!

Date: 9-6-18	Time: 1/10 Am
Location: Woody	TERR. Sturts LA
Driver: KIANA	Vanhonue
Supervisor	Sref.
	1

Operator Incident Report
Today's Date: 9/4/8 Time: 9/6/18  Operator Name: Kiana Vanton, Vehicle # 6260 Route # 366/
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name)  Date Incident Occurred: Time Occurred: One of the port of the incident of the port of the incident of the port of the incident of the port of the por
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:  ON DVS (2626 on Big Black large bild  Mady Confact with front wind Shild Driver to Those  Stantbel me Caveing my to manester to right  DVS MADE Confact with curb
Operator Signature: SPP F.8 Rev 5/2015



## **EMPLOYEE INFORMATION**

Accident/Incident/Workers Comp#:	ACC, deNT	
	(Workers Comp # Issued by Sedgwick)	
Name /	Birth Date	Hire Date
KIDNA VANHORN	E 03/15/19	71 4-15-2002
Driver's License# V - 565-	469-597-197	
Employee Number	3013	
DOT CARD VALID? Yes or NO (IF N	O, PLEASE EXPLAIN WHY):	
HOME ADDRESS: 6804 TAI	RMER DR FT (	NASHINGTON MD
CITY FURT WASH	STATE MD	ZIP CODE
HOME PHONE NUMBER 202 246 4995	DAY TIME NUMBER SAME	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?  Yes / No/ Unknown	GENDER MARTIAL STATUS  M or F M S W D	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME*	3 AM or PM	

<sup>\*</sup>This  $\underline{\text{COMPLETED}}$  document  $\underline{\text{MUST}}$  be included in  $\underline{\text{ALL}}$  Accident/Incident/Workers Comp Files\*



# transdev supervisor's incident report

Date#: $9-6-18$ Time: _	11 AM	Run: 360/
Operator #: KIANA VANHORNE	Division: <u>0124</u>	Vehicle: 62620
Supervisor: KOBERT CREEN		
Location: Woody Terr / STU	RTS LA CI	liston MD
Address or Cross Street	(	City & State
Description of Event: Upon my AR	erival to bus	62620 OPERATOR
VANHORNE I pofice to	hat if was	damage to the
PASSENGER Side Light	Rim + Tike,	Operator States
the while driving,		1/2
Contact with the di	1	_
CAUSING hER to SWERVE	Right and	making Confact
with the Curb day		
		,
Supervisor Signature:		

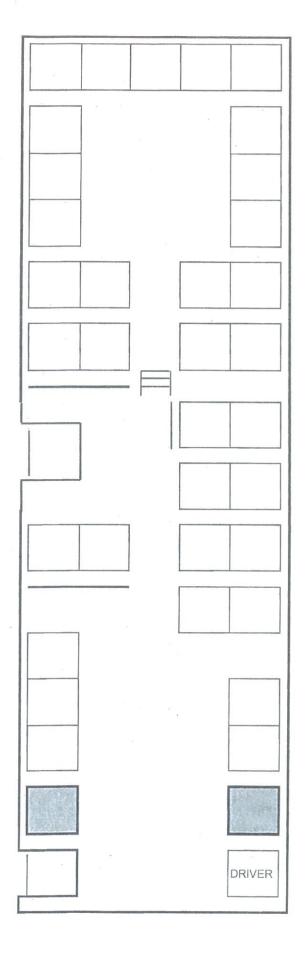


(Check one)	Accident	X	Incident	t Time Supervisor Arrived: 1:14 PM					
Date of Oc	ccurrence:		9/10/2018		Time of Occ	currence: 1:00 PM			
Weather:	Clear	Day of the	e Week:	Mon	day	DHD (Y/N):	N		
Location (Cross Stre	et and Town)		Baltimore	Avenue @ Van Bu	ıren Street - Hva	ttsville. MD			
Route Impact:			2	0 - Minute Delay					
Employee Name:	ne: Linwood Ham								
Run#	17	03	Bus#	626	37	Tag#	LG94081		
	Operator stated	d that the right-side		ontact with a fixe or continued in se		isor dispatch	ed to assist. Relief		
What happened			•						
(Be Specific and Brief):									
Brief):									
Injuries (if any): None									
Vehicle Damage			Right Co	onvex mirror deta	ched				
Venicle Damage			MgHt Co	onvex militor deta	cried				
(Check all t	hat apply)	Police	] N	Ambulance	N	Tow	l N		
Was the 0	Operator sent for D	rug/Alcohol Test (\	Y/N):			N			
Not	tified (Indicate nam	e and time) GM:			J. Modlin	@ 1:12 PM			
	1 4		0	1	4.00 DA4		0		
Supervisor	K. Alston Ops Mgr. M. James 1:00 PM Maint Oneal @ 1:07 PM						Oneal @ 1:07 PM		
Acet Cofe	ntu Mar	l Blance	1.0E DM		Dispatcher		M. James		
Asst. Safety Mgr. R. Jones @ 1:05 PM Dispatcher M. James									
County Nam	County Name and Time: M. Wilson @ 1:13 PM								
(Check one) Telephone X In Person (Must be done within 1						done within 1 hour)			
(oncorone) receptions X Intreson (masses done with thou)									
Please note the	le le								
details of this incident will change when the									
Supervisor Arrives									



			1		7.=	5.			A 11	1 D 1 #					
Operators CDL # / Exp Date 7 - 24 · 21 Valid DOT Med Card / Exp H - 500 - 502 - 773 582 PYes DNo 12							Date Accident Report					* NIA			
Accident Date	Day of Week		of Accident	# of Vehi	cles	SmartDrive Triggered Sce				Scene	ne Photos Substance Ab		ince Abuse Tested		
Month Day Year		1 1:0	NOM.	7		П	Yes	D No		□Yes	□ No		Yes No		
9-10-18	Monda	4 10	UPM				100						100 12110		
	CHAIR THE STREET AND ADDRESS.	PANY	VEHICLE	1	Sale					OTHER F	PARTY				
Operator Name (Exactly As		. 1				□Ve	hicle 2		Bicyclist	☐ Pedes	trian 🛛 Fi	xed Object	ct		
Address (Include Number 8	Quentin Street)	Hain	SR Apt#			Name (Exactl	As Printe	ed On Lic	cense)				到 经国际联 法国工作公司		
12604 KW	no Tevi														
City or Town	3	State	Zip			Address (Inclu	ide Numb	er & Stre	et)		Apt#				
Employee ID# Date of Hire Student Driver? Y.(N)					City or Town			State		Zip					
30067	I - DO-	18	Student Driver			Gity or Town			State		Zip				
# of Cards # of		Seated	# Standing			Date of Birth	te of Birth Sex Driver's License Lic. State # of C				# of Occupants				
	0	0	0					л п	F	□Yes □	No				
Bus ID# Plate #	Sta		Year / Make			Insurance Co	,	Polic	y # & Exp D	ate					
Vehicle Type	94181 M	ute # & Run #				Name (Exactly	As Printe	ad Regis	tration)						
Biss	100	h - makesia	03			Hame (Excess)	rio i illia	ou riogio	addony						
VIN						Address (Inclu	ide Numb	er & Stre	et)		Apt#				
		015	B.1			011 7			T 01.1		***				
Insurance Co		icy#& Expiration	Date	7-1-	9	City or Town State					Zip				
VIO REPI		n of Accident	1200			Plate#	State	T	Year & Ma	ce of Vehicle	Vehicle	Туре	Color		
Address/Street on which a	ccident occurred	Route	1												
At intersection with	sells	PKWY				VIN									
□ Not at intersection Feet N S E W of						Telephone #									
☑ On Roadway	Off Roadwa	ıv													
At Bus Stop?  Yes		f	☐ Far Stop ☐	IMid-Block st	top										
		•		En	vironr	nental Condit	ions								
Weather	Surface		Traffic Contr						dway - #		Roadway C		tics		
☐ Clear ☐ Cloudy	☐ Dry □Wet		☐ Stop Sign ☐ Yield Sign		aylight awn				Divided Undivided		☐ Straight				
☐ Raining	□ lcy		☐ Traffic Sign			ad - Unlighted			Asphalt Concrete		☐ Straight : ☐ Curve an				
					ad - Ciffighted ad - Lighted			Gravel		☐ Curve an	d Grade				
☐ Other			☐ Other						Other		☐ Curve at	Hillcrest			
	Vansw	N.	Movement	10000						d Conditions					
V1 X12/OV		VZIOV		V1	V2/0	NU			No Unusu Holes / De	al Conditions op Rut					
						Changing Lanes									
☐ ☐ Making right on red ☐ ☐ Slowing or stopping in traffic ☐ ☐					Passing Merging				erial on road	е					
☐ ☐ making left on	red 🗆	☐ Parked				Backing Other		100000	Reduced r Other	oad width					
□ □ Making U Turn		☐ Avoided o													
Vehicle Lights	Turn Sig	5.45	Posted Spe	eed Limit	Est	timated Speed	1 Limit	<u></u>	irection o	of Travel	Ac	cident / Co	ollision With		
No 1 ☐ On ☐ Off	No 1 ☐ Left To	urn On NA	Vehicle 1	DO mph	Vehi	cle 1 25	_mph		Vehic		☐ Other Mo	tor Vehicle			
No 2 □ On □ Off	No 1		Vehicle 2	mph	Vehi	/ehicle 2 mph			NS I	E W	☐ Bicyclist☐ Rail Train				
	No 2 ☐ Left Ti	urn On				Vehicle 2					☐ Fixed Obj				
	No 2 ☐ Right	Tum On			N S E W ☐ Pedestrian ☐ Animal										
	No 2 ☐ Four V	vays Un		Ped	estriar	/ Bicyclist A	ction								
☐ Crossing With Signal				Riding / Wal	king Al	ong Highway	Nith Traf				ПР	ushina / Wr	orking On Vehicle		
<ul> <li>□ Crossing - No Signal</li> <li>□ Crossing Against Signal</li> </ul>	nal					gainst Highway Front of or Beh			S		□V	Vorking In R	Roadway		
☐ Crossing - No Signal/☐ Going To / From Stop	Marked Crosswalk			Playing In R	oad	hicle Other Th						lot In Roadv )ther	vay		
LI Going TO / From Stop	peu pus			Gennig Off /	OII VE	AUGO OUIGI IN	all DUS					SPP F.2	0 7/2015		

venicie Accide	ent Report	U a local
		AR#
□ Backing □ Passing □ Sideswipe □ Merging □ Head On □ Head On □ Head On □ Bus Right Mirror □ Bus Rear Ends Vehicle □ Bus Door Operation □ Vehicle Rear Ends Bus □ Sudden Stop □ Wheelchair Lift Operation □ Roll Over □ Roll Away (Not Secured) □ Ran Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated?
Type of Trip	Violations	
With Pax Without Pax ☐ Business Trip ☐ Fixed Route ☐ Frand ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance	Vehicle 1 Towed By:  Vehicle 2 Towed By:	То
Accident Description	2 2 2 2 2 2	availa bound on courte 7
when he made cont the rightside Mirro	Tact with a Convex	North bound on route I a telephone Pole damage to
Description of Damage Company Vehicle	☑ Minimal ☐ Moderate	☐ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Major
Vehicle 1 is ALWAYS Your Vehicle.  Articulated Bus Shuttle Vehicle  →	Place an X on the exact point	t of first impact on your vehicle and the other vehicle. Circle areas of other damage.  Bus 2  Truck  Car
Name of Witness / Injured Age Cla	iming Injury? Type of Injury Cl.	aimed Injured Transported To Other Transported To Transported By Unit #
Supervisor on Scene? ☐ Yes ☐ No	Supervisor Name (Print):_	Kevin Alston
Supervisor's Signature	Unit Number 🔘 🗟	Supervisor / Manager Reviewing



If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on
Accident Involvement Passenger List
when complete

Date: 9-10-18 Time: 1:00 PM
Location: Route 7
Driver: Linwood Ham Sr
Supervisor: KEULO ALS LOUD

### **Operator Incident Report**



Today's Date: 09/10/2K18 Time: 2:05 PM
Operator Name: hwwood G. Har, Sp. Vehicle # 637 Route # 17
Report Submitted to: Supervisor Dispatch Dispatch Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Reported to Command: (Name)
I did not report the incident immediately because:
Did a SQM respond to this incident? No. Yes (SQM Name)
Date Incident Occurred: 09/10/2k14 Time Occurred: 1:85 A4 Do not have actual date or time
Date Reported: 09/10/2419 Time Reported: 1:09 PM This is a late report
Location of Incident BAGIMORE AND NORTH OF FLAST/WEST . HICHWAY
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:
WHILE MODING IN TRAFFIC DORTHBOUND ON BALTIMORE ADE RT4
IN THE CURB LANE I WAS TO FAR TO THE RIGHT OF THE LANE ADD
THE RIGHT SIDE MIRROR GRAZED A TRIRPHONE POLE THAT WAS LEAD.
TOWARD THE ROADWAY AND VERY CLOSE TO THE CURB. THE BOTTOD
MIRROR BLOKE OFF
Operator Signature: Date Submitted: 09/10/2K18/ SPP F.8 Rev 5/2015

FL 10 547:07



Accident/Incident/Workers Comp#:			
	(Workers Co	omp # Issued by Sedgwick)	
Name		Birth Date	Hire Date
Linwood Quentin +	lam sa	7 124 14	9 1-8-18
Driver's License# H-500-52 Employee Number 3096		32	
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLAIN	N WHY):	
HOME ADDRESS: 12604 Kin	gs Terr		
CITY Mitchellville		(M	ZIP CODE 20721
HOME PHONE NUMBER	DAY TIME NUN	1BER	EMPLOYEE STATUS (please circle)
	240-640	-0445	FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?	GENDER	MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / No / Unknown	Mor F	MSWD	
*SHIFT START TIME / END SHIFT TIMI	E*		
AM or PM /	AM or	PM	

<sup>\*</sup>This **COMPLETED** document **MUST** be included in **ALL** Accident/Incident/Workers Comp Files\*



## transdev supervisor's incident report

Date#: 9-10-18 Time: 1.00 pm Run: _	1703
Operator #: Linwood Ham Sk Division: 0124 Vehicle: (6)	2637
Supervisor: heun Alston	
Location: Route & Wells OKWY Hyattsulle Address or Cross Street City & State	MD
Description of Event: Operator was Northbound on route	1
When his Right Mirror Made Contact with	
Telephone pole. Operator Continued to drive	about
another 300 feet before he stopped	
/ -	
Supervisor Signature:	



(Check one)	Accident	Х	X Incident Time Supervisor Arrived: 2:15 PM								
Date of Oc	currence:		9/11/2018	currence: 1:55 PM							
Weather:	Clear	Day of the	Week:	Tues	day	DHD (Y/N):	] N				
Location (Cross Stree	et and Town)		Kenilworth Ave	enue @ Tennysor	Street, College	Park, Maryla	nd				
Route Impact:				2 missed trips							
Employee Name:		Rehnskold Beauzile									
Run#	14	51	Bus#	631	.64	Tag#	LG84954				
What happened (Be Specific and Brief):	Vehicle (1) was yielding for Vehicle (2) to pass before merging into the lane. Vehicle (2) continued to pass without slowing down and made contact with Vehicle (1) left mirror. Supervisor and Police was dispatched to the location.  There were no patrons onboard. No injuries reported. Strategic operator continued the route.										
Injuries (if any):	y): None										
Vehicle Damage				None							
(Check all th	nat apply)	Police	Y	Ambulance	N	Tow	N				
Was the O	perator sent for Di	rug/Alcohol Test (	Y/N):			N					
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 2:04 PM					
Supervisor	G. Bel	Bellinger AGM K. Jay 2:03 PM Maint Ray @ 2:06 PM					Ray @ 2:06 PM				
Asst. Safe	afety Mgr. R. Jones @ 2:07 PM Dispatcher M. James/D. Terry										
County Name	e and Time:										
(Check one) Telephone X In Person (Must be done within 1 hour)						done within 1 hour)					
Please note the details of this incident will change when the Supervisor Arrives											



Operators CDL # / Exp Date         Valid DOT Med Card / Exp Date           8-240-734-008-5/7-28-23         □ Yes □ No 3						xp Date								
Accident Date	Day of Week		of Accident		****	SmartDrive Triggered Scene Photos					A		ce Abuse Teste	
9-11-18 Tuesday 1:30pm 2					☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐					es 🖪 No				
		and the second second	VEHICLE	≣.1		HIEROS.	TO EAST		i de s	OTHER	PART	ΓY	LUS AND	<b>科·斯特·特·特</b>
Operator Name (Exactly	As Printed On License)  Beauzile					<b></b> V∈	hicle 2		Bicyclis				d Object	□Pax Fall
Address (Include Numbe	r & Street)		Apt#			Name (Exactly As Printed On Ucense)								
2302 DREXT	BI STREBT					The leading of the state of the								
City or Town HyA7 tsv. 11	E	State	Zip 2078	83		Address (Incl	ude Numbe	er & Stre	eet)			Apt#		
Employee ID# Date of Hire Student Driver? Y VIV			3 A W		City or Town			State			Zip			
# of Cards # of	of Occupants # Seate	ed	# Standing			Date of Birth	Sex			Driver's Lice	nse	Lic. State	9	# of Occupants
0	0 0	2						М 🗆			1No			
Bus ID# Plate #	954 MD	0.0000000000000000000000000000000000000	Year / Make			Insurance Co		Polic	y # & Exp (	Date				
Vehicle Type Gillig		& Run#	14			Name (Exacti	y As Printe	d Regis	tration)					
VIN	15810799					Address (Incli	ude Numbe	r & Stre	et)			Apt#		
Insurance Co		& Expiration	n Date			City or Town			State			Zip		
	Location of					Plate#	State	T	Year & Ma	ake of Vehicle		Vehicle Typ	De l	Color
Address/Street on which	accident occurred Ke	rilW	orth	AVO		3//3/								
At intersection with	RIVER BO	ad				VIN								
☐ Not at intersection	Feet N S	E W of _			_	Telephone #								
☐ On Roadway	☐ Off Roadway													
At Bus Stop? ☐ Yes	☑ No (if yes) ☐ N	ear Stop	□ Far Stop □	□Mid-Block s	top									
				Er	vironr	nental Condit	ions							
Weather ☐ Clear	Surface Dry		Traffic Contr  ☐ Stop Sign		t aylight				dway - # Divided	of Lanes	Road	way Char raight and	acteristics	
☐ Cloudy ☐ Raining	□Wet □ Icy		☐ Yield Sign ☐ Traffic Sign		awn				Individed		☐ St	raight and	Grade	
☐ Snowing ☐ Snow ☐ Flagman ☐ Dark Ro				ark Ro	ad – Unlighted			Concrete			raight at H urve and L			
☐ Foggy ☐ Other ☐ Uncontrolled ☐ Dark Ro ☐ Other ☐ Other					ark Ro	ad - Lighted			Gravel Other			irve and G irve at Hill		
	Pr	e Acciden	t Movement					Hau	sual Dea	d Canditian				
V1 V2/OV	V1 V2/	VC		V1	V2/0	V			Vo Unusu	d Conditions al Conditions				
Going Straight Ahead					☐ Holes / Deep Rut Changing Lanes ☐ Obstruction in road									
□ □ Making right tum □ □ Entering Bus Stop □ □ Making right on red □ □ Slowing or stopping in traffic				fic 🗆		Passing Merging		7000000		on / repair zon erial on road	ie			
□ □ making left turn □ □ Stopped in traffic □ □ Parked □ □ Parked □ □ □ Parked □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □						Backing Other			Reduced r	oad width				
☐ ☐ Making U Turr		Avoided ob	eject in road											
Vehicle Lights	Turn Signals					imated Speed		Di	rection o	f Travel	ravel Ac		ent / Collisi	ion With
No 1 ☐ On ☐ Off	No 1 ☐ Left Turn C No 1 ☐ Right Turn	On On		ehicle 1 35 mph Vehic					Vehicl	-		ner Motor \	/ehicle	
No 2 On Off	No 1 ☐ Four Ways		Vehicle 2 3	5 mph	Vehic	ehicle 2 20 mph				(W)	☐ Rai	☐ Bicyclist ☐ Rail Train		
	No 2 ☐ Left Turn C No 2 ☐ Right Turn No 2 ☐ Four Ways	On				Vehicle 2 N S E					ed Object destrian mal			
				Pede	estrian	/ Bicyclist Ac	tion							
<ul><li>☐ Crossing With Signal</li><li>☐ Crossing - No Signal</li></ul>						ong Highway V ainst Highway						□ Pushi	ng / Workin	g On Vehicle
☐ Crossing Against Sign ☐ Crossing - No Signal/	nal			Emerging Fro	om in F	ront of or Behi	nd Parked	Cars				☐ Worki	ng In Roads Roadway	
☐ Going To / From Stop	ped Bus			Playing In Ro Getting On /		nicle Other Tha	n Bus					□ Other		
a county of the												SP	P F.20	7/2015

#### Vehicle Accident Report AR# Police Investigated? ▼Yes □ No ☐ Backing ☐ Passing ☐ Railroad Crossing Police Department Responding PGCP ☐ Hit Fixed Object Sideswipe T-Bone ☐ Merging ☐ Hit Pedestrian ☐ Head On ☐ Bus Right Mirror ☐ Right Turn ☐ Hit Animal ☐ Left Tum ☐ Bus Left Mirror Report # PP18091100001185 ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Sudden Stop ☐ Vehicle Rear Ends Bus Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip NO Without Pax ☐ Business Trip With Pax NO Fixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: To ☐ Non Rev move ☐ Charter ☐ Charter NO ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: To Accident Description Company Vehicle Description of Damage Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Bus 1 Bus 2 Truck -> -> $\rightarrow$ Name of Witness / Injured Injured Transported To Age Claiming Injury? Type of Injury Claimed Other Transported To Transported By Unit # Supervisor on Scene? Yes No Supervisor Name (Print): Supervisor's Signature



Accident/Incident/Workers Comp#: Accid	817	
Name RELINSKOID BEAUZILE	(Workers Comp # Issued by Sedgwick)  Birth Date  07/28/57	Hire Date
Driver's License# B240-734-008.  Employee Number 4026  DOT CARD VALID? Wes or NO (IF NO, PLEA		
HOME ADDRESS: 2302 DREXE S	trest H	
HOME PHONE NUMBER DAY	STATE MD	ZIP CODE 26 7 8 3  EMPLOYEE STATUS (please circle)  FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?  Yes / No JUnknown Mor		NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME*	AM or PM	

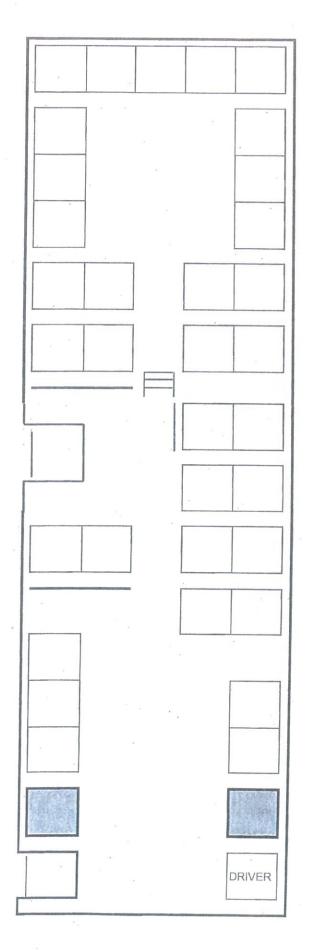
<sup>\*</sup>This  $\underline{\text{COMPLETED}}$  document  $\underline{\text{MUST}}$  be included in  $\underline{\text{ALL}}$  Accident/Incident/Workers Comp Files\*

### **Operator Incident Report**



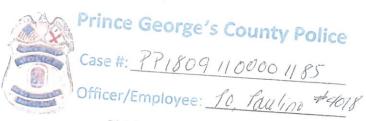
SPP F.8 Rev 5/2015

Today's Date:			
Report Submitted to:  Supervisor  Dispatch  Safety Dept.  Check One:  Passenger Accident  Passenger Incident  Passenger Injury  Vehicle Damage  Passenger Complaint  No Damage Vehicle Incident Report  Other   Was the incident reported immediately?  Reported to Command: (Name)   I did not report the incident immediately because:   Did a SQM respond to this incident?  No  Yes (SQM Name)  ARY  BALINGER  Date Incident Occurred:  9-11-18  Time Occurred:  13:38  FM  Do not have actual date or time   Date Reported:  9-11-18  Time Reported:  13:38  FM  This is a late report   Location of Incident  Report for each passenger affected by this event.  Passenger Name:	Today's Date:	Time:	
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name) ARY BALINGER  Date Incident Occurred: Time Reported: 13:30 PM Do not have actual date or time  Date Reported: 9-11-18 Time Reported: 13:30 PM This is a late report  Location of Incident Kenill Worth Hye  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: No Passenger ID/Seat #  Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane  Right to the left one by one With precaute  One School by Sapered and thit my mirror to the	Operator Name:	Vehicle #	Route #
Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Yes Reported to Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name) ARY BALINGER  Date Incident Occurred: 9-11-18 Time Occurred: 13:38 PM Do not have actual date or time  Date Reported: 9-11-18 Time Reported: 13:38 PM This is a late report  Location of Incident Kenik worth Hye  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane  Right to the left one by one With precavity  One School by S Speed and that my mirror to the	Report Submitted to: Supervisor Dispatch	Safety Dept.	
Was the incident reported immediately? YES Reported to Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name) GARY BYLINGER  Date Incident Occurred: 9-11-18 Time Occurred: 13:38 PM Do not have actual date or time  Date Reported: 9-11-18 Time Reported: 13:30 PM This is a late report  Location of Incident Kenill Worth HVR  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: No Passenger ID/Seat #  Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane  Right to the left one by one With precaution one School by Speed and thit my mirror to the	Check One: Passenger Accident Passenger In	cident 🔲 Passenger Inj	ury
Did a SQM respond to this incident? No Yes (SQM Name) GARY BALINGER  Date Incident Occurred: 9-11-18 Time Occurred: 13:38 PM Do not have actual date or time  Date Reported: 9-11-18 Time Reported: 13:38 PM This is a late report  Location of Incident Kenill Worth HVR  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: No Passenger D/Seat#  Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane  Right to the left one by one With precaution one School bus speed and that my mirror to the	Passenger Complaint No Damage V	ehicle Incident Report	Other
Did a SQM respond to this incident? No Yes (SQM Name) GARY BELLIGER  Date Incident Occurred: 9-11-18 Time Occurred: 13:30 PM Do not have actual date or time  Date Reported: 9-11-18 Time Reported: 13:30 PM This is a late report  Location of Incident Kenill Worth Hye  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat#  Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane  Right to the left one by one With precaution  One School bus speed and that my mirror to the	Was the incident reported immediately?	Reported to Command:	(Name)
Date Incident Occurred: 9-11-18 Time Occurred: 13:30 PM Do not have actual date or time  Date Reported: 9-11-18 Time Reported: 13:30 PM This is a late report  Location of Incident Kenill Worth Hve  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane  Right to the left  The time I move to the left one by one With precaute  One School bus speed and that my mirror to the	I did not report the incident immediately because:		
Date Reported: 9-11-18 Time Reported: 13:30 PM This is a late report  Location of Incident Kenill Worth Ave  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: No passenger Passenger ID/Seat #  Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane  Right to the left  The time I move to the left one by one With precaute  One School by 8 speed and that my mirror to the	Did a SQM respond to this incident? No Yes (S	SQM Name) GARY BY	HlingER
Location of Incident Kenill Worth Hve  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: No passenger Passenger ID/Seat#  Explain what happened:  We go to the same direction  On the Street two sign Arrow Change the Lane  Right to the left one by one With precaution  One School bus speed and thit my mirror to the	Date Incident Occurred: 9-11-18 Time Occurred	1: 13:30 PM □ DO	not have actual date or time
Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: No passenger Passenger ID/Seat #  Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane  Right to the left one by one With precaution  One School bus speed and that my mirror to the			late report
Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane Right to the left one by one With precaute  One School bus speed and thit my mirror to the	Location of Incident Kenill Worth A	18	
Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane Right to the left  The time I move to the left one by one With precauti  One School bus speed and that my mirror to the			
Explain what happened:  We go to the Same direction  On the Street two Sign Arrow Change the Lane Right to the left  The time I move to the left one by one With precauti  One School bus speed and that my mirror to the	Passenger Name: NO Passenger	Passenger ID/Seat #	‡
	We go to the Same direct on the Street two Sign A Right to the left The time I move to the le One School bus speed	I one by on and that my	e With precautio



If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete



District I Clerk's Office 5000 Rhode Island Ave Hyattsville, Maryland 20781 Phone – 301-699-2630 Fax – 301-864-3067 www.princegeorgescountymd.gov

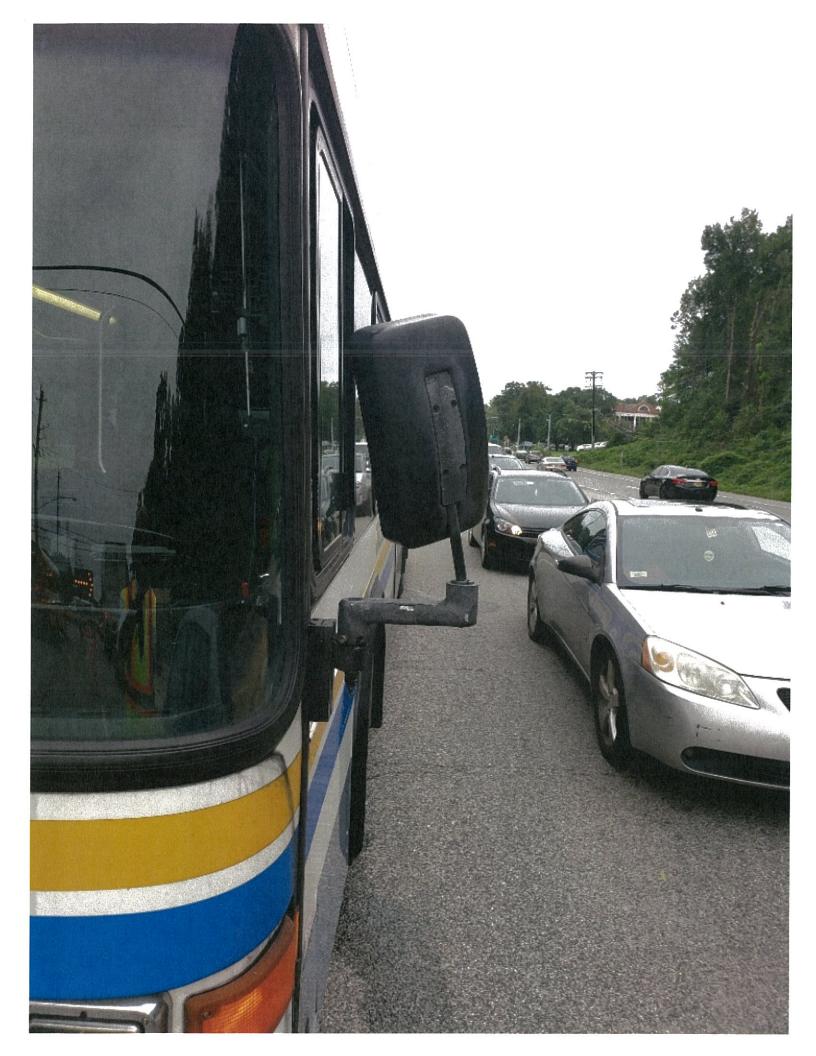
Emergency – 911 Non-Emergency – 301-352-1200 press #5

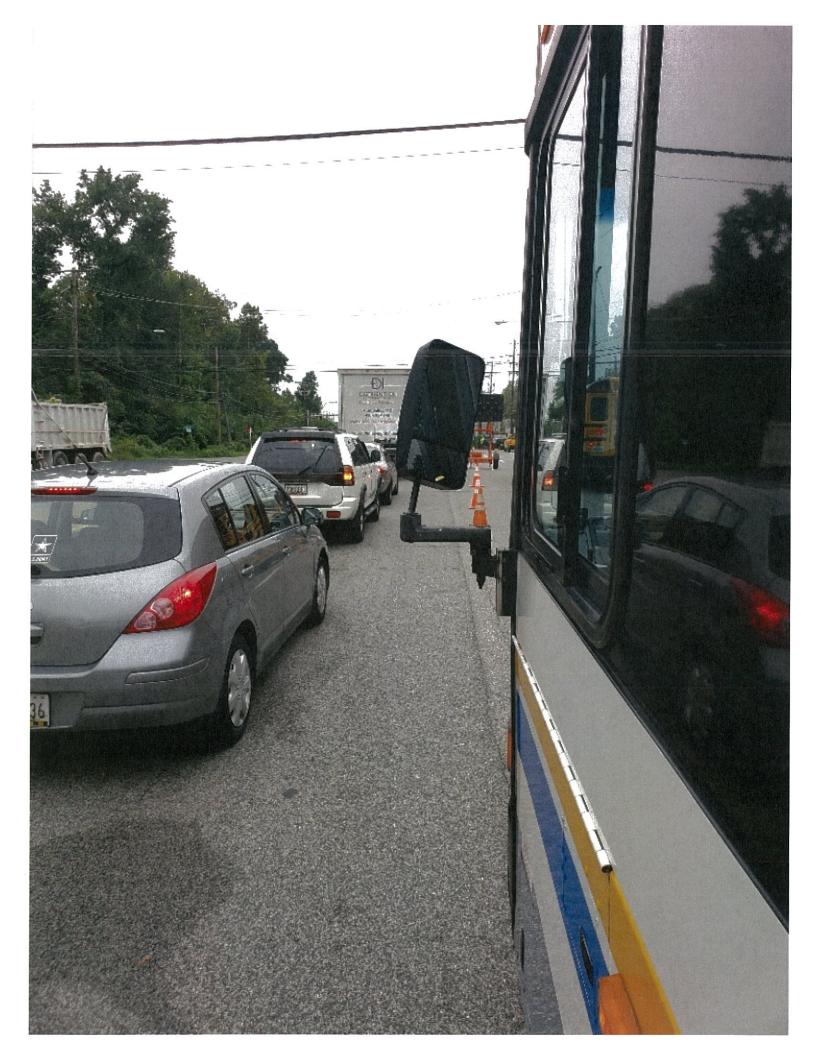
tag 02 c93 & MD

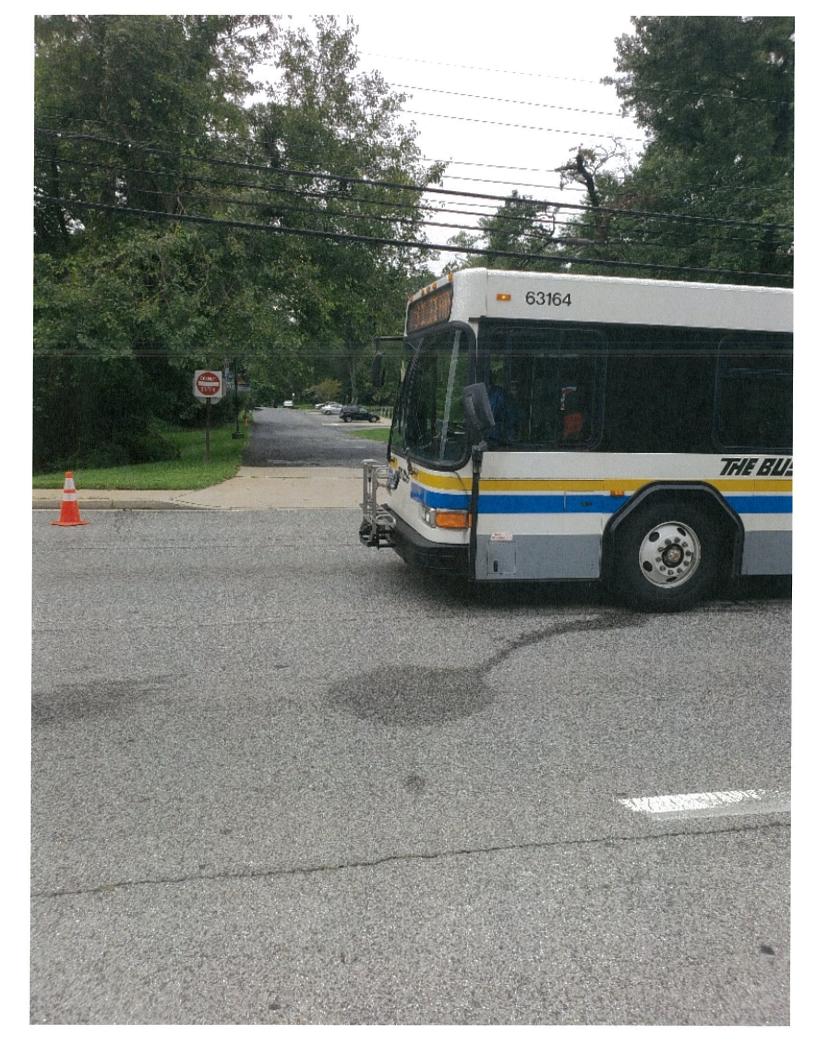
The time I go change the lane
He speed He hit the mirror



supervisor's inciden	T REPORT	
Date#: 1.30 Time: 1.30		
Operator #: Hayward Evans Division: 0124		
Supervisor: Dary BELLinger		
Location: Kenilworth AVE + River Road Riverd  Address or Cross Street  Cit	hals MD	
Description of Event: Apon my ARRIVAL on KENILWORT	th AVE + River Road	
going west. Both vehicals teaveling in the	SAME direction	
Operator Rehnskold he put on his left turn:	Signal to Change	
Operator Rehnskold he put on his left turn: Lanes Operator stated that (V2) was travel	ling in the FAR	
lETT LANG. OPERATOR SAW (V2) And Stops	Ed. (V2) continued	=
in that land and hit the mirror of (vi)	Operator Rehiskal	
Operator Did not have anyone on the bus a	+ the time.	-
I talked to the other operator (12) he u	ias deivin a no	
county School bus. HE SAID WAS TRAVELING	in this En 100+	_
land he started he saw (vi) was about to r	mans 1 1/2 by	
and all short and all and a short for	TIBRUSE IN THAT IAM	13
And (VI) Stoped his bus but he (V2) contin		
the mirror back and the operator went	- back in Service	ala.
		-
		_
Supervisor Signature:		-







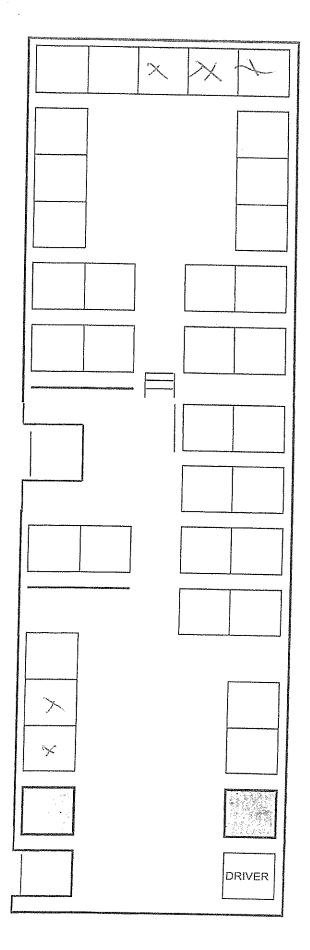


(Check one)	Accident	X	Incident	Time Supervisor Arrived: 4:29 PM		29 PM				
Date of Oc	currence:	9/12/2018		Time of Oc		ccurrence: 4:16 PM				
Weather:	Clear	Day of the	e Week:	Wednesday		DHD (Y/N):	N			
Location (Cross Stre	Street and Town) Iverson Street @ 28th Avenue, Marlow Heights, Maryland									
Route Impact:	1 Missed Trip									
Employee Name:				Torri Sharp						
Run#	32	51	Bus#	626	645	Tag#	LG94271			
What happened (Be Specific and Brief):	onpoard. No injuries reported at the time, strategic operator continued the route.									
Injuries (if any):	None									
Vehicle Damage				None						
(Check all t	hat apply)	Police	Y	Ambulance N		Tow	N			
Was the C	perator sent for D	rug/Alcohol Test (\	r/N):			N				
Not	ified (Indicate nam	e and time) GM:			I Modlin	@ 4:25 PM				
		e unu ume, em			3.10001111	(- 1.25 T W				
Supervisor	D. Jac	kson	AGM	K. Jay 4	:26 PM	Maint	Zaw Zaw 4:26 PM			
Asst. Safe	ety Mgr.	R. Jones @	4:30 PM	<b>Dispatcher</b> Tyler/N		er/M. James				
County Name and Time:  (Check one)  Telephone  X			M. Wilson @ 4:27 PM							
(Check	one)	Telephone	Х	X In Person (Must be done within 1 h						
Please note the details of this incident will change when the Supervisor Arrives										



□ Going To / From Stopped Bus □ Getting On / Off Vehicle Other Than Bus □ Other	Operators CDL #	/ Exp Date	Valid DOT Med Ca	ard / Exp	Date	Acc	ident Report	#		
Month Day Year	36320	078-6-21-	2023 (1 Yes   No	4 -1	8.201	P	PIBO	9120	0001580	
COMPANY   VEHICLE     COMPANY   VEHICLE     COMPANY   VEHICLE     COMPANY   VEHICLE     COMPANY   VEHICLE     COMPANY   VEHICLE   COMPANY   VEHI	Month Day Yea	r Day of vecen	Time of Accident # of V	ehicles	SmantDrive	rnggerea	Scei	ne Photos	Substance Abuse Tester	
COMPANY   VEHICLE     COMPANY   VEHICLE     COMPANY   VEHICLE     COMPANY   VEHICLE     COMPANY   VEHICLE     COMPANY   VEHICLE   COMPANY   VEHI	09/12/201	14283463W81	4.09 PM	)	Yes	□ No	7 Yes	□ No	☐ Yes ☐ No	
Address   Peter   Size		COMPAN	Y VEHICLE 1				OTHER	PARTY		
April   Apri			c \		4 Vehicle 2	□ Bicve	rlist □ Pede	estrian 🗆 Fiv	red Object   IDDay Foll	
September   Sept	Address (Include Number & Street)				1			Striair LIV		
September   Sept	724-1	HODARTP	1.		Name (Exactly As Printed On License)					
Description					Address (Include Number & Street)					
Set   Carlos	Employee ID# Date of Hira Shidest Driver2 VIA				2017-CUIEBROUKE					
Bus Dist   Pales   State   Verbick Year / Make   Pales   State   Verbick Year   Pales   Pale	3:0909		3.55.55.55.55.55.55.55.55.55.55.55.55.55					2	6470	
But Did   Pales   State   Welder Year / Make   Mac   Candy A Printed Registration   February & Exp Date   February & February & Exp Date   February & Fe		Entertain Property and Company			Date of Birth Sex		Driver's Lice	ense Lic. Sta		
Various Type					12-31-1948	AM OF	□Yes [	IM ONE	D	
Name (Exactly A Printed Registration)   Name								- > 7 1	0 10 77 10	
Address Street on which accident occurred 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Vehicle Type	Route # & R	2012 - 611111		Name (Exactly As Printe	ed Registration)		7 2 ( - 1 )	0 - 10 - 5   - 18	
Section of Accident Novement   Surface   Sur	BUS	371	21							
Location of Accident   Terriphic   Location of Accident   Terriphic   Location of Accident   Terriphic   Location   Terriphic   Ter	1566132	7146118	1757		Address (Include Number	er & Street)	NO DE	Apt#		
Location of Accident   Location   Location of Accident   Location   Location of Accident   Location   Location	Insurance Co	Policy # & E	xpiration Date		City or Town	Sta	ete	Zip		
Additional Surface   Additional Conditions   Additio					TEMPIEL.	115 7	MD	2:		
At intersection with		The second secon	et e		Plate # 52 State	Year 8	Make of Vehicle	Vehicle T	ype Color	
Control at Intersection					VIN VIN	120	THORL	> 1120	CK BROWN	
Continue   Continue					IFTFWIEFOCKD17412					
At Bus Stop?   Yes   Mo					Telephone #					
Weather   Surface   Traffic Control   Contro	100 mm 1									
West the   Clour   C	At Bus Stop? Li Tes	er No (II yes) Li Near								
Stope   Stop	Weather	Surface			ental Conditions	Roadway	-#oflanes	Roadway Ch	aractoristics	
Raining			☐ Stop Sign	Daylight	D-Divided 2			Straight an	1 Straight and Level	
Foggy	☐ Raining	□ lcy	☐ Fraffic Signal ☐	Dusk		☐ Asphalt		☐ Straight at	Hillcrest	
Other   Other   Other   Other   Curve at Hillcrest										
V1 V2/OV	☐ Other					☐ Other				
Going Straight Ahead   Exiting Bus Stop   Changing Lanes   Obstruction in road   Obstr	V4 V2/OV					Unusual R	load Conditions	<u> </u>		
Making right turn			na Bus Cton	4						
Making left turn	☐ ☐ Making right turn ☐ ☐ Entering Bus Stop									
Making U Turn	□ □ Making left turn	n 🗆 🗆 Stop	ned in traffic		erging	☐ Loose m	naterial on road			
Vehicle Lights  Turn Signals  Posted Speed Limit  Estimated Speed Limit  Direction of Travel  Accident / Collision With  Vehicle 1  Other-Motor Vehicle  Collision With  Vehicle 1  Other-Motor Vehicle  Collision With  Vehicle 1  Other-Motor Vehicle  Collision With  No 2			(eq			Mark Branches	ed road width			
No 1				Estir	nated Speed Limit	Directio	n of Travel	Accid	dent / Collision With	
No 2	No 1 ☑ On □ Off	No 1 ☐ Left Turn On	Vehicle 1 25 moh					4		
No 2					~			☐ Bicyclist	venide	
No 2	102 011 011		verlide 2 mpn	venici	e 2 mpn	Veh	nicle 2			
Pedestrian / Bicyclist Action  □ Crossing With Signal □ Riding / Walking Along Highway With Traffic □ Crossing - No Signal or Crosswalk □ Riding / Walking Against Highway With Traffic □ Crossing Against Signal □ Emerging From in Front of or Behind Parked Cars □ Working In Roadway □ Crossing - No Signal/Marked Crosswalk □ Playing In Road □ Not In Roadway □ Getting On / Off Vehicle Other Than Bus □ Other										
□ Crossing With Signal       □ Riding / Walking Along Highway With Traffic       □ Pushing / Working On Vehicle         □ Crossing - No Signal or Crosswalk       □ Riding / Walking Against Highway With Traffic       □ Pushing / Working On Vehicle         □ Crossing Against Signal       □ Emerging From in Front of or Behind Parked Cars       □ Working In Roadway         □ Crossing - No Signal/Marked Crosswalk       □ Playing In Road       □ Not In Roadway         □ Going To / From Stopped Bus       □ Getting On / Off Vehicle Other Than Bus       □ Other		No 2 ☐ Four Ways On	D.	doctri '	Discolled A. C.			- / willings		
□ Crossing - No Signal or Crosswalk       □ Riding / Walking Against Highway With Traffic       □ Pushing / Working On Vehicle         □ Crossing Against Signal       □ Emerging From in Front of or Behind Parked Cars       □ Working In Roadway         □ Crossing - No Signal/Marked Crosswalk       □ Playing In Road       □ Not In Roadway         □ Going To / From Stopped Bus       □ Getting On / Off Vehicle Other Than Bus       □ Other			☐ Riding / Wi	alking Alon	g Highway With Traffic	;				
□ Crossing - No Signal/Marked Crosswalk □ Playing In Road □ Not In Roadway □ Going To / From Stopped Bus □ Getting On / Off Vehicle Other Than Bus □ Other	☐ Crossing - No Signal or Crosswalk ☐ Riding / Walking Again			inst Highway With Traff	fic					
and obtaing only on volido other than bus	☐ Crossing - No Signal/Marked Crosswalk ☐ Playing In Road				2 0013		□ Not I	n Roadway		
SPP F.20 7/2015	- Going To / Florit Stop	2 Solding City Oil Vollage Otto Tildir Dus								

Vehicle Accider	it Report	(/) transde
		AR#
☐ Backing ☐ Passing ☐ Merging ☐ T-Bone ☐ Head On ☐ Right Turn ☐ Bus Right Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated?
Type of Trip	Violations	
With Pax ☐ Business Trip ☐ Fixed Route ☐ Fixed Route ☐ Errand ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance	Vehicle 1 Towed By:	ToTo
Accident Description 01281271012 W	JET 5 15.4+	ING IN TRAFFIC
Waiting Foil th	E 1196 +	to turn green
		MSS A VEhicle
Which was AP	102 COCKIN	9 to Make A
Prophe was - Right lane 1 When he man	FULLE E CONTE FISTING	tuget in the e a - Right Tuen ict with Vehicle by hitting the irror
Description of Damage Company Vehicle Company Vehicle Company Vehicle Company Vehicle Shuttle Vehicle		☐ Major Other Vehicle ☐-Minimal ☐ Moderate ☐ Major  of first impact on your vehicle and the other vehicle. Circle areas of other damage,  Bus 2
<b>→</b>		→ — — — — — — — — — — — — — — — — — — —
Name of Witness / Injured Age Claimi	ng Injury? Type of Injury Clai	med Injured Transported To Other Transported To Transported By Unit #
$\Omega$ at $\Omega$	upervisor Name (Print):	Supervisor / Manager Reviewing



If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Date: 9/12/2013 Time: 4 09 pm
Location: 23 AVE.
Driver: T. ShaRPE
Supervisor: D. JACKSON

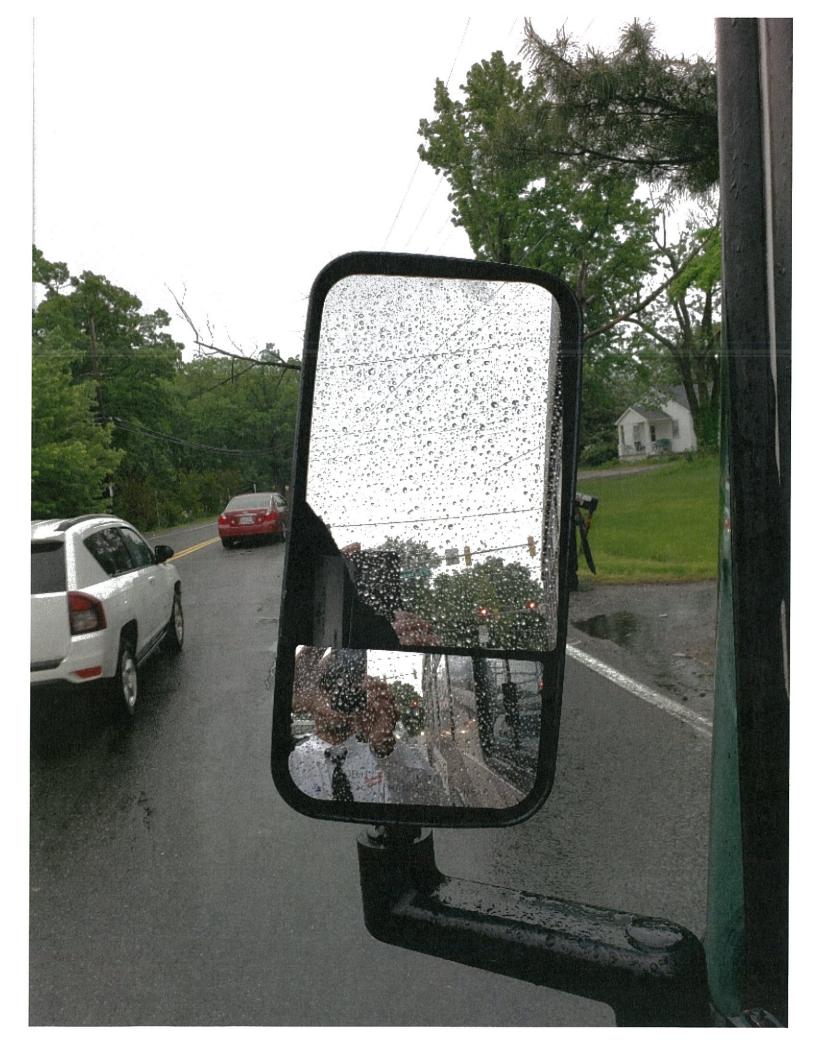
# Transdev

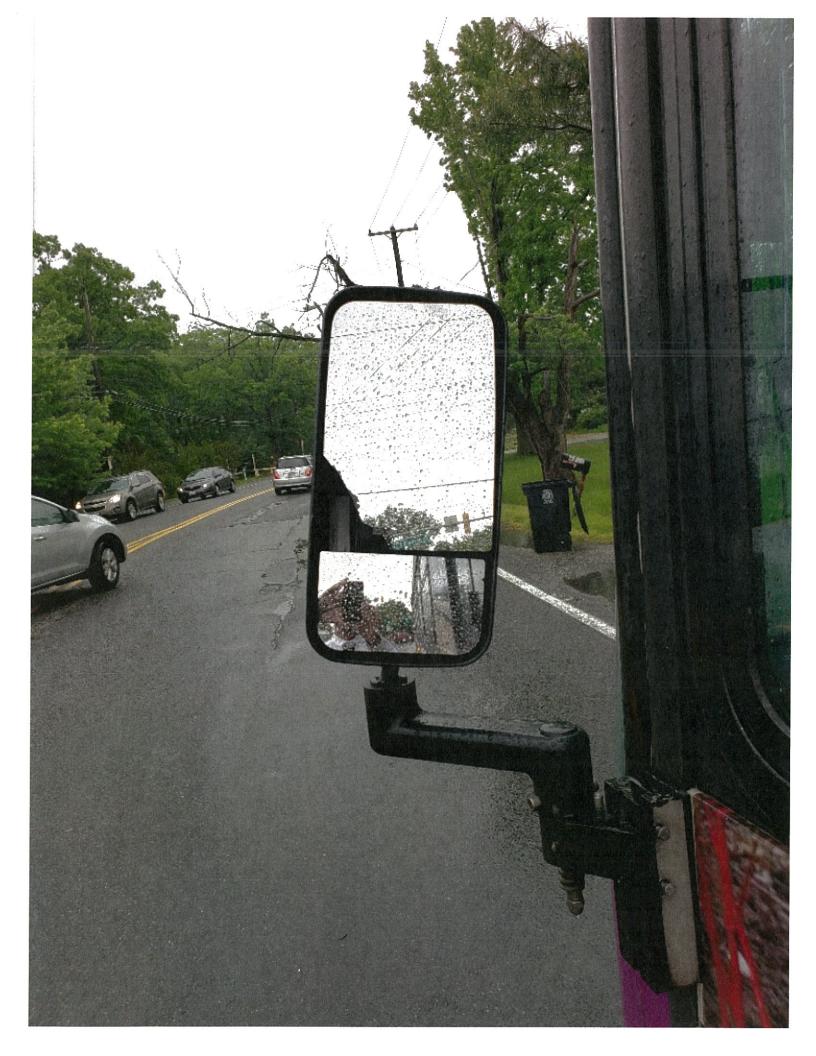
Today's Date: 4-12-19 Time: 4,30
Operator Name: Tom Sharp Vehicle # 42678 Route # 320
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Keported to Command: (Name)
l did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 9-12-18 Time Occurred: 4.00 Do not have actual date or time
Date Reported: Time Reported: This is a late report
Location of Incident 28th AVE
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: I was an 28th are at a sed light,  the light towned given, I beam to proceed to the right long.  as it aponals I did not give might enough closely space and fayout  a transfer to use pure this million come at and there was  no other demonstrations about a whole or his no passages wow  injected, consider pull are and asked was amount new trongs  said its and, get of the buy I called and space to disposent  then instructed me to vait until a apocior con come anter  Scare, Sup. Sackson come to access my into and the other this  into unit prince chance up
perator Signature:

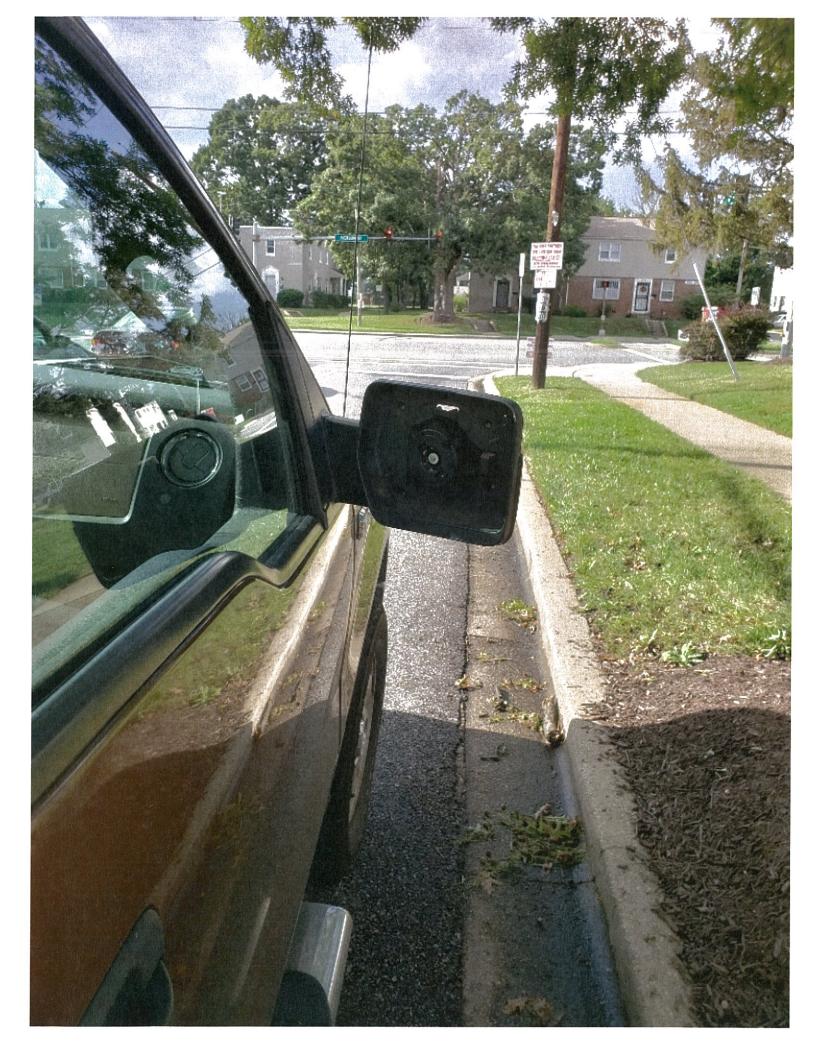


Accidently metaently workers compa.
(Workers Comp # Issued by Sedgwick)
Name  JOFN May  Birth Date  S121,577  Hire Date  S-15-19
Driver's License# 3637678
Employee Number 30909
DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 13508 Grancasta Rily
CITY DUMINILLE STATE TO ZIP CODE ZODO
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle)  FULL TIME OR PART TIME
S THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS  Yes / No / Unknown M or F M S W D
SHIFT START TIME / END SHIFT TIME* AM or PM /AM or PM

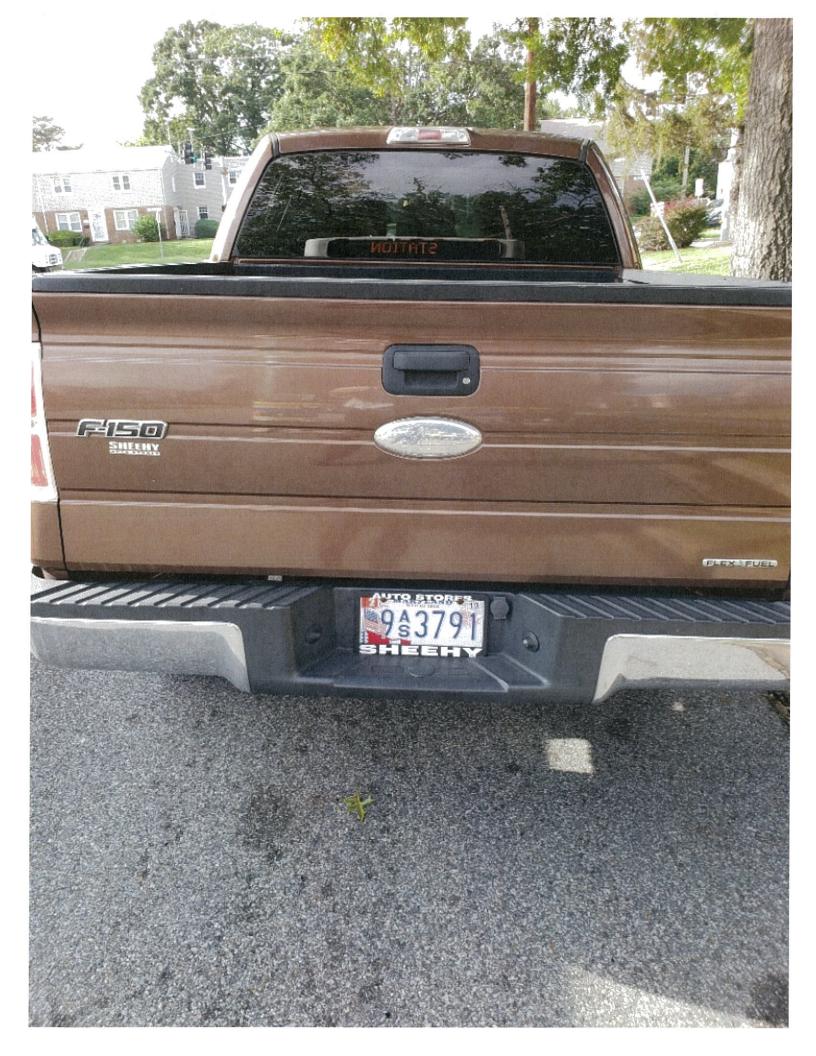
<sup>\*</sup>This <u>COMPLETED</u> document <u>MUST</u> be included in <u>ALL</u> Accident/Incident/Workers Comp Files\*

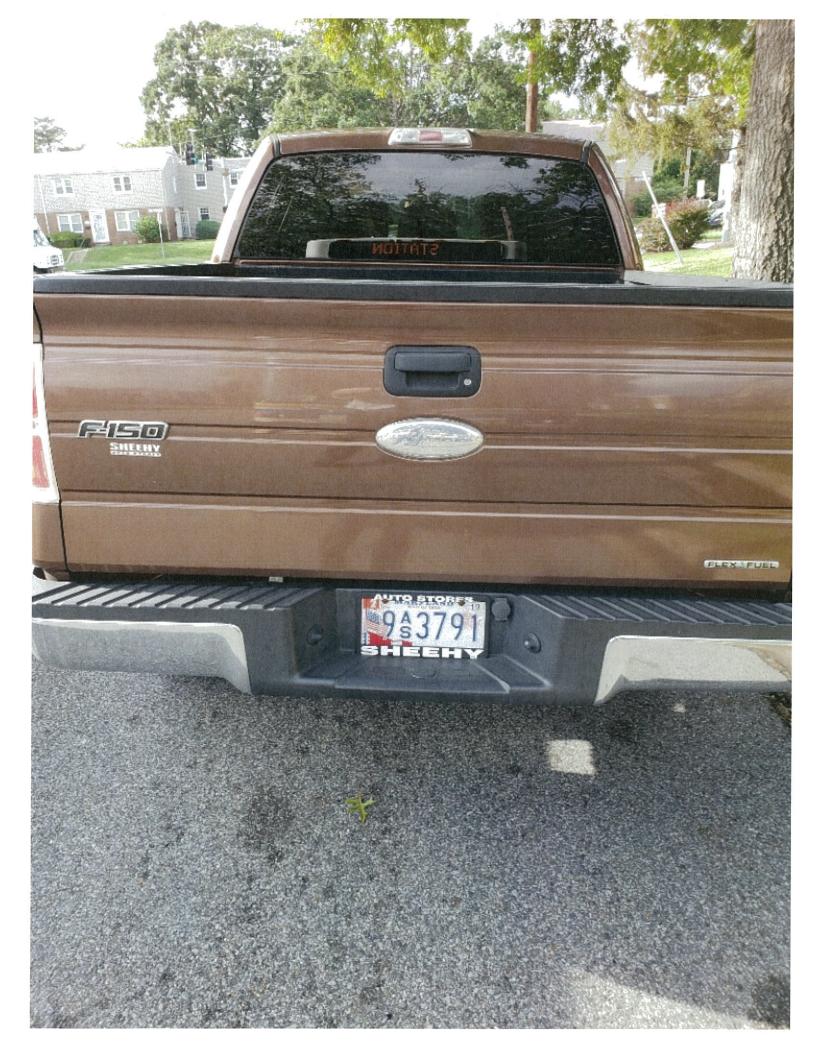


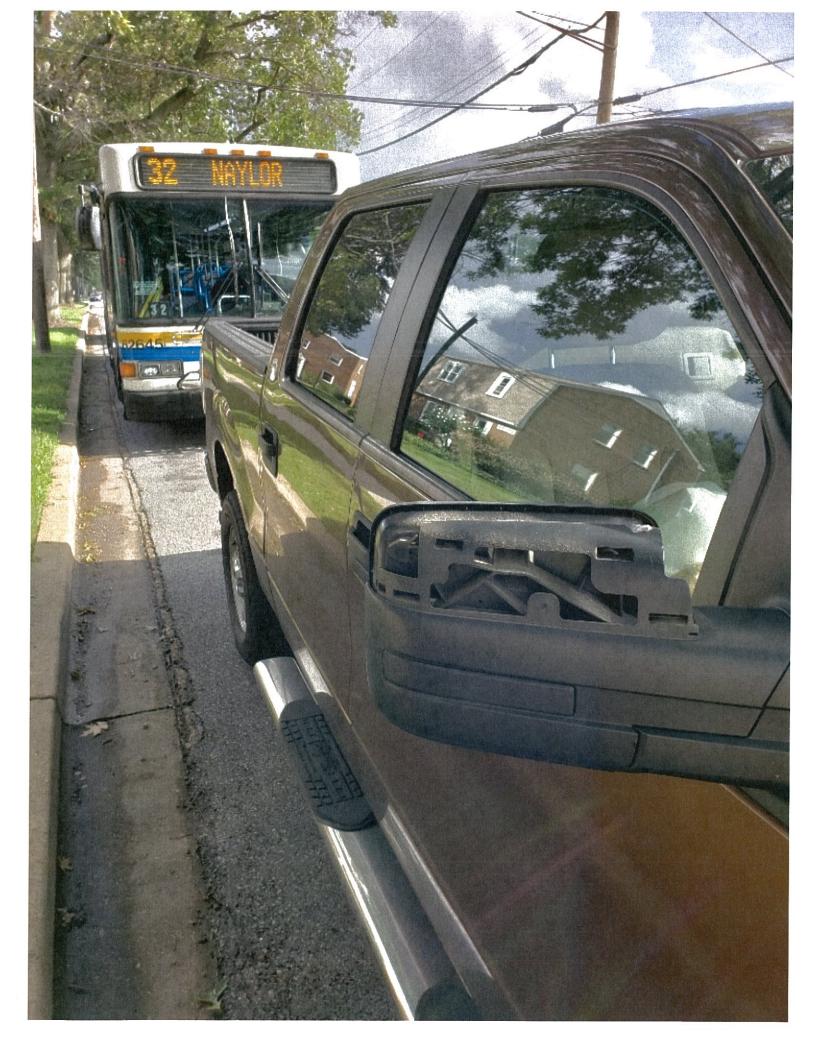














(Check one)	Accident			X Time Superviso		or Arrived: 2:31PM					
Date of O	ccurrence:		9/18/2018		Time of Oc		1:31PM				
Weather:	Rain	Day of the	e Week:	Tuesday		DHD (Y/N):	N				
Location (Cross Stre	treet and Town)  Crittenden Street @ 40th Place, Hyattsville, Maryland										
Route Impact:		1 missed pull									
Employee Name:	Joseph Douglas										
- Improved Humer				soseph boughts							
Run#	13	51	Bus#	626	534	Tag#	LG94093				
What happened (Be Specific and Brief):	I						the scene. Supervisor e operator continued				
Injuries (if any):											
injuries (ir any):	None										
Vehicle Damage				None							
(Check all t	hat apply)	Police	] Y	Ambulance	Ambulance N		N				
Was the 0	Operator sent for D	rug/Alcohol Test (	Y/N):			N					
No	tified (Indicate nam	ne and time) GM:			J. Modlin	@ 1:37 PM					
Supervisor	G. Bel	llinger	AGM	K. Jay @	1:36 PM	Maint	Ray @ 1:42 PM				
Acet Cafe	5 to Maria (1997)		lames								
ASSL. Sali	afety Mgr. R. Jones @ 1:38 PM Dispatcher James					James					
County Nam	e and Time:			M. Wilson	@ 1:39 PM						
	(Check one) Telephone X		In Person (Must be done within 1 hou			done within 1 hour)					
Please note the details of this incident will change when the Supervisor Arrives											
,											



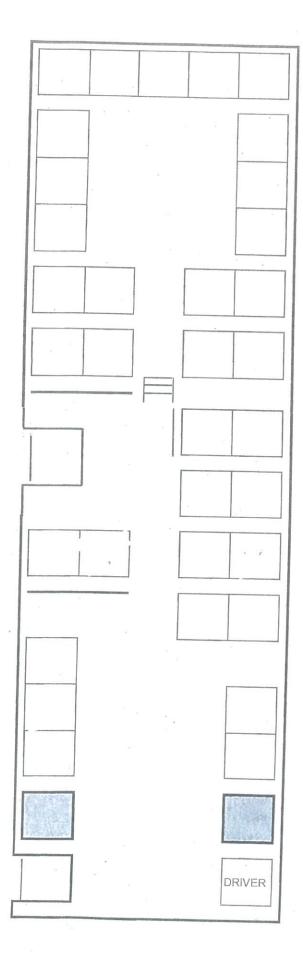
Operators CDI :	# / Exp Date 10-13	+ . Volid DOT	Mod Cord /	E. DI						
D-242-44	1-683-787	Yes L	Med Card / No	4-/1-	19	Accid	ent Report #	NO		
Accident Date Month Day Yes	Day of Week	Time of Accident	# of Vehic			Triggered	Scene	Photos	Substan	ce Abuse Teste
9-18-18		1:26	1		l Yes	Ľ <b>X</b> No	Yes	□No		res □ No
	COMPA		1	13 104/4514	mark Card	S Sales Mac at	OTHER F	PARTY	Sections	Andrews of state
-	y As Printed On License)			A.C						
Address (Include Turnb	1 Douglas	Apt#			ehicle 2		st D Pedes	trian D Fixe	ed Object	□Pax Fall
54147		Apt#		Name (Exac	tly As Printe	ed On License)				
City or Town		State Zip	_	Address (Inc	lude Numb	er & Street)		Apt#		
Employee ID#	Date of Hire	MD 20 70 Student Driver		City or Town	Chart					
30908	5-1-17			Only of Town		State		Zip		
# of Cards #	of Occupants #Seate			Date of Birth	Sex		Driver's Licens	se Lic. Stat	е	# of Occupants
Bus ID# Plate #	3 State	Vehicle Year / Make				IM DF	□Yes □N	No		
634 417	97110 MI	2011		Insurance Co	0	Policy # & Exp	Date			
Vehicle Type		& Run #		Name (Exac	ly As Printe	ed Registration)				
GiliG	35	1-13		Address (Inc	tudo Alumba	- 0 Ot1				
15GGB271	XB1179012			Address (IIIC	ude Numbe	a Street)		Apt#		
Insurance Co				City or Town		State		Zip		
LID VED TO	Location of A	TB 21268		Plate #	State	Year & M	ake of Vehicle	Vehicle Ty	no T	Colo
Address/Ştreet on which	accident occurred CR	ttiden St.				1 331 4 11	and of veriors	vernole ly	be	Color
At intersection with				VIN						
☐ Not at intersection	□ Not at IntersectionFeet NSE W of Telephone#									
On Roadway	☐ Off Roadway									
At Bus Stop? ☐ Yes	□ No (if yes) □ Ne	ar Stop 🗆 Far Stop 🗆	Mid-Block stop							
Marther	0.7			onmental Condit	ions					
Weather ☐ Clear	Surface Dry	Traffic Contro	<u>Light</u> ☑Dayli	ght		Roadway - #		Roadway Char		
☐ Cloudy ☐ Raining	□Wet □ Icy	☐ Yield Sign ☐ Traffic Sign	☐ Dawi			☐ Undivided ☐ Asphalt		☐ Straight and	Grade	
☐ Snowing ☐ Foggy	☐ Snow ☐ Other	☐ Flagman ☐ Uncontrolle	☐ Dark	Road – Unlighted Road - Lighted		☐ Concrete		☐ Straight at H ☐ Curve and L	evel	
□ Other		☐ Other	- Li Daik	Noau - Ligitleu		☐ Gravel ☐ Other		□ Curve and G □ Curve at Hill		
	Pre	Accident Movement				Unusual Roa	d Conditions			
V1 V2/OV	V1 V2/O		V1 V	2/OV		No Unusu	al Conditions			
☐ ☐ Making right to	□ □ Making right turn □ □ Entering Bus Stop □ □ Changing Lanes □ Obstruction in road									
☐ ☐ Making right o☐ ☐ Making left tur		lowing or stopping in traffitopped in traffic	☐ ☐ Merging ☐ Loose material on road							
☐ ☐ making left on☐ ☐ Making U Turn	red $\square$ F	Parked voided object in road		Backing Other		☐ Reduced r				
Vehicle Lights	Turn Signals	Posted Spee	, ,	stimated Speed	Limit		f Tunical			
No 1 🎏 On □ Off	No 1 ☐ Left Turn On			hicle 1		Direction o			ent / Collisio	on With
No 2 ☑ On □ Off	No 1 ☐ Right Tum C No 1 ☐ Four Ways C	n .	-			Vehicle N S E		Other Motor V Bicyclist	ehicle	
JA OII LI OII		TOTAL	mph   Ve	Venicie 2 10 mph						
	No 2 ☐ Left Turn On No 2 ☐ Right Turn O	n		N S F W Pedestrian						
	No 2  Four Ways O	n	Destruction	- / D!				I Animal		
☐ Crossing With Signal		□R	ding / Walking	an / Bicyclist Act Along Highway W	ith Traffic					
☐ Crossing - No Signal of ☐ Crossing Against Sign	al	□R	ding / Walking .	Against Highway I Front of or Behir	Mith Traffic	Cars		☐ Pushin ☐ Workin	g / Working g In Roadw	On Vehicle
☐ Crossing - No Signal/I		□ PI	aying In Road			odis .		□ Not In □ Other		-7
3 3.00			sung On / Off \	ehicle Other Thai	1 RNS				PF.20 7/	10045

#### AR# Police Investigated? ☐ Yes ☐ No ☐ Backing ☐ Passing ☐ Railroad Crossing Sideswipe ☐ Merging ☐ Hit Fixed Object Police Department Responding ☐ T-Bone ☐ Head On ☐ Hit Pedestrian ☐ Right Turn ☐ Bus Right Mirror ☐ Hit Animal Officer Name (Badge / ID #) ☐ Left Tum Bus Left Mirror ☐ Bus Rear Ends Vehicle Bus Door Operation Precinct# Report # ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip With Pax Without Pax ☐ Business Trip Fixed Route ☐ Fixed Route ☐ Errand NO Vehicle 1 Towed By: ☐ Charter ☐ Charter To ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance NO Vehicle 2 Towed By: To Accident Description #634 WAS not moving @ A B HEI WITH FOUR WAYS ON. THE #634(VI) left micror have A scrath on Description of Damage Company Vehicle ☐ Moderate ☐ Major Minimal Minimal ☐ Major Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Articulated Bus Shuttle Vehicle Bus 2 🔏 Car $\rightarrow$ ---Name of Witness / Injured Claiming Injury? Age Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # Supervisor Name (Print): GARY BELLINGER Supervisor on Scene? Yes Yes □ No Unit Number 0124 Supervisor's Signature \_Supervisor / Manager Reviewing



## **EMPLOYEE INFORMATION**

Accident/Incident/Workers Comp#:	Accident	
	(Workers Comp # Issued by Sedgwick)	
Name Douglas	Birth Date	Hire Date  May 1 5+ 201
Driver's License# 0-242-44	1-683-787	
Employee Number 30	908	
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLAIN WHY):	
HOME ADDRESS: 54/4	Tilden Pd	
CITY Bladenshury	STATE	ZIP CODE 207( 0
HOME PHONE NUMBER	DAYTIME NUMBER	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?  Yes / No / Unknown	GENDER MARTIAL STATUS  MORF M & W D	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME	*	
12:05 AM or PMY 7	AM or PM	



If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Date: 4-18-18 Time: 1:26 pm
Location: Crittden ST, Hyattsulls MD
Driver: Joseph Douglas
Supervisor: Superv

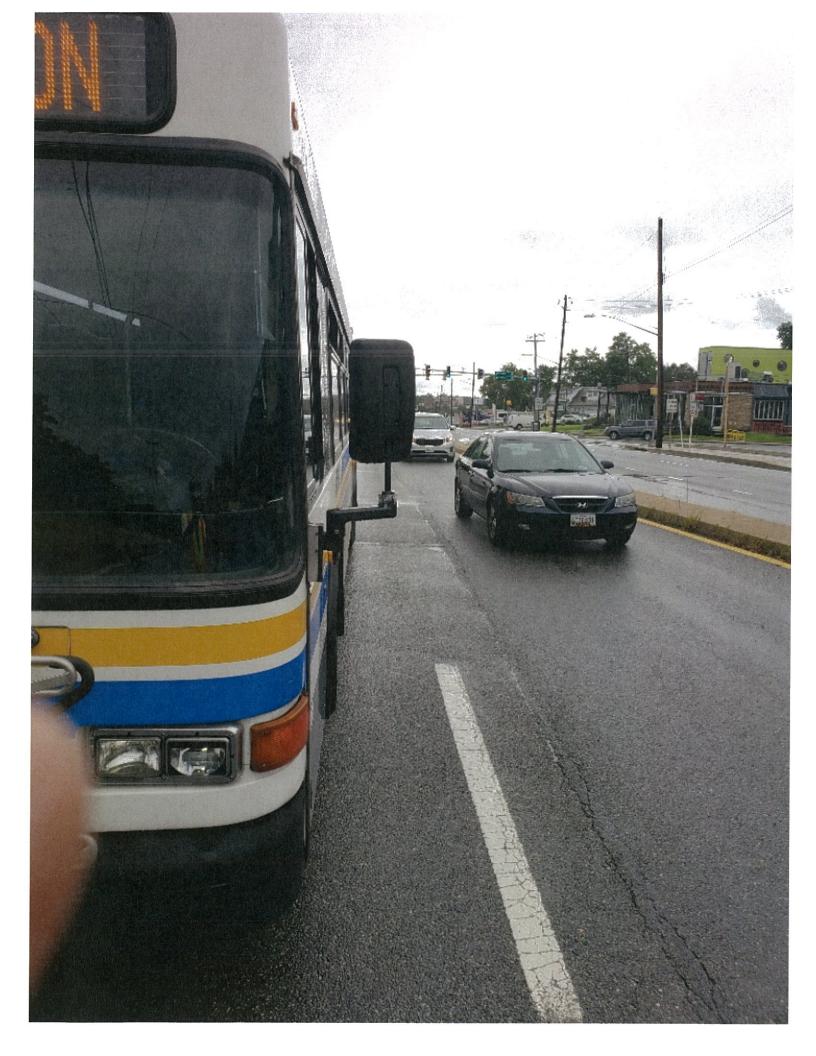


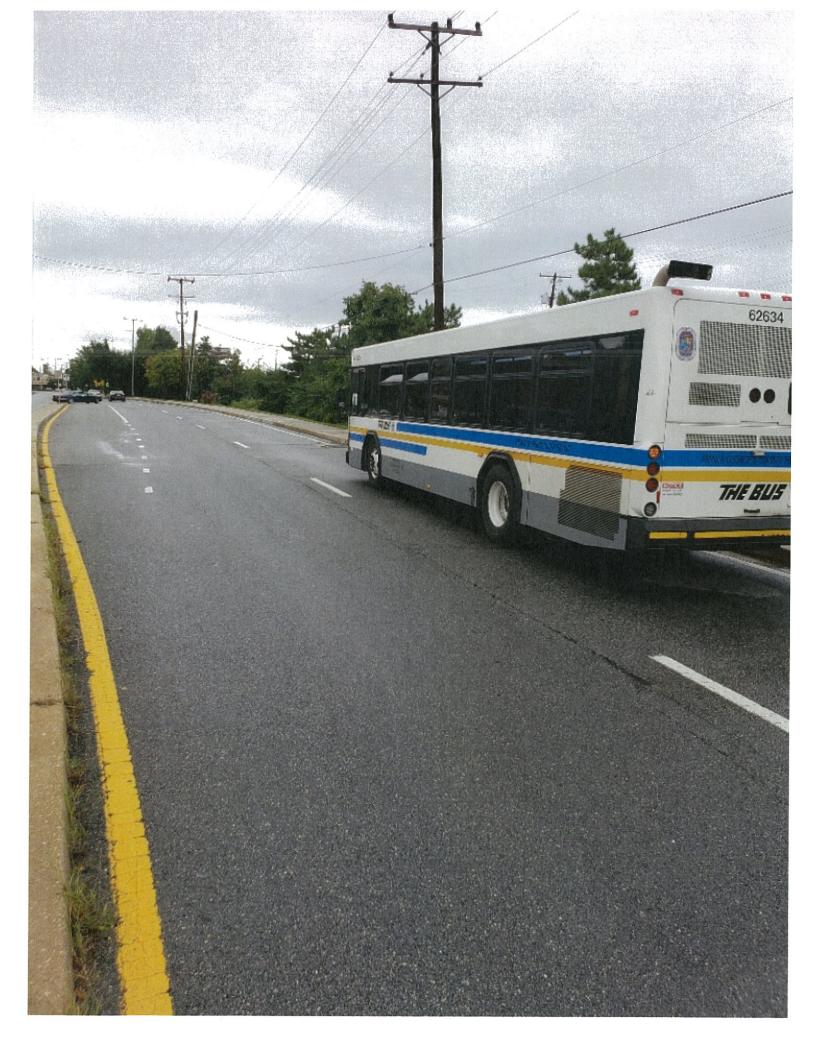
SPP F.8 Rev 5/2015

Today's Date: 9/18/18 Time: 2 35 Pm Operator Name: Joseph Douglas Vehicle # 634 Route # 155/  Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately Pessonger Injury Vehicle Damage Idid not report the incident immediately because: Did a SQM respond to this incident? No No Yes (SQM Name) GARL Bolling & Date Incident Occurred: 9/18/18 Time Occurred: 1 28 Pm Do not have actual date or time Date Reported: 9/18/15 Time Reported: 1 28 Pm Do not have actual date or time Date Reported: 9/18/15 Time Reported: 1 28 Pm This is a late report Location of Incident Crift Alen Streef Alyghtwill MY Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat # Pass	
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Yes Reported to Command: (Name) Dating I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name) AR BONNAGE  Date Incident Occurred: 9/18/18 Time Occurred: 128/m Do not have actual date or time  Date Reported: 9/18/18 Time Reported: 128/m This is a late report  Location of Incident Continued Street Ayatto I was  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened: Stopped at the Street Apartma.  On Continued the Stopped at the Street Apartma.  A School bas down by two Close and Struck  The down Side Andreas of My bas and Struck	Today's Date: 9/18/18 Time: 2:35pm
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Yes Reported to Command: (Name) Ogija  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name) GARY BOWINGER  Date Incident Occurred: 9/18/18 Time Occurred: 1 28/m This is a late report  Location of Incident Crittiaten Street Hyghtsulle My  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened: Stopped at the Sty Sign  on Criticum Street by Top of the Park Apartman  a school by drive by two Close and Struck  The diverse do not see the passenger of th	Operator Name: Joseph Dauglas Vehicle # 634 Route # 135/
Passenger Complaint No Damage Vehicle Incident Report Other	Report Submitted to: Supervisor Dispatch Safety Dept.
Was the incident reported immediately? Yes Reported to Command: (Name) Daija  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name) GARY BOLLINGER  Date Incident Occurred: 9/18/18 Time Occurred: 1.28/m Do not have actual date or time  Date Reported: 9/13/18 Time Reported: 1.28/m This is a late report  Location of Incident CVIT+ Den STreef Hyghtville MV  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened: While Stopped at the Sty Sign  on CVIT+ Clen Street by Top of the Park Apartmen  a school by drive by too Close and Struck  the diverse of My bos and	Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Date Incident Occurred: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Reported: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Reported: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Reported: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Reported: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Reported: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Reported: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/18/18 Time Preported: 1 28/19 Time Preported:	Passenger Complaint No Damage Vehicle Incident Report Other
Did a SQM respond to this incident? No Yes (SQM Name) GARY BOWNER  Date Incident Occurred: 9/13/18 Time Occurred: 1 28/19 Do not have actual date or time  Date Reported: 9/13/18 Time Reported: 1 28/19 Do not have actual date or time  Date Reported: 9/13/18 Time Reported: 1 28/19 This is a late report  Location of Incident Crittiden Street Alyghborla WW  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened: While Stopped at the Stop Sign  on aithau street by top of the Park Apartman  a school bus druge by too close and struck  the diverse of My bas and	Nas the incident reported immediately? Yes Reported to Command: (Name)
Date Incident Occurred: 9/18/18 Time Occurred: 1.26/19 Do not have actual date or time  Date Reported: 9/13/15 Time Reported: 1.28/19 This is a late report  Location of Incident CVI + den Streef Alyghtsville MV  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened: While Stopped at the Stop Sign  on cuit den street by Top of the Park Apartman  a school by drove by two close and struck  the diversed mirror of my bas and	
Date Incident Occurred: 9/18/18 Time Occurred: 1.26/19 Do not have actual date or time  Date Reported: 9/13/15 Time Reported: 1.28/19 This is a late report  Location of Incident CVI + den Streef Alyghtsville MV  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened: While Stopped at the Stop Sign  on cuit den street by Top of the Park Apartman  a school by drove by two close and struck  the diversed mirror of my bas and	Did a SQM respond to this incident? No Yes (SQM Name) GARY BOULDER
Complete a separate Incident Report for each passenger affected by this event.  Passenger Name:  Passenger ID/Seat #  Explain what happened:  While stopped at the stop sign  on criticlen street by top of the Park Apartman  a school bus drope by too close and struck  the diver side mirror of my bas and	
Explain what happened:  On criticlen street by top of the Park Apartment of school by drope by two close and struck the diverse of my bas and	Date Reported: 9/13/13 Time Reported: 1:28/m This is a late report
Passenger Name:  Passenger ID/Seat #  Explain what happened:  While stopped at the stop sign  on criticlen street by top of the Pork Apartma  a school bus drope by too close and struck  the diver side mirror of my bas and	ocation of Incident CVITTI dem Street Ayattulle MV
on criticles street by top of the rock Apartma a school bus drope by too close and struck the diver side mirror of my bas and	omplete a separate Incident Report for each passenger affected by this event.
the diver side mirror of my bas and	assenger Name: Passenger ID/Seat #
	the diver side mirror of my bas and
erator Signeture: 4/18/10	ALL COLOR



transdev	SUPERVISOR'S IN	NCIDENT REPORT	
Date#: 9-18-18	Time: 1:26pm	Run: 135	- /
Operator #: Joseph Dougl	A5 Division: 0		
Supervisor: GARY BElling		venicle	
Location: Crittiden Stes	Cross Street	Hyattsville MD	
		p Sign going south or	
Crittiden Steast in.	the diseation of	Pate 1. When 12 was to	1
wast on Caltidas	traction of	ROJE 1. When V2 WAS TO	RAVEling
Davidas VI and making	STREET IN HYATTSVIII	E MD. VZ PASSED OPERA	toe
Charles of Arry MAKIT	g contact with the	NE MIRROR And leaving	448
SCENE. THE MIRROR V	vas not damaged	d and was able to co	H1908
IN SERVICE AFTER I	ARRIVED. OPERATOR	Douglas was unable	to
get the school Bu	s number of TAC	number. There were	5 no
injuries to report. T	of county police of	did not come to the	Sysna
and there is no Repo	set number		2010.
-			
A D	· ·		
Supervisor Signature: Tu	linger		







(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: 5:3	9 PM
Date of O	ccurrence:	10/4/2018		Time of Occur		currence:	5:00 PM
Weather:	Clear	Day of the Week:		Thursday		DHD (Y/N):	N
Location (Cross Stre	et and Town)		Dower House	Road & Old Pike '	Way, Upper Mar	lboro, Maryla	nd
	1						
Route Impact:				1 Missed Pull			
Employee Name:			D	eonte Edmonds			
Run#	20	007	Bus#	626	520	Tag#	LG94090
What happened (Be Specific and Brief):	(Be Specific and						ies were dispatched
Injuries (if any):				None			
Vehicle Damage				None			
(Check all t	hat apply)	Police	у	Ambulance	N	Tow	N
Was the (	Operator sent for D	rug/Alcohol Test ()	(/N)·			N	
		ag/ Alcohol Pest (					
Not	tified (Indicate nam	e and time) GM:				N	
Supervisor	l P Can	npbell	AGM	K. Jay 5:18 PM <b>Maint</b> <u>T. Ward 5:23 PM</u>			
Supervisor	N. Cal	проеп	Adivi	K. Jay J	.10 FIVI	Iviaiiit	1. Ward 5.25 FW
Asst. Safe	ety Mgr.	R. Jones @	5:25 PM		Dispatcher		Tyler
County Nam			M. Wilson @ 5:39 PM				
(Check one) Telephone X In				In Person		(Must be	done within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives  Police were called however, the supervisor was able to resolved the situation and the police call was canceled.					police call was		



promon		
T	Today's Date: 10-04-18 Time:	MACE COMMETCAL ACT
	Operator Name: Dante Formonds Vehicle # 626	20 Route # 2007
L		node ii a contraction of the con
Rep	Report Submitted to: Supervisor Dispatch Safety Dept.	
Che	Check One: Passenger Accident Passenger Incident Passenger I	njury 🔲 Vehicle Damage
	Passenger Complaint No Damage Vehicle Incident Report	Other
Wa	Was the incident reported immediately? <u>Ve5</u> Reported to Command	i: (Name) Dispatch
I die	did not report the incident immediately because:	
	Oid a SQM respond to this incident?  No. Yes (SQM Name)	
Date	Date Incident Occurred: 10-04-18 Time Occurred: 16.45	Oo not have actual date or time
Date	Date Reported: 10-04-18 Time Reported: 16.45 This is	a late report
Loca	ocation of Incident Melwood Training Center	
Com	Complete a separate Incident Report for each passenger affected by this event.	
Pass	assenger Name: Passenger ID/Seat	#
Expl	xplain what happened: X = -	
7	AS I was parting passen	gers in preparation
701	of my firs Dull from Addison road meti	a Station, A woman
the	ne Dus bay I heard Velling Coming from	i Juled away from
Du	12. When I laybed in my a languary my that	m the lear of the
120	assence velling at making rapist remarks	to the area of
I+	+ was clear to me that the woman was men	otally & Chatalle
Her	er husband who she said was her care talk	er was telling her
to	o Stop, and trying to get her to calmown, t	to I porrector through
the	ne route I could hear her behind me talking	with Customer
Se	Dervice. She was Saying that She didn't feel Sa	C I to tal:
Was	as going to have a scizure at any moment, All	the while her husband
157	Telling her to Stop and to calm down. I became	re uncomfortable
WITH		and potrified disputch.
anoth	Duservisor Came out Shortly after. That passence	ctions to return to Revenue
- 111	X 340 11340	Service Service
Operat	erator Signature: Date Su	bmitted: 10 0 10
		SPP F.8 Rev 5/2015



transdev	SUPERV	ISOR'S INCID	ENT REPORT
Date#: 10/4/18	Time:	5:00 PM	Run: 2007
Operator #: Deonte	Edmonds	, Division: <u>0124</u>	Vehicle: 62620
Supervisor: R. Camp	ibell		
Location: Melwood	TVQINING ss or Cross Street	Center	011 0 011
Description of Event:		monds had	City & State  () MEN ()
challenged elde		ale on boa	
making racial		1 1 10	
1 11 -		ne give her	
All the Yelling	i i	caming was	
a distraction	0 11.	e driver -	to operate the
bus. The police	· Were Ci	alled but lo	ater told to
disregard. The	Female 1	and her hi	shand boarded
the hext bus	heading	y to Upper	Marlboro and
was told to	remain	quiet. (Pleas	se!)
· · · · · · · · · · · · · · · · · · ·			
Supervisor Signature:	nota Can	nlell	

·:--



Safety & Training Department (Check one) Accident Incident Time Supervisor Arrived: 10:50 AM Date of Occurrence: 10/10/2018 Time of Occurrence: 10:29 AM Weather: Clear Day of the Week: Wednesday DHD (Y/N): Location (Cross Street and Town) Hanover Parkway @ Ora Glen Drive - Greenbelt, MD Route Impact: 20 - Minute Delay Employee Name: Robert Knox Run# 1603 Bus# 62635 Tag# LG94094 Operator stated that a female patron fell after she stood up while bus was in motion, to notify the operator that her stop was coming up. Supervisor dispatched to assist. Per Supervisor investigation; Patron exited the bus before What happened supervisor arrival, no injuries claimed, operator continued in service. (Be Specific and Brief): Injuries (if any): None Vehicle Damage None (Check all that apply) Police Ambulance N Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): N Notified (Indicate name and time) GM: J. Modlin @ 10:33 AM Supervisor B. Ogundeko OM M. James @ 10:33 AM Maint N/A Asst. Safety Mgr. R. Jones @ 10:32 AM Dispatcher D. Terry County Name and Time: M. Wilson @ 10:34 AM (Check one) Telephone In Person (Must be done within 1 hour) Please note the details of this incident will change when the

Supervisor Arrives

Operator Incident Report
Today's Date: 10-10-18 Time: 12:25  Operator Name: 407, Rador Vehicle # 62635 Route # 1603
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name) Spath Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No. Yes (SQM Name)  Date Incident Occurred: 10-10-18 Time Occurred: 10-20 Do not have actual date or time  Date Reported: 10-10-16 Time Reported: 10-20 This is a late report  Location of Incident Hamp Care Passenger affected by this event
Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #
Explain what happened:  A STOP ON KANDVER DRWY MENT A DATRONI  PRANTO THE DECL FOR A STOP, THAT DATRONI  WALK UP TO THE CROWN EXIT COOK HANCE  SKED IF IT WAS AND THAT STOP TO SAK  WAS SHE SAIC T WOULD LIKE THAT STOPPEN  AND TEACH. THAT PULLED ARE THE DUS  ISTAILING TO WANTE THE DESTRUCTION AS TO STOPPEN  AND THOMAS DATRONIC DOSE HER DATRONIC  LIP ASHED THE WALL SHE  SHIP I WAS AS SHE WALL DR SHE  THE TO THE HER DRIVER OF THE SHE  TO THE OFF HER DRIVER  SECTIONS OF THE ORDER OF THE ORDER  TO THE OFF HER DRIVER  SECTIONS OF THE ORDER  TO THE OFF HER DRIVER  SECTIONS OF THE ORDER  THE OFF HER DRIVER  THE OFF HER
Operafor Signature: Date Submitted: Date Submitted: SPP F.8 Rev 5/2015



Date#: 10 10 18 Time: 9:48 AM	Run: 1603
Operator # Roberts . A. KNOX Division: 0124	Vahiala: 62635
Operator #: Roberts . A. Knox Division: 0124 Supervisor: Babalala Queno	venicle.
Location: Hansen Parency / oral Cyler Address or Cross Street	
Description of Event: Dispatel ush	
the uncester of falling on Rous (	
Opender Knox explained was a	mes commune contrain
on Bus Stop request	When poton in
question got up from the Sea	to winde the Pour
in upper, few in	- the process.
However, the vucework	patron claimed
no hijung and dready beg	& before Superry
· annual,	
Ipervisor Signature:	
por root digitature.	5



(Check one)	Accident	Incident		Х	Time Supervisor Arrived: 1:2		13PM
Date of Oc	currence:	10/11/2018		Time of Occ		ccurrence: 1:05PM	
Weather:	Clear	Day of the Week:		Thursday		DHD (Y/N):	N
Location (Cross Stre	et and Town)		Lottsford F	Road @ Campus V	Vay North, Larg	o, Maryland	
Route Impact:			2	0 Minute Delay			
Employee Name:				Linda Ball			
Employee Name.				Liliua Bali			
Run#	28	52	Bus#	626	48	Tag#	LG94281
What happened (Be Specific and Brief):	operator's han between the ope	d with an plastic w rator and the femal patched to the loca	ater botte. A fer le patron. The fo ation. There we	male patron that emale patron beg	was onboard wa an to argue with pard. No injuries	as trying to di h the patron o reported. Th	me irate and hit the iffuse the conflict onboard. Supervisor re female patron fled
Injuries (if any):				None			
Vehicle Damage				None			
(Check all th	nat apply)	Police	Υ	Ambulance	N	Tow	N
Was the C	perator sent for Di	rug/Alcohol Test (Y	//N):			N	
N	otified (Indicate na	me and time):					
Supervisor	D. Bo	ykin	AGM	K. Jay @	1:33PM	Maint	O'Neil @ 1:35PM
Asst. Safe	ty Mgr	R. Jones @	1·31PM		Dispatcher		Terry
Asst. Suit	cy mgn	IX. JOHES &	1.511 141		Dispatcher		Terry
County Name	e and Time:			M. Wilson	@ 1:28PM		
(Check one) Telephone		Х	In Person		(Must be	done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives							



		CONTRACTOR OF THE PARTY OF THE
Today'.	s Date: 10.11.2018	Time: 1245 - 1400 pm
Operat	or Name: LINDA RBALL	Vehicle # 6242/8 Route # 2852
Report S	Submitted to: Supervisor Disp	patch Safety Dept.
Check O	ne: Passenger Accident Passe	enger Incident Passenger Injury Vehicle Damage
	Passenger Complaint No Da	mage Vehicle Incident Report Other ASSIT ON DRICE
Was the	incident reported immediately? A 54	Reported to Command: (Name) Palled DISPATER
	report the incident immediately because	
· Did a SQ	M respond to this incident? No.	Yes (SQM Name) JES P. Daykms
Date Inci	ident Occurred: 10:11-2018 Time O	ccurred: 1245-149 Do not have actual date or time
Date Rep	ported: 10.11, 2018 Time Reported	: 1245 pm This is a late report
Location	of Incident Lotts ford / Cana	DWay
Complete	e a separate Incident Report for each pa	ssenger affected by this event. SEE 476
Passenge	er Name:	Passenger ID/Seat #
76	HAG NAME.	
+ Yaus	that happened: ng mena Younglady /	get on bus the young paids
fon	his girlfrund as	Then to go Sit dawn and
Man	of Men get of A	5 Soon AS Che DUS Start to
Mo	we the young I	ady walk up to cheak
Tiper	Sheart Card	
7. 11	- L.// F	1 1/2 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1	en L was (alle to	the girl I Used my print
0119	ger to show her	12 also explan to her of
Die 1	JUST CAUGH MILA	e and it stay change he
H Gal	h Mud waren 31	De Call a during Britain" an
Jack	1 hook many	THE SITTER IN THE DANG
	4551 9112 WITT	1 W X 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A po	assage Saw Yrea	. hit ME and start hame
	<i>U</i> .	SET BACK
		20 mg
Operator Si	gnature: Linda R Ball	Date Submitted: 10 11 - 2015
		SPP F.8 Rev 5/2015

Ask the young to Apogy to ME

\* And hell turn word exchange an bus until a pelier for (Dist Height Saw is and Can) to help.

\* office surs talk to the young landy unit



### transdev supervisor's incident report

Date#: 10-11-2018 Time:	13:15	Run: 28
Operator #: Linda. Ball		Vehicle: 62648
Supervisor: D. Baykin T-4	-	
Location: Grey Gables @ Lotts f Address or Cross Str	ford Rd. Land	lover Rd.
		City & State
Description of Event: Operator L. Bal	picked-up a female pas	ssenger on Grey Gables dr.
the passenger wanted to check the b	glance on her card, Open	ator Ball instructed her to be
cautions not to have her card charged	lif she only wanted to c	heck the balance. the passenge
became beligerent and digrespectfo	VI to Operator Ball, and	then assautted her by
hitting Ms. Ballis hand with a wo	terbottle; Atthat poi	nt another female passenger
spoke-up in defense of the opera	tor. The female passer	ger then started to be
Combative with the other passe	nger: Operator Ball	10-1261 the bus and contacte
disbatch of the situation. The	e confusion between t	he passengers continued-
outside of the bus, where an o	ff duty Capital Heights	officer witnessed and
intervened, The officer boarde	ed the bus and attempt	ed to remove the irate female
Passenger."		
There were two eye-u	sitnesses to the inc	ident:
Dominiqua Butler (	202-910-1314)	
Natalia Ambroise		
Supervisor Signature: Donald Bu		
Supervisor Signature.	/	



(Check one)			Incident	Х	Time Superviso	or Arrived: 11	:40 AM
Date of Oc	currence:	10/11/2018			Time of Oc	currence:	11:04 AM
Weather:	Cloudy	Day of the N	Week:	Thur	rsday	DHD (Y/N):	N
Location (Cross Stre	et and Town)			New Carrollt	on Metro Statio	n	
Route Impact:				Missed trip			
Employee Name:				Michael Tolson			
Run#	16	02	Bus#	626	651	Tag#	LG94282
	Datum fall by "	Dei					
	Patron fell boardi	ng the bus. Patron		; injury at this tin s no longer on bo		spatched to t	he scene, the patron
What happened							
(Be Specific and Brief):							
briery.							
Injuries (if any):				None			
Vehicle Damage				None			
(Check all th	nat apply)	Police	] N [	Ambulance	1 N	Tow	] N
Was the Op	erator sent for Dru	g/Alcohol Test (Y/	N):			N	
Netific	ed (Indicate name a	and time \ ACRA			Divad Danda	L @ 11.04 A	N 4
Notifie	eu (muicate name a	ind time) Adivi.			Riyad Banda	K @ 11.04 A	
Supervisor	K. Al	ston	ОМ	M. James @	0 11:36 AM	Maint	Ray@ 11:18 AM
Safety	Mgr.	R.Jon	es @ 11:10	AM	Dispatcher	<u>D. Te</u>	rry / V. Taylor
County Name	and Time:			M Wilson	@ 11:19 AM		
County Name and Time: (Check one) Telephone		Х	In Person	@ 11.19 AW	(Must be	done within 1 hour)	
Please note the							
details of this							
incident will change when the Supervisor							
Arrives							



Today's Date: 10/11/2018	Time: 11:03
Operator Name: M. To Lson	Vehicle # 62 651 Route # 1602
Report Submitted to: 🔀 Supervisor 🗀 Dispatch	Safety Dept.
Check One: Passenger Accident Passenge	r Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damag	e Vehicle Incident Report Other
Was the incident reported immediately? Yes	Reported to Command: (Name) Taylor
did not report the incident immediately because:	,
Did a SQM respond to this incident? No Yes	s (SQM Name) ALSton
Date Incident Occurred: 10/11/2018 Time Occur	red: 11.03 Do not have actual date or time
Date Reported: 10/11/2018 Time Reported:	This is a late report
ocation of Incident New CarrollTon	metro-Top side
Complete a separate Incident Report for each passen	
Passenger Name: unknown	Passenger ID/Seat#
ixplain what happened:	engers, one of the patrons
fell while boarding th	re bus. Patron said he was
,	to give any information.
	·
·	
erator Signature: Michael R. Tolson	Date Submitted: 10/11/2018

Date Submitted: 10/11/2018 SPP F.8 Rev 5/2015



### transdev supervisor's incident report

Date#: 10/11/18 Time: 11.03 AM Run: 1602	
Operator #: Tolson Division: 0124 Vehicle: 60 651	
Supervisor: Alston	
Location: Top Side New Carrollton Metro New Carrollton  Address or Cross Street City & State	
Description of Event: Operator Stated he was loading passengers	
When a male patron fell getting on the bys. The bys	
was not moving. Patron stated that he was not injured	1
and didn't want to give out his information.	
The male patron departed the scene before I arrived	
	_
	_
	_
	_
	_
Supervisor Signature: A Alsta	

transdev
ncy Notification Form
Safety & Training Department
Incident

# **Emergency Notification Form**

(Check one) Accident Date of Occurrence: 10/18/2018 Time of Occurrence: 6:20 AM Weather: Clear Day of the Week: DHD (Y/N): Thursday N Location (Cross Street and Town) Addison Road & Drylog Street **Route Impact:** 15 mins **Employee Name:** Tammi Lesesne Run# 1803 Bus# 63166 LG84950 Tag# Operator stated she smelled fumes on the bus and evacuated all passengers. No injuries reported at this time. Shop & Supervisor dispatched to the scene. What happened (Be Specific and Brief): Injuries (if any): None Vehicle Damage None (Check all that apply) Police **Ambulance** Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): Ν Notified (Indicate name and time) GM: N/A Oneal @ 6:25 AM Supervisor B. Ogundeko **AGM** R. Bandak @ 6:25 AM Maint R. Jones @ 6:23 AM Safety Mgr. Dispatcher Proctor / Taylor **County Name and Time:** M. Wilson @ 6:26 AM (Check one) Telephone X In Person (Must be done within 1 hour) Please note the details of this incident will change when the Supervisor

Arrives

HU114 -11,902560

Operator Incident Report
Today's Date: 10 P8 18 Time: U. 20 th Operator Name: 10 Operator Name: 10 Operator Name: 1803
Report Submitted to: Supervisor Passenger Incident Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other Passenger Injury  Was the incident reported immediately? Reported to Command: (Name) Polyton Indiana SQM respond to this incident? No Pres (SQM Name) Polyton Do not have actual date or time  Date Incident Occurred: Date Reported: Date Reported: Date Incident Complete a separate Incident Report for each passenger affected by this event.
Explain what happened:  Explain what happened:  While Oriving the bus Ashell was so stronger  The bus HIPAssengus was penicula from  The bus.
Operator Signature: Date Submitted: 15 18 SPP F.8 Rev 5/2015

(I) transde	J
-------------	---

### SUPERVISOR'S INCIDENT REPORT

Date#: 10 18 18 Time: 6220Am	Run: 1803
Operator # Janni Leselin Division: 0124	Vehicle: 63/66
Babalola Venneeus	
Location: Addison Road Capital Height  Address or Cross Street City &	ar is
Address or Cross Street City &	4 State
Description of Events Operator January Letter	and Called in for
Line Ensel on Buy 63/66 Superviso	whele respondent
fune smell on Bus 63/66, Superviso  Patrons were moved away 100F  DUSVS and windows were opened  Bus 63/66 was returned back to	
parmer were record to y 100 F	E i i'l
Daers any murrong news observed	for Ventration.
Dispatch Sent out a	Switchout and
Bus 63166 was refumed back to	Bose by Mantinuc
· · · · · · · · · · · · · · · · · · ·	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
· · · · · · · · · · · · · · · · · · ·	
	**************************************
•	
	•
	,
	•
Supervisor Signature:	
And helper Down	· .



(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: 3:0	03PM	
Date of O	ccurrence:		10/23/2018		Time of Oc	currence:	2:45PM	
Weather:	Clear	Day of the	e Week:	Tuesday		DHD (Y/N):	] N	
Location (Cross Stre	Location (Cross Street and Town)  Governor Oden Bowie Drive @ Elm Street, Upper Marlboro, Maryland							
Route Impact:				1 Missed Pull				
	1							
Employee Name:			N	Aichael Owolabi				
Run#	] 21	153	Bus#	631	93	Tag#	LG90127	
			Busin	031		гади	2030127	
What happened (Be Specific and Brief):	boarded the bus at that fell into coin s	nd began to add mo	oney to the fare plocked the patro	box: the patron re	eached his hand etrieving money	l at the coin si from the coir	CAB. A male patron lot to retrieve money n slot. Supervisor and ued on route.	
Injuries (if any):				None				
Vehicle Damage None								
(Chack all t	hat applied	Police	] y [	Ambulance	NI NI	T	.,	
(Check all t	пат арріу)	Police		Ambulance	N	Tow	N	
Was the 0	Operator sent for D	rug/Alcohol Test ()	Y/N):			N		
Not	tified (Indicate nam	e and time) GM:			Modlin @	3:22 PM		
Supervisor	Bellir		AGM	K I 0 :	2.04.004	A4-1-1	D @ 2-05 DN4	
Supervisor	Delli	igei	AGIVI	K. Jay @ 3	3:04 PIVI	Maint	Ray @ 3:06 PM	
Asst. Safe	ety Mgr.	S. Ford @ 3	3:02 PM		Dispatcher	Te	rry/James	
County Nam	e and Time:			T. Harriston	@ 3:00 PM			
(Check	one)	Telephone	Х	In Person		(Must be	done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives	ails of this incident change when the Police were called however, the supervisor was able to resolved the situation and the police call was canceled.							



Today's Date: # 755/0-23-18 Time: 14:35
Operator Name: MICHAEC ON OHAE Vehicle #63193 Route #2103
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Yell Reported to Command: (Name)
I did not report the incident immediately because: To DISportCh
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: Time Occurred: Do not have actual date or time
Date Reported: $10-25+8$ Time Reported: $14:40$ This is a late report
Location of Incident CAB Bulendelay
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: On Acul Of 10-23-18 Al Ther  Ophmubro A CUSTOMER put Hone ON The  Fore To Sill monent and I Stood Him Mot  To do That The Some Customer do That  ON My BUS Oll The Time and I Repole  To Dispoeth and A Poller and That was  Oll Happen
Operator Signature: Date Submitted: 10-23-18
SPP F.8 Rev 5/2015



Date#: 10-03-18	Time: 3:00	Ppm	Run: 2 /
Operator #: M. Owo/A.5		/	Vehicle: 193
Supervisor: G. BEllinger			
Location: Upper Markon Address or C	20 C.A.B		
			City & State
Description of Event: Open 1	My ARRIVA	1 OpERAtor	M. Owolabi WAS
At the C.A.B bus	Stop with	h FOUR WAYS	on And both doors
OPEN. It WAS IL PA	trons on 4	the bus, Open	eator Stated that
one of the patron	is triEd AC	d FARE to	his caped and tried
			that was Alasady
there, M. Owolab	i stoped	him From	doing so GERATOR
			Police ARRIVED And
gustion the patro	n And tolo	I him to ne	ot Rids that bus
Snymore. Operate	or wont	back in SEA	evice, Pickeduphis
20 HE At p.g collEd	JE BACK	to Upper M.	Arlbors.
	,	, ,	
Supervisor Signature:	Blingel		



(Check one)	Accident		Incident	Х	Time Superviso	or Arrived:		
Date of Oc	currence:	10/29/2018 Time of Occurrence: 7				7:18 AM		
Weather:	Clear	Day of the Week:		Monday		DHD (Y/N):	N	
Location (Cross Stre	cation (Cross Street and Town) Courthouse (Upper Marlboro)							
Route Impact:	Route Impact: None							
Employee Name:				Alfredo O'Neal				
Run#	51	01 [	Bus#	632	17	Tag#	LG92240	
What happened (Be Specific and Brief):							otion). Passenger	
Injuries (if any):	if any):  None							
Valida Damana								
venicie Damage	Vehicle Damage None							
(Check all th	nat apply)	Police	Υ [	Ambulance	N	Tow	N	
Was the O	perator sent for D	rug/Alcohol Test (Y	/N):			N		
NA CONTRACTOR OF THE PARTY OF T	otified (Indicate na	uma and time).			Madi	in 0719		
	otinea (maicate na	ine and time).			Moul	111 0719		
Supervisor			AGM	Bandak (	@ 0718	Maint	N/A	
Asst. Safe	ty Mgr.	R. Jones @	0719		Dispatcher		Bandak	
County Name	Ti			A4 14/1	0.0704			
	xy Name and Time:         M. Wilson @ 0724           (Check one)         Telephone         X         In Person         (Must be				done within 1 hour)			
CHECK	one)	relephone		III Person		(Widst be	done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								



Today's Date	: 10-29-18 Time: 1026AM
Operator Na	O(1/2)
Report Submit	ted to: Supervisor Dispatch Safety Dept.
Check One:	Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
	Passenger Complaint No Damage Vehicle Incident Report Other
Was the incide	ent reported immediately? Reported to Command: (Name)
l did not repor	the incident immediately because: The passenger said it was her fault an
Did a SQM resp	pond to this incident? ANO, Yes (SQM Name)
	Occurred: 10-26-18 Time Occurred: 710 Aun Do not have actual date or time
	: 10 · 26 · 19 Time Reported: 7!13 Am This is a late report
	ident Court building appermallbiro.
	parate Incident Report for each passenger affected by this event.
Passenger Nam	X//IA
Explain what ha	I stopped at the bus Stop infront the
a.v.t	ourlding Kneeled the bus with Flashers on
the DES	sunger (Female) using a walker was Exiting
he lace	S, She Placed the walkyron the supervalk
when 4	ne welker polled Forwards she lost her bounder
en Stur	mbles on to her walker. I got out my seet
in pro	LEEDED to Assist the femule possenjer she
SmileD (	an said it was hav test fault an she was
Tine w	with the help of other passengers we helpen.
nev to	her teet she got her welker an continues
on he	way to the Court
	0,1000
	16/21/19
perator Signatu	re: Date Submitted: SPP F.8 Rev 5/2015



(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: N/	/A	
Date of Oc	ccurrence: 10/29/2018		10/29/2018		Time of Oc	currence:	4:51PM	
Weather:	Clear	Day of the Week:		Mon	iday	DHD (Y/N):	. N	
Location (Cross Stre	et and Town)		Greenbelt	Road @ Goddard	Road, Greenbe	lt, Maryland		
Route Impact:			1	5 Minute Delay				
Employee Name:				Alfredo O'Neal				
Employee Name.				Alliedo O Neal				
Run#	15	92	Bus#	631	.59	Tag#	LG84957	
What happened (Be Specific and Brief):	Operator stated there was a female patron that boarded the bus refusing to pay the fare and claimed that the bus is late everyday. The female patron bumped the operator and was pointing her finger at the operator while exiting the the bus. When the female patron exited the bus she began to stand in front of the bus. Supervisor and Police was dispatched to the location. The female patron removed herself from in front of the bus before the Supervisor and Police arrived. There were 9 patrons onboard. There were no injuries reported. The operator continued in route.							
Injuries (if any):				None				
njunes (n any).								
Vehicle Damage	Vehicle Damage None							
(Check all t	hat apply)	Police	) y [	Ambulance	N	Tow	] N	
Was the C	Was the Operator sent for Drug/Alcohol Test (Y/N):							
Not	ified GM (Indicate	name and time):			Modlin	@ 5:29PM		
Supervisor	O. Ogu	ndana	AGM	K. Jay @	5:06PM	Maint	Zaw @ 5:09PM	
			F 07014					
Safety and Train	ing Supervisor	S. Ford @ !	5:0/PM	410000000000000000000000000000000000000	Dispatcher	Te	erry/James	
County Name	e and Time:			M. Wilson	@ 5·08PM			
	ck one) Telephone X			In Person (Must be done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives								



Today's Date: 10 - 29 - 18 Time: 806 pm
Operator Name: O Ment AR Vehicle # 63139 Route # 1592
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? <u>Ve</u> Reported to Command: (Name) <u>かいら</u> Can bel
I did not report the incident immediately because:
Did a SQM respond to this incident? I No Yes (SQM Name) TAYO
Date Incident Occurred: 10/29/19 Time Occurred: 1630 Do not have actual date or time
Date Reported: 16 24/18 Time Reported: 1652 This is a late report
Date Reported: 16/29/18 Time Reported: 1652 This is a late report  Location of Incident hast hus stop bus going into NHSA.
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:  My his was having problems it was vanning show an with  traffic bes was late I get to the bus stop at 1610 the  Cemale passenger gets on the bus works pass heroen to  the boack of the bus I call out to her to get her aftername  To Let her know to pay her fair she turned arrand an Starter  Cussing at me an she sat very low to she would not stop  I call pispoten on the rapid of four them I have an  I rate passenger an I needed Assistance I then got  aft the bus to call his patch on my phone after I  Secured the bas to call his patch on my phone after I  secured the bas to call his patch on my phone after I  fush me af this time to get back of to call again  when she stard in my face I got back on the bus  when she stard in four the bas awing an want more  are a but 10 min. I have wintnesses that can
Operator Signature: Date Submitted: 29/8 SPE F.8 Rev 5/2015

### **Operator Incident Report (Continuation Report)**



Today's Date: 10-29-19	Time: 806 pm
Operator Name: OM EU A K	Vehicle #63/55 Route #1592
February and Copyright and Cop	
Wifnesses	
JOYA Summers 300	5236585
Renny 202-714	<u>8337</u>
HATAlac Smith 240 Ting 2028	5-241-2929
armando 240-	-334-18UZ
	T
erator Signature:	Date Submitted:

SPP F.8 Rev 5/2015

Con + push me some historical years taces me or property have the me The same of the same that the same that the out my hours in him. I have my too my continue The state of the s The set of the second of the s PUL DU WAR IT BES STEWER Jastarday - May 13018 202 HO HOO Bus 63155 OPERATOR ONEL fatron that u This is the D'Near bus on Operation 公古なかられた

THE HAR CHAIN CONTRACT OF THE E De De C tassetts to the same Desired of the Bush Caled of the State of th TOUR BEAUTY TOUR TOUR BEAUTY T

( Aleena	20				
Date#: $\frac{10}{2}$	uev s ilio	UPERVISO	r's incidi	ENT REP	w 200, 1 control
Date#:		Time:			Run: 1592
Operator #:			vision: <u>0124</u>	Vehi	cle: <u>63159</u> .
Supervisor: TA			Landing to the first of the fir		
Location:	Gre	unbelt ro	ad (193)	) by A	VE Grys, No.
	Address or (	Cross Street		Citý & State	7737
Description of Even	ıt:				
territoria	German	a ractio	call to	785 ps.	nel to an
irate p	citron	at 4.5	5pm 0	n. Hé	1592 route
operated		0° Neal	Where	e the	artron set
to pay	beco	use the	eperat	or we	1592 route patron set
The	Opera	tor calle	dtot	te fe	male patro
up-front	to po	a and	Slu	started	to fire our
Clase o	at the	<u> </u>	-0r - TL	00	itron had
Ceft the	SCC.	nel t	ne fire	lost	there one
Operator	Manager Manage	10-8 -	Lisai	, police	
Name	5 in Lan	vitrosses	Collected	1 franc	Operator
O'Neal				ş	<i>J</i>
Toy	g Su	mmons ==	301-523	3-6595	- Partitions
a second	in cy		202-84		
K	enry		2-714		

Supervisor Signature:



(Check one)	Accident	X Incident Time Supervisor Arrived: N		'A						
Date of Oc	ccurrence:		10/31/2018		Time of Oc	11:32 AM				
Weather:	Clear	Day of the	Week:	Wedn	esday	DHD (Y/N):	) Y			
Location (Cross Stre	et and Town)	New C	arrollton Metro	Station @ Garde	n City Drive, Ne	w Carrollton,	Maryland			
Route Impact:		None								
Employee Name:	Konstantine Smith									
Employee Name.	Konstantine Smith									
Run#	Deadh	eading	Bus#	632	17	Tag#	LG92240			
What happened (Be Specific and Brief):	Vehicel #1 was traveling on the roadway, through an construction site (concrete barrells) at New Carrollton Metro Station: when Vehicle #1 front right turn signal made contact with a fixed object (concrete barrell). The operator of Vehicle #1 left the scene and reported the damage to the bus once he arrived at the yard. There were no patrons onboard. There were no injuries reported. The operator was pulled out of revenue service for retraining.									
Injuries (if any):	None									
Vehicle Damage	None									
(Check all ti	nat apply)	Police N		Ambulance N		Tow	N			
				7 minutance		1000				
Was the C	perator sent for Dr	ug/Alcohol Test (Y	//N):			N				
Not	ified (Indicate nam	e and time) GM:	Belle Secondary and Secondary	J. Modlin @ 12:50PM						
Supervisor	R. Green		AGM	K. Jay @ 12:50PM		Maint	Ray @ 12:50PM			
Asst. Safe	fety Mgr. R. Jones @ 1:00PM Dispatcher		T							
Asst. Jaie	ty wigi.	K. Jolles @	1.00PIVI		Dispatcher	Terry				
County Name	and Time:			M. Wilson (	© 1:53PM					
(Check		Telephone	X	In Person		(Must be done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives										

#### Vehicle Accident Report

Accident Type



Operators CDL #	# / Exp Date	,		Valid DOT	Med Car	d / Exr	Date			Accide	nt Report	#			
5.530-475-	590-305 /			Yes 🗆	No (		- 2019				пкероп	**			
Accident Date Month Day Yea		/eek	Time	of Accident	# of Vel	nicles	Sma	tDrive 7	Trigge	red	Scer	ne Pho	tos	Substan	ice Abuse Teste
10 31/201	8 WOON	BOAY	11:	32 AM	1			Yes	<b>Z</b> N	D	Yes		□ No		Yes No
Operator Name (Exactly		OMPAN	Υ	VEHICLE	1						OTHER	PAR	TY		
KONSTANTI	t destruction in manager to a recombinately s	RICE	5111	TH+			□Ve	hicle 2		Bicyclist	□ Pede	estrian	Fixe	ed Object	□Pax Fall
Address (Include Numb	er & Street)		Skri	Apt#			Name (Exact	y As Printe	ed On Li	cense)					
City or Town	CAN DRIV		tate	Zip			Address (Incl.	uda Musah	0.01	-41			1		
	REBORO	100	ND	2077	2		Address (Inc.	nae Mumbi	er & Stre	et)			Apt#		
Employee ID#	Date of Hire		,	Student Driver?	Y(N)		City or Town			State			Zip		
31014 # of Cards #	of Occupants	- 2018   #Seated		# Standing			Date of Birth	Sex			Driver's Lice	ense	Lic. Stat	9	# of Occupants
D	0	0		0					и п	_		□No	Liu. Otal	.0	# or Occupants
Bus ID# Plate #		State	Vehicle	Year / Make			Insurance Co			y# & Exp D		_1140			
Vehicle Type	92240	MD Route#&	Run#				Name (Exact)	ν Δe Printo	d Ronie	tration)					
GILLIC BUS	,	DEAL		CH			Trans (Exact)	y rio i iliilo	u rtogis	adony					
566B271	2A1178					-	Address (Include Number & Street)					Apt#			
Insurance Co	1 1010	Policy#& F		1	-11		City or Town			State			Zip		
AON RISK SORI	I. CENTRAL LO	cation of Acc	cident	21268	07/01	2019	Plate#	State		Year & Mak	e of Vehicle		Vehicle Ty	ne	Color
Address/Street on which	accident occurred	NEW	CARR	DUTON	METRO		VVIII 102190.00						roniolo 1 j	po	COIGI
At intersection with	ARDEN C	LITY P	RIVE	5			VIN					-			
Not at intersection	Fee	t NSE	W of_				Telephone #								
☐ On Roadway	Off Roa	idway													
At Bus Stop? ☐ Yes	No (if yes	s) 🗆 Near	Stop	□ Far Stop □	Mid-Block s	top									
W						7,000	nental Conditi	ons							
Weather De Clear	Surface Dry			Traffic Contro  ☐ Stop Sign		<u>it</u> Daylight				dway - # o	of Lanes		way Charaight and	racteristic	3
☐ Cloudy ☐ Raining	I Cloudy □Wet □ Yield Sign □ Dawn I Raining □ Icy □ Traffic Signal □ Dusk I Snowing □ Snow □ Flagman □ Dark Ro			awn	d – Unlighted				□ St	☐ Straight and Grade ☐ Straight at Hillcrest					
☐ Snowing ☐ Foggy				ark Roa					MI CI	rve and L	evel				
□ Other	LI Other			☐ Other	а <u>п</u> и	ark Roa	ia - Lightea			_			rve and G		
		Pre A	cciden	Movement					Unus	sual Road	Conditions		-		
V1 V2/OV		/1 V2/OV			V1	V2/01	/				Conditions				
<ul><li>☐ Going Straigh</li><li>☐ Making right to</li></ul>	um E	□ Exi	ering B	is Stop			hanging Lane	S	口口	ostruction	in road				
<ul> <li>☐ Making right o</li> <li>☐ Making left tur</li> </ul>			wing or	stopping in traffic		$\square$ N	assing Merging				/ repair zor	10			
☐ ☐ making left on☐ ☐ Making U Turr	red E	☐ Pa	rked	ject in road			acking ther		□ R □ O	educed ro	ad width				
Vehicle Lights		Signals	T	Posted Spee	d Limit	Esti	mated Speed	Limit		rection of	Traval		Anntal		1100
No 1 M On □ Off		ft Turn On			) mph	Vehic	-		ווט	Vehicle		ПО	10.000000000000000000000000000000000000	ent / Collis	ion With
No 2 □ On □ Off		ht Tum On ur Ways On		Vehicle 2	mph	Vehicl				N S E		☐ Bicy		remde	
	,	t Turn On		. 5111010 2		v GHIG		mph		Vehicle	2	☐ Rail	ed Object		
		ht Tum On							1	N S E	W	☐ Ped☐ Anin	estrian		
		i viaja Oli					Bicyclist Act								
☐ Crossing With Signal ☐ Crossing - No Signal	or Crosswalk			□R	iding / Walk	ting Alor	ng Highway Wi	th Traffic	C				☐ Pushii	ng / Workin	g On Vehicle
☐ Crossing Against Signal ☐ Emerging From in F			Front of or Behind Parked Cars   Working In Roady												
☐ Crossing - No Signal/Marked Crosswalk ☐ Playing In Road				d □ Not In Roadway f Vehicle Other Than Bus □ Other											
													SP	P F.20	7/2015

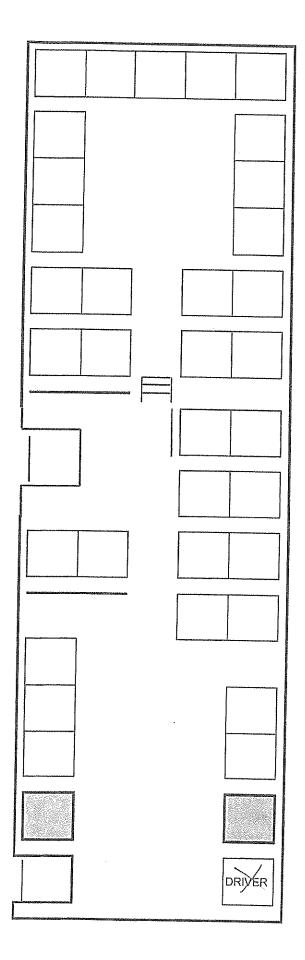
	Vehicle Accide	nt Report			transde			
			AR#					
☐ Backing  Sideswipe	Passing Merging	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated?					
☐ T-Bone ☐ Right Turn	☐ Head On							
☐ Left Tum ☐ Bus Rear Ends Vehicle	☐ Bus Right Mirror ☐ Bus Left Mirror ☐ Bus Door Operation		Officer Name (Badge / ID #)					
☐ Vehicle Rear Ends Bus☐ Wheelchair Lift Operation	☐ Sudden Stop		Precinct # F					
☐ Roll Away (Not Secured)	☐ Roll Over ☐ Ran Off Roadway		Citations / Arrests   Operat	or 1	Bicyclist ☐ Pedestrian			
Type of Tr	ip	Violations						
With Pax Without Pax ☐ Fixed Route Fixed Route								
☐ Charter ☐ Charter ☐ Para Transit ☐ Para Trans	☐ Non Rev move			To				
		Vehicle 2 Towed By:						
Accident Description								
VEHICLE # 1 WAS	TRAVELING O	N THE ROAD WA	1. THROUGH AN C	ONSTRUCTION	SITE			
CONCRETE BARRET	US) AT NEW	CARROLUTON MOT	RO STATION: WHO	ON VEHICLET	# I FRANT			
RIGHT TURN SIG	NAL MADE C	UNTACT WITH A	FIXED OBJECT (CO	NCRETE BAR	28W THE			
OPERATOR OF V	BHICKETTI	BET THE SCENE	AND REPORTED	THO DAMA	E AF THE			
BUS ONDE HE	ARRIVED TO	THE YARD	7,100	THE PRIVILE	as of tho			
Description of Damage	Company Vehicle	Minimal	☐ Major Other Veh	icle	Moderate ☐ Major			
Vehicle 1 is ALWAYS Your Vehicle.		Place an X on the exact point of	of first impact on your vehicle and t	he other vehicle. Circle ar	eas of other damage			
Articulated Bus Shu	ttle Vehicle	Bus 1	Bus 2	Truck	Car			
Name of Witness / Injured	Ago Claimic		<b>→</b>	<u>→</u> _	->			
Name of Withess / Injured	Age Claimir	ng Injury? Type of Injury Clair	ned Injured Transported To	Other Transported To	Transported By Unit #			
Supervisor on Scene?   Ye	es □ No Su	upervisor Name (Print):						
,		aportion Name (PIMI):						
Supervisor's Signature		Unit Number	Supervisor / Manager	Paviauin-				
			Supervisor / Manager F	reviewing				



Today's Date: 10-31-18  Operator Name: Konstantine Smith Vehicle #63217  Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? No Reported to Command: (Name) Sup. Green.  I did not report the incident immediately because: I Could not Find Robyn.  Did a SQM respond to this incident? No Yes (SQM Name)
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? No Reported to Command: (Name) Sup. Green.  I did not report the incident immediately because: I Could not Find Robyn.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? No Reported to Command: (Name) Sup. Green.  I did not report the incident immediately because: I Gould not Find Robyn.
Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? No Reported to Command: (Name) Sup. Green.  I did not report the incident immediately because: I Gould not Find Robyn.
Was the incident reported immediately? No Reported to Command: (Name) Sup. Green.  I did not report the incident immediately because: I Gould not Find Robyn.
I did not report the incident immediately because: I could not find Robyn.
Did a SQM respond to this incident? 🛛 No 🔲 Yes (SQM Name)
Date Incident Occurred: 10-31-14 Time Occurred: 11:00 Do not have actual date or time
Date Reported: 15-31-18 Time Reported: 13 00 This is a late report
Location of Incident Carrollon MeTro STation - Bottom
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: None Passenger ID/Seat# None
Explain what happened: While making a turn thru construction
asea, I heard a crumch. After checking mirror and sid
of bus, I though I ran over something. When I arrive
pack at base, I found that the Town Signal (Righ
ad been damaged I marked it on the DVIR and
Vent looking for mrs. Robyn. Unable To find her
Went looking for The A. G.M. He was not in his
thice and I had a dentist appointment, so I were To
a appointment and Then returned ImmediaTely
Fler to Try and fing MIS, Robyn again, Supervisor
icen notified me that she was some for the day
o I told him what I found and what I assumed
affened.

Operator Signature: for Sentin Dorible

Date Submitted: 10-31-18
SPP F.8 Rev 5/2015



## BUS DIAGRAM

If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Complete and turn in with accident forms ASAP.

Thank You!

Date: 10/31/2018 Time: 11:32 Am
Location: 0124 PG COUNTY
Driver: KONSTANTINE SMITH
Supervisor:



Accident/Incident/Workers Comp#:					
	(Worker	rs Comp#Issued by Sedgwick	<)		
Name		Birth Date		Hire Date	e
Konstantine SmiTH		64 120 119	68	08-06	-18
Driver's License#					
Employee Number 3/0/4	1				
DOT CARD VALID? Yes or NO (IF	,				
5-530-475-590-30	5				
HOME ADDRESS: 9901 Tonc	an Driv	R			
CITY Uffer Marlboro	STA	TE M	ZIP CC	DDE 20	772
CELL HOME PHONE NUMBER	DAY TIME N		EMPL	OYEE STATUS	6 (please circle)
757-401-8495	757-4	01-8495	FULL 7	TIME OR	PART TIME
IS THE OPERATOR ON OVER TIME?	GENDER	MARTIAL STATUS	NUMB	BER OF DEPE	NDANTS
Yes /No/ Unknown	Mor F	M S W 🔘		Ø	
*SHIFT START TIME / END SHIFT TIME					

- 0			
17	trai	rede	33/
	uu	DUE	N

## SUPERVISOR'S INCIDENT REPORT

Date#: 10 31 18		123		Run	: NONE
Operator #: KONSTANLIN	e Smith	Division: 0	124		63217
Supervisor: Robert (	PREEN	,			
Location: Bus 1/A.	CD				
Address	or Cross Street		City	& State	
Description of Event: ON /	0/31/18	+ APPRO	xmately	1232 pm	It WAS
brought to my	Attent:	on by c	perator	MOSES	that bu
63217 had Ne	w damas	je to t	he Fr	out Righ	t turn
SigNAL . I the	n look	inside +	he DVI	IR BOOI	c to see
who was the	last of	perator	to de	ive th	E bas,
which showed	Konst	ANTINE S	mith u	sho con	J CESS 40
me that wh	ile mak	ا ولائل	tura t	hru A	Construction
prem he hea					
his mirrors	AND dide	SEE	ANYthin	5 HE +	thought
that he drow	E OVER	Someth	· Ai Edi	the Ro	md.
After Return	ony bac	K +0 +	he YAR	D he w	sofice.
that the Ri	sht tu	na Sija	4 W 14C	5 drama	ge.
operator /sf	+ the	SCENE	of the	Accide.	-T Awl
didn't Report	- ;+	to man	AseMen	71	
				9	
Survey Signature (					
Supervisor Signature:	1	7			



Safety & Training Department

(Check one)	Accident	X Incident		Time Supervisor Arrive: 8:20			O AM			
Date of O	ccurrence:		10/26/2018		Time of Occurrence:					
Weather:	Clear	Day of the	e Week:	Friday		DHD (Y/N):	N			
Location (Cross Stre	eet and Town)		Coli	umbia Park Road	, Landover Mary	/land				
Route Impact:	30 min									
Employee Name:	Derrick Lilly									
Run#	18	01	Bus#	631	.69	Tag#	LG85850			
What happened (Be Specific and Brief):	Specific and time.									
Injuries (if any):	CONTRACTOR OF THE SECOND			None						
Vehicle Damage			driver side	mirror top mirror	fell out					
(Check all t	hat apply)	Police	Υ	Ambulance	N	Tow	N			
Was the 0	Operator sent for Di	rug/Alcohol Test (\	r/N):			N				
No	tified (Indicate nam	e and time) GM:			Jamey Modl	in @ 7:54 Al	M			
Supervisor	K. Al	ston	AGM	Riyad B @	7:54 AM	Maint	Ray @ 7:56 AM			
Asst. Safe	ety Mgr.	R. Jones @	7:52 AM		Dispatcher	V. Tayl	or/ M. Proctor			
County Nam	e and Time:			T. Hairston	@ 7:57 AM					
(Check		Telephone		In Person	Х	(Must be	done within 1 hour)			
Please note the details of this incident will change when the Supervisor Arrives										

## Vehicle Accident Report



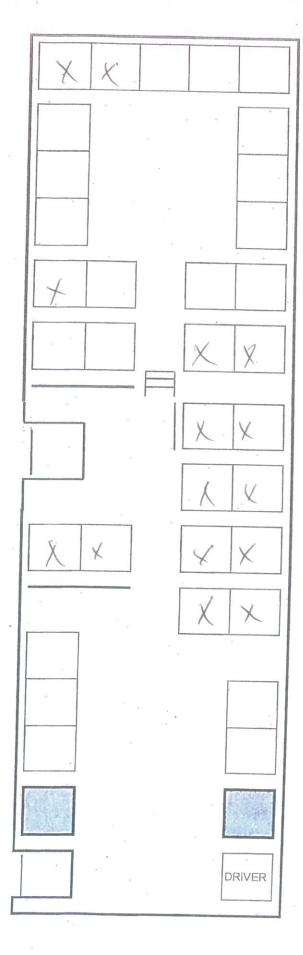
Operators CDL # 2729738 Accident Date Month Day Year	12/1/20	24	Valid DOT ☑ Yes ☐ Accident		17/	19	tDrive 7	Trigge	PP 18	nt Report #	e Photos	9 47 s	ubstan	ce Abuse Tested
10/26/18	Friday	7:5	1 Am	2			Yes	□ No		☑ Yes		No	ΠY	'es ☑ No
	COMPA		VEHICLE	1.2						OTHER	PARTY	1		
Operator Name (Exactly						Ve	hicle 2		Bicyclist	□ Pede	strian	☐ Fixed	Object	□Pax Fall
Address (Include Number	rack Dela	05	Apt#			Name (Exact)	y As Printe		THE ROLL				n. St	
1209 Valler	ave S.F		TI							NIF	-			
City or Town	1		Zip			Address (Incli	ide Numbe	er & Stre	et)			Apt#		
Employee ID#	Date of Hire		20032 Student Driver?	Y/N		City or Town			State		-	Zip		
30964														
# of Cards # o	f Occupants # Seater		# Standing			Date of Birth	Sex			Driver's Lice	nse	Lic. State		# of Occupants
Bus ID# Plate #	15   15	Vehicle Yea	ar / Make			Insurance Co		I M □	F /# & Exp D		No			
	5850 MD		3111											
Vehicle Type	Route #					Name (Exactly	As Printe	d Regist	ration)					
Bus		1801				Address (Inclu	de Numbe	er & Stree	et)			Apt#		
1566 Ba7	148107999 6 Policy#													
Old Repul	Policy#6	Expiration Da	ate	110		City or Town			State			Zip		
ord Repair	Location of A	ccident	00-11	1/14		Plate#	State		Year & Mal	ke of Vehicle	I V	ehicle Type		Color
Address/Street on which a	accident occurred Colu	mbia T	Park	Rd										W883.560
At intersection with						VIN								
Not at intersection	Feet N S	E W of				Telephone #								
☐ On Roadway	☐ Off Roadway			/										
At Bus Stop? ☐ Yes I	□ No (if yes) □ Ne	ar Stop 🗆	Far Stop	Mid-Block s	top									
/	. /					nental Conditi	ons							
Weather  ☐ Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy	Swface Dry Wet Icy Snow		Traffic Control  Stop Sign  Yield Sign  Traffic Sign  Islagman  Uncontrolle	□ D □ D al □ D □ D	aylight awn usk ark Roa	ad – Unlighted			ivided ndivided sphalt oncrete	of Lanes	☐ Stra ☐ Stra ☐ Stra ☐ Curv	ay Charac ight and Le ight and Gr ight at Hillo ve and Leve	evel rade rest el	<u>.</u>
□ Other	Li Otilei		1 Other	10 LID	ark No	ad - Lighted			ravel _ ther _			e and Grade e at Hillcre		
	Pre	Accident M	lovement					Uni	sual Roar	d Conditions				
V1 V2/OV  Going Straight Making right to Making right on Making left tun Making left on Making U Turn Vehicle, Lights	n	exiting Bus Significant States of Stopped in transport of Stopped in transport of Stopped Stop	Stop opping in traff affic ct in road			Changing Lane Passing Merging Backing Other			lo Unusua oles / Dee bstruction onstructio oose mate deduced ro	al Conditions p Rut in road n / repair zon rial on road oad width				
	/		Posted Spee		Est	imated Speed		Di	rection o	f Travel		Accident	t / Collis	ion With
No 1 ☑ On ☐ Off	No 1 ☐ Left Turn Or No 1 ☐ Right Turn (	On	-	D_mph	Vehic	le 1	mph		Vehicle N S E	1 W	Other Bicyc	r Motor Vel	nicle	
No 2 On Off	No 1 ☐ Four Ways	On Ve	ehicle 2	mph	Vehic	le 2 NA	mph				☐ Rail T	rain		
113	No 2 ☐ Left Turn Or No 2 ☐ Right Turn O No 2 ☐ Four Ways 0	)n							Vehicle N S E		☐ Fixed☐ Pede:☐ Anima	strian		
☐ Crossing With Signal			П			/ Bicyclist Acong Highway W								
☐ Crossing - No Signal ☐ Crossing - No Signal ☐ Crossing Against Sign ☐ Crossing - No Signal/☐ Going To / From Stop	nal Marked Crosswalk			Riding / Wall Emerging Fr Playing In Ro	king Ago om in F oad	ong Highway Wainst Highway ront of or Behinicle Other Tha	With Traf nd Parked	ffic			]	□ Working □ Not In R □ Other	In Road oadway	
												SPP	F 20	7/2015

			AR#
☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends Vehicle ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Away (Not Secured)	☐ Passing ☐ Merging ☐ Head On ☐ Bus Right Mirror ☑ Bus Left Mirror ☐ Bus Door Operation ☐ Sudden Stop ☐ Roll Over ☐ Ran Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? Yes No  Police Department Responding Prince George's County  Officer Name (Badge / ID #) P.O. Pedev  Precinct # Report # PP 18 10 26 00000 477  Citations / Arrests  Operator 1  Vehicle 2  Bicyclist  Pedestrian
Type of Tri		Violations	NA
With Pax Without Pax  Fixed Route Fixed Route Charter Charter Para Transit Para Trans	☐ Non Rev move	Vehicle 1 Towed By: Vehicle 2 Towed By:	
ehicle 1 is ALWAYS Your Vehicle.	Company Vehicle	Minimal ☐ Moderate  Place an X on the exact poi	☐ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Major and of first impact on your vehicle and the other vehicle. Circle areas of other damage.  Bus 2 Truck Car
	uttle Vehicle	Place an X on the exact poi	nt of first impact on your vehicle and the other vehicle. Circle areas of other damage.  Bus 2  Truck  Car

#### **Operator Incident Report**



Location of Incident Columbia park Road / Kent Village Drive  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name:  Passenger ID/Seat #  Explain what happened:  I Had just pick up & 2 passagers on Columbia park Rober of the Street, I was waiting to for a gap in traffic to go around the trash Can and a utility vihicle hit the Chriver Side micror of the I Raida Dispatch they then told me to pull over some where safe and 10-12 my Bus and give base a 10-21. After the 10-21  I gave passagers the reason why I was putting the bus out of a service and waited for my Supervisor			
Report Submitted to: Supervisor Dispatch   Safety Dept.  Check One:   Passenger Accident   Passenger Incident   Passenger Injury   Vehicle Damage     Passenger Complaint   No Damage Vehicle Incident Report   Other     Was the incident reported immediately?   Yes   Reported to Command: (Name)     I did not report the incident immediately because:     Did a SQM respond to this incident?   No   Yes (SQM Name)     Date Incident Occurred:   10-24-18   Time Occurred:   7-45   Do not have actual date or time     Date Reported:   16-24-18   Time Reported:   7-45   This is a late report     Location of Incident   16-24-18   Time Reported:   7-45   This is a late report     Location of Incident   16-24-18   Time Reported:   7-45   This is a late report     Location of Incident   16-24-18   Time Reported:   7-45   This is a late report     Location of Incident   16-24-18   Time Reported:   7-45   This is a late report     Location of Incident   16-24-18   Time Reported:   7-45   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incident   16-24-18   This is a late report     Location of Incid	Today's Date: 10/26/18	Time: 8-34	
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Yes Reported to Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name)  Date Incident Occurred: 10-24-18 Time Occurred: 7.45 Do not have actual date or time  Date Reported: 10-24-18 Time Occurred: 7.45 This is a late report  Location of Incident Columbia park Reported: 7.45 This is a late report  Location of Incident Columbia park Reported: 7.45 This is a late report  Location of Incident Columbia park Reported: 7.45 This is a late report  Location of Incident Columbia park Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened:  The Just pick up a 2 passagers on Columbia park Report for each passenger ID/Seat #  Explain what happened:  The Street Two waiting to for a gap in traffic to go around the trash can and a utility vihicle hit the Criver Sicke mirror of the Trash can and a utility vihicle hit the Criver Sicke mirror of the Trash and Dispatch they then told me to pull over Some where Dafe and 10-12  My Bus and give base a 10-21 Affer the 10-21  Jave Passagers the reason why Twas putting the Days out of the Palice a discribe on of the Viricle and	Operator Name: Derrick Cilly	Vehicle # 63/69	Route #/8
Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Yes Reported to Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name)  Date Incident Occurred: 10-26-18 Time Occurred: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-26-18 Ti	Report Submitted to: Supervisor Dispatch	Safety Dept.	·
Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Yes Reported to Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name)  Date Incident Occurred: 10-24-18 Time Occurred: 7.45 Do not have actual date or time  Date Reported: 16-24/24/8/Time Reported: 7.45 This is a late report  Location of Incident Columbia park Rased Kent Village Drive  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #  Explain what happened:  Thod just pick up & 2 passagers on Columbia park Pake of the Street Two waiting to for a gap in traffic to go around the trash Can and a utility Vihicle hit the Corver Sicle mirror of the Training to for a gap in traffic to go around the trash Can and a utility Vihicle hit the Corver Sicle mirror of the Training to for a gap in traffic to my Bus and give base a 10-21-Affer the 10-21  Then told me to Pull over Some where Safe and 10-12  My Bus and give base a 10-21-Affer the 10-21  Then Tave the Police a discribision of the Viticle and	Check One: Passenger Accident Passenger Inci	dent Passenger Injury	☑ Vehicle Damage
Was the incident reported immediately? Yes Reported to Command: (Name)			/
Did a SQM respond to this incident? No Yes (SQM Name)  Date Incident Occurred: 10-24-18 Time Occurred: 7.45 Do not have actual date or time  Date Reported: 10-24-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-24-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-24-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-24-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-24-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-24-18 Time Reported: 7.45 Do not have actual date or time  Date Reported: 10-24-18 Do not have actual date or time  Date Reported: 10-24 Do not have actual date or time  Date Reported: 10-24 Do not have actual date or time  Date Reported: 10-24 Passenger ID/Seat #  Dassenger ID/Seat			
Did a SQM respond to this incident? No Yes (SQM Name)  Date Incident Occurred: 10-26-18 Time Occurred: 7:45 Do not have actual date or time  Date Reported: 10-26-18 Time Occurred: 7:45 This is a late report  Location of Incident Columbia park Road Kent Village Drive  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name:  Passenger ID/Seat#  Explain what happened:  Thod just pick up a 2 possagers on Columbia park Road  Here was Alot of traffic and a trash canon the right to a few street I was waiting to for a gap in traffic to go around the trash can and a utility vihicle hit the Chriver Sicle mirror of the I Raida Disprotch they then told me to pull over some where safe and 10-12  My Bus and give base a 10-21. After the 10-21  I gave passagers the reason why I was putting the bus out of a gave the police a discribion of the Vinicle and	,		
Date Reported: 10-26/8/Time Reported: 745 This is a late report  Location of Incident Columbia park Rosed/Kerrt Village Drive  Complete a separate Incident Report for each passenger affected by this event.  Passenger Name:  Passenger ID/Seat #  Explain what happened:  Thad just pick up & 2 passagers on Columbia park Pake  Here was Alot of traffic and a trash canonthe right place  of the Street, I was waiting to for a gap in traffic to  go around the trash can and a utility vihicle hit the  Chriver Side mirror of the I Raich Disported they  then told me to pull over Some where safe and 10-12  My Bus and give base a 10-21. After the 10-21  I gave passagers the reason why I was putting the  bus out of the Police a discribsion of the Vinicle and			
Complete a separate Incident Report for each passenger affected by this event.  Passenger Name:  Passenger ID/Seat #  Explain what happened:  Frequency of the Street, I was waiting the for a gap in traffic to go around the trash can and a utility vinicle hit the chriver side mirror of the I Raids Dispotch they then told me to pull over some where safe and 10-12 my Bus and give base a 10-21. After the 10-21 I gave passagers the reason why I was putting the bus out of a gave the police a discribsion of the Vinicle and	Date Reported: 10-62 / 26 / S/Time Reported: 7:4	This is a late re	
Passenger Name:  Passenger ID/Seat #  Explain what happened:  I thad j'ust pick up a 2 passagers on Columbia park peck of there was Alot of traffic and a trash can on the right to of the Street, I was waiting to for a gap in traffic to go around the trash can and a utility vihicle hit the Criver side mirror of the I Raida Dispatch they then told me to pull over some where safe and 10-12 my Bus and give base a 10-21. After the 10-21 I gave passagers the reason why I was putting the bus out of a Service and waited for my Superviser than I gave the police a discribsion of the Vinicle and		0	
Explain what happened:  I Had j'ust pick up & 2 passagers on Columbia park Rob R  Here was Alot of traffic and a trash canon the right to lo  of the Street, I was waiting to for a gap in traffic to  go around the trash can and a utility vihicle hit the  Criver side mirror of the I Raida Dispatch they  then told me to pull over some where safe and 10-12  My Bus and give base a 10-21. After the 10-21  I gave passagers the reason why I was putting the  bus out of some service and waited for my supervisor  then I gave the police a discribsion of the visicle and			
There was Alot of traffic and a trash canonthe right be to of the Street, I was waiting to for a gap in traffic to go around the trash can and a utility vihicle hit the chriver side mirror of the I Raida Dispatch they then told me to pull over some where safe and 10-12 my Bus and give base a 10-21. After the 10-21 I gave passagers the reason why I was putting the bus out of a service and waited for my superviser then I gave the police a discribsion of the viriale and	assenger Name.	Passenger ID/Seat #	
	of the Street, I was waiting to go around the trash can an chriver side mirror of the then told me to pull over si My Bus and give base a 11 I gave passagers the reason bus out of & Service and then I gave the police a discril	trash canon the for a gap in d a utility Vihi I Raicla Disp one where safe O-21. After Ho n why I was d waited for my bsion of the Vihi	traffic to  cle hit the  cotch they  e and 10-12  e 10-21  putting the  Supervisor
perator Signature: Date Submitted: 10-24-18	perator Signature:	Data Suhmitta	d. 10-26-18



# BUS DIAGRAM

If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on
Accident Involvement Passenger List
when complete

Complete and turn in with accident forms ASAP.

Thank You!

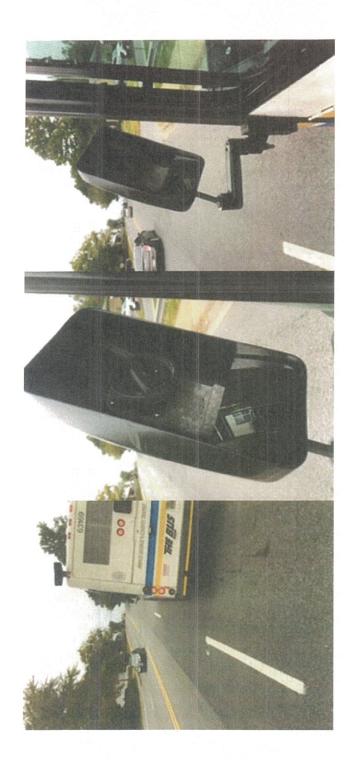
Date: 10-26-19 Time: 7.5/ AM
Location: Colubia park Drive / Kentvillage
Driver: Derrick Lilly
Supervisor: Kevin



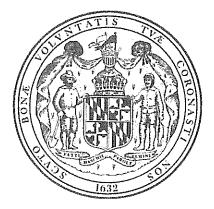
## **EMPLOYEE INFORMATION**

Accident/Incident/Workers Comp#:		
	(Workers Comp # Issued by Sedgwick)	
Name	Birth Date	Hire Date
Derrick Lilly	12/0//19	88 1-8-18
Driver's License# 2729738		
Employee Number 30964		
DOT CARD VALID? (Yes or NO (IF NO, I	PLEASE EXPLAIN WHY):	
1		
HOME ADDRESS: 1209 Valley	Ave SEX APT T	
CITY Weshington	STATE DC	ZIP CODE 2003 Z
HOME PHONE NUMBER D	AY TIME NUMBER	EMPLOYEE STATUS (please circle)
202710 2612	SAME	FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?	ENDER MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / No / Unknown	norf MSWD	0
		and the second s
*SHIFT START TIME / END SHIFT TIME*		
5 15 AMORPH/ 10:18	AM or PM	





## **CRIME VICTIMS**



## AND WITNESSES:

Your Rights and Services

## MARYLAND

Complaint/Incident #
Officer Po Peder
Badge #

Contact Phone # 301-772-4900

To obtain a written copy of the incident report, please contact the Records Department of your responding law enforcement agency. Costs may vary. Victims of domestic violence are entitled to a copy of the incident report without charge.



Date#: 10/26/18	Time: 7.51	AM	Run: 1801
Operator #: Derrick Li	Division Division	on: <u>0124</u>	Vehicle: <u>63169</u>
Supervisor: Alston		and a	
Location: Columbia Por	r Cross Street	City 9	Landover MD
Description of Event: When			
passenger had alrea	ody departed H	ne bus. Oper	ator Stated
he was in the r			
So he could get on			
in the Street wh			
past him made			
Knocking the flat			
,			
	*		
Supervisor Signature:	aleta		



Safety & Training Department

(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 10:30 AM					
Date of Oc	currence:		10/30/2018		Time of Oc	currence:	10:07 AM		
Weather:	Clear	Day of the	e Week:	Tues	dav	DHD (Y/N):	l N		
Location (Cross Stre	et and Town)		Rhode Is	land Avenue @ 4	1st Place - Hyatt	sville, MD			
Route Impact:	1 - Missed Pull								
F N									
Employee Name:	Viewe September 2010 Edition of		Ŋ	Martin Plummer					
Run#	17	01	Bus#	626	36	Tag#	LG94081		
						1	265 (662		
What happened (Be Specific and Brief):	the bus, Oberator Continued in Service.								
Injuries (if any):				None					
Vehicle Damage				None					
(Check all tl	nat apply)	Police	Y	Ambulance	N	Tow	l N		
Was the C	perator sent for Di	ug/Alcohol Test (\	Y/N):			N			
Not	ified (Indicate nam	e and time) GM:			J. Modlin (	@ 10:08 AM			
Supervisor	B. Ogu	ndeko	AGM	R. Bandak @	0 10:08 AM	Main	Ray @ 10:30 AM		
Asst. Safe	ety Mgr.	R. Jones @ :	10:20 AM		Dispatcher		D. Terry		
County Name and Time:				M. Wilson @ 10:15 AM					
(Check	one)	Telephone	Х	In Person		(Must be	done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives									

### Vehicle Accident Report



		5/24/19	7											
Operators CDL#	r / LXU Date		Valid DO	Med Car	rd / Exp	Date			Accident	Report #			7/16	
Accident Date	Day of V	Veek Tim	e of Accident		hicles	Smart	Drive T			Scene				ce Abuse Teste
Month Day Yea	Name and Address of the Owner, where the Owner, which is the						es 4	200		Yes				
10-30-1							US 1	= NO	)	1EI Yes	Ц	NO	ЦΥ	es PNo
Operator Name (Exactly		COMPANY	VEHICL	E1		Fr. 7			Mr. G	OTHER P	ART	Y		
Mand	- S	100	N S COLON			₽ Veh	icle 2	OB	Bicyclist	□ Pedest	rian	☐ Fixed	Object	□Pax Fall
Address (Include Numb	er & Street)	: Pl	Apt#			Name (Exactly	As Printed	On Lice	ense)					edie to the
		and the second second second second second							wa	-				
City or Town	er la	State &	Zip 20	7.35		Address (Includ	de Number					Apt#		
Employee ID#	Date of Hire		Student Drive	? Y(N)		City or Town			State	~~~		Zip		
25783														
# of Cards #	of Occupants	# Seated	# Standing			Date of Birth	Sex			Driver's Licens	e	Lic. State		# of Occupants
Bus ID# Plate #		State Vehic	e Year / Make			Insurance Co		M D F	F [	□Yes □N	lo			
62636 96	180}	Ms				man and do		1 billoy	# a Lxp Dat	Unl	مس	ww	-	
Vehicle Type		Route # & Run #	- 1			Name (Exactly A	As Printed	Registr	ration)					
VIN	3	17/	701			Address (Includ	a Number	& Stroo	if\			Apt#		
						ridardos (moido	o realitoor	u oute				Apt#		
Insurance Co		Policy # & Expirat	ion Date			City or Town		-0	State		7	Zip		
	Lo	cation of Accident		. (1	0 -	7CS	79 State	59	Year & Make	of Vahiola		/ehicle Type		Color
Address/Street on which	accident occurred	Rhod	e I stand	Armo	entre	at Avi	M	5	I cai u mang	OI VEHICLE	1	renicie rypi	8	White
At intersection with R	hode is	lond/ Ch	with Arn	entrou	d- Au	VIN								o vaj c
☐ Not at intersection					_	Telephone#								
€ On Roadway						(								
At Bus Stop? ☐ Yes														
			•			nental Condition	ns			(				
Weather Clear	Surface		Traffic Conti	ol Lig	ht				lway - # of				cteristics	
☐ Cloudy	☐ Dry ☐ Wet		☐ Stop Sign ☐ Yield Sign		Daylight Dawn				vided ndivided		☑ Stra ☐ Stra	ight and Light and (	evel Grade	
☐ Raining ☐ Snowing	☐ Icy ☐ Snow		☐ Traffic Sig		Dusk Dask Bas	d Hallahaa		☐ As	phalt		☐ Stra	ight at Hil	crest	
☐ Foggy	☐ Other		☐ Flagman ☐ Uncontroll	ed 🗆 🗆	Dark Roa Dark Roa	d - Unlighted d - Lighted		☐ Gra	oncrete			ve and Le		
☐ Other	· ·		☐ Other					□ Oth	her			ve at Hillor		
V4 V2/OV		3844 N995895200	nt Movement						ual Road C					
V1 V2/OV Going Straigh		V1 V2/OV	ua Ota-	V1	V2/0\	/			Unusual ( les / Deep l					
☐ ☐ Going Straigh ☐ ☐ Making right to		☐ Exiting B				hanging Lanes		□ Obs	struction in	road				
☐ ☐ Making right o☐ ☐ Making left tur		☐ ☐ Slowing o	or stopping in traf	fic 🗆		assing lerging			nstruction / ose materia	repair zone				
☐ making left on		□ Stopped i     □ Parked			□В	acking		□ Re	duced road					
□ Making U Turr		☐ Avoided o						□ Oth	ner					
Vehicle Lights	Turn	Signals	Posted Spe		Estin	nated Speed Li	mit	Dire	ection of T	ravel		Acciden	t / Collisio	on With
No 1 ⊌ On □ Off		ft Turn On iht Turn On	Vehicle 1 3		Vehicl	e 1 <b>1</b> m	ph	-	Vehicle 1			Motor Ve	hicle	
lo2 ☑On ☐ Off	0.000	ur Ways On	Vehicle 2 3	5 mph	Vehicle	2 35 m	ph	(1)	CE E	[	I Bicycl I Rail Ti	rain		
	No 2 □ Lef	t Turn On							Vehicle 2		Fixed Pedes			
		ht Tum On ir Ways On						CI	E	VV 1	I Anima			
	1100	. , , , , , , , , , , , , , , , , , , ,		Pede	estrian /	Bicyclist Action	n ·			/ /\-				
I Crossing With Signal I Crossing - No Signal	or Crosswalk	13/1	4	Riding / Wall	king Alon	g Highway With	Traffic		10/	A	Г	] Pushina	/ Working	On Vehicle
Crossing Against Sign	nal	/		merging Fro	om in Fro	nst Highway Wit ont of or Behind I	ur Frattic Parked C	ars					In Roadw	
Crossing - No Signal/I Going To / From Stop		alk	□ f	laying In Ro	oad		,					Not In R	oadway	8
cong 1071 totti otop	Pod Dud		Ц	betting On /	Oii venio	de Other Than B	SUS				L		E 00 =	10045
												SPP	F.20 7/	2015

#### Vehicle Accident Report AR# Police Investigated? ☐ Yes ☐ No ☐ Backing ☐ Passing ☐ Railroad Crossing Prince Geroges Country ☐ Sideswipe Police Department Responding ☐ Merging ☐ Hit Fixed Object ☐ T-Bone ☐ Head On ☐ Hit Pedestrian Officer Name (Badge / ID#) Crosby # 3355 ☐ Right Turn ☐ Bus Right Mirror ☐ Hit Animal ☐ Left Tum ☐ Bus Left Mirror Report# PP1810300000748 ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Over Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip With Pax Without Pax ☐ Business Trip Fixed Route ☐ Fixed Route ☐ Errand NO NO Vehicle 1 Towed By: To ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: NO Accident Description Velmole Vean Description of Damage Company Vehicle ☐ Minimal ☐ Moderate ☐ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Major Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Articulated Bus Shuttle Vehicle Bus 1 Bus 2 Truck Car ---Name of Witness / Injured Claiming Injury? Age Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # Roberto Isvael No None Babalda Supervisor on Scene? Supervisor Name (Print):\_ □ No Supervisor's Signature Unit Number 0124 Supervisor / Manager Reviewing SPP F.20 7/2015

#### **Operator Incident Report**



Parties of the same and produced and other parties of the parties						
Today's Date: 10	7.30.18		Time:		THE DESCRIPTION OF THE PERSON	
Operator Name:	latetin 1	RULLER	Vehicle #	2636	Route # 17	
Report Submitted to:	Supervisor	☐ Dispatch	Safety Dept.			
Check One: Pass	enger Accident	Passenger In	cident 🔲 Passe	nger Injury [	Vehicle Damage	
Passeng	ger Complaint	☐ No Damage V	ehicle Incident Rep	oort Other_		
Was the incident repo	orted immediately	y? VES	Reported to Cor	nmand: (Name)	The same of the sa	Das
I did not report the in	cident immediate	ely because:				Dra
Did a SQM respond to	this incident?	No Yes (S	SQM Name)	Loca	Seemes & D	
Date Incident Occurre	d: 10:30 18	Time Occurred	: 10:10 AM	☐ Do not hav	e actual date or ti	me
Date Reported: 10:3						
Location of Incident_	41Place	+ Rhode I	-sland Av	E.		
Complete a separate I	ncident Report fo	or each passenger	affected by this ev	vent.		
Passenger Name:			Passenger I	D/Seat #		
perator Signature:	Martin for the	Lum		Date Submitted:	10.30.18	f

SPP F.8 Rev 5/2015

# transdev EMPLOYEE INFORMATION

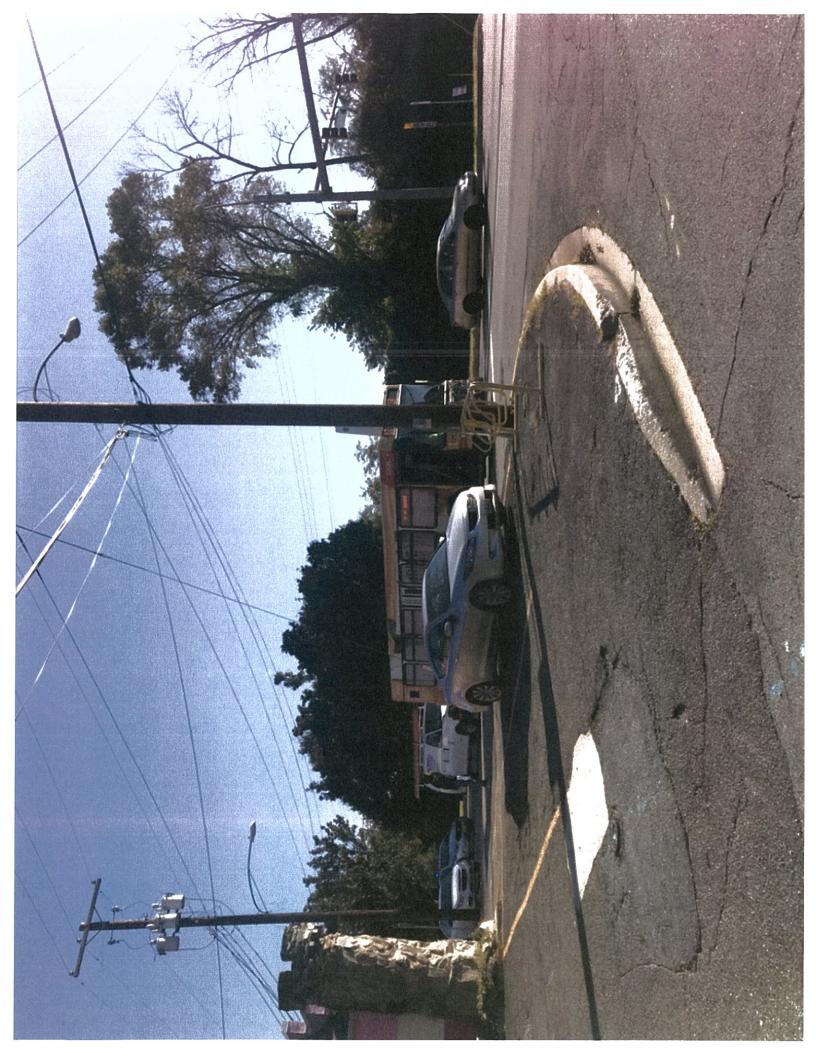
Accident/Incident/Workers Comp#:		
	(Workers Comp#Issued by Sedgwid	ik)
Name	Birth Date	Hire Date
MARTIN S. Flux	5 124 15	
Driver's License# P-456-58 Employee Number 257  DOT CARD VALID? (18) or NO (18)	83	
,		
HOME ADDRESS: 3420	59+7 PLACE	
CITY CHEVERLY	STATE MD.	ZIP CODE 20 485
HOME PHONE NUMBER	J40.375.8993	EMPLOYEE STATUS (please circle)  FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?  Yes /(No)/ Unknown	GENDER MARTIAL STATUS  Mor F MS W D	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME  5:45 AMor PM / 12		

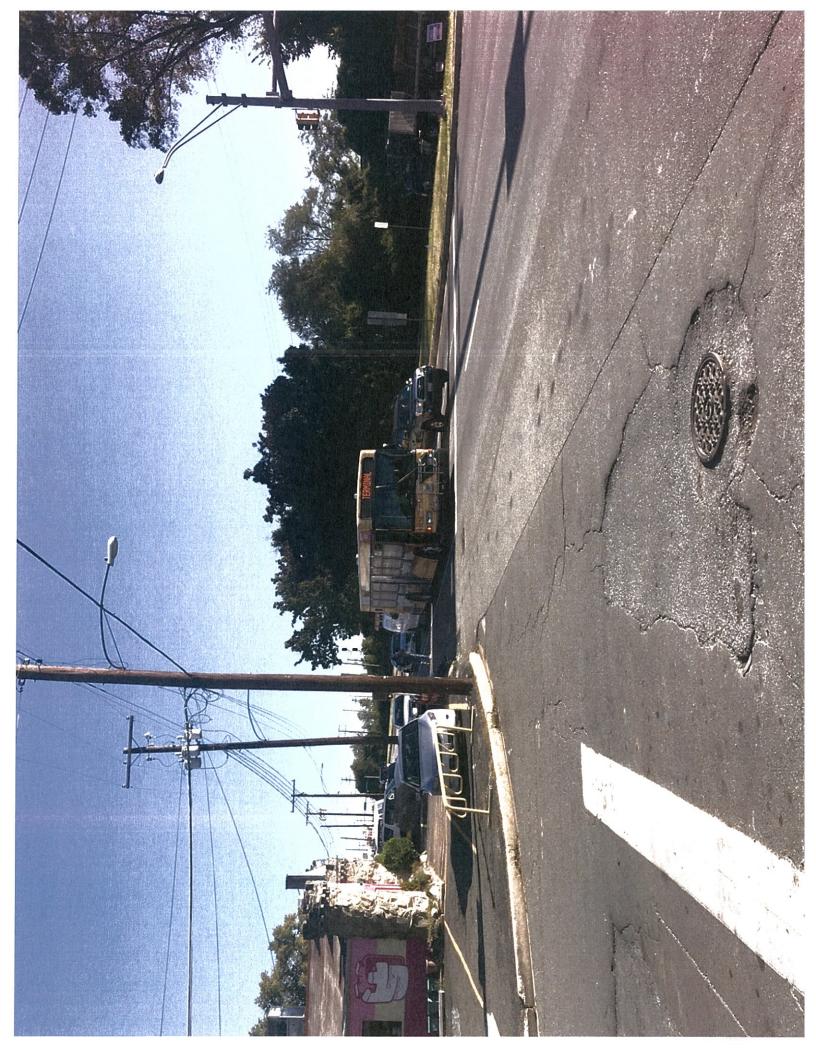


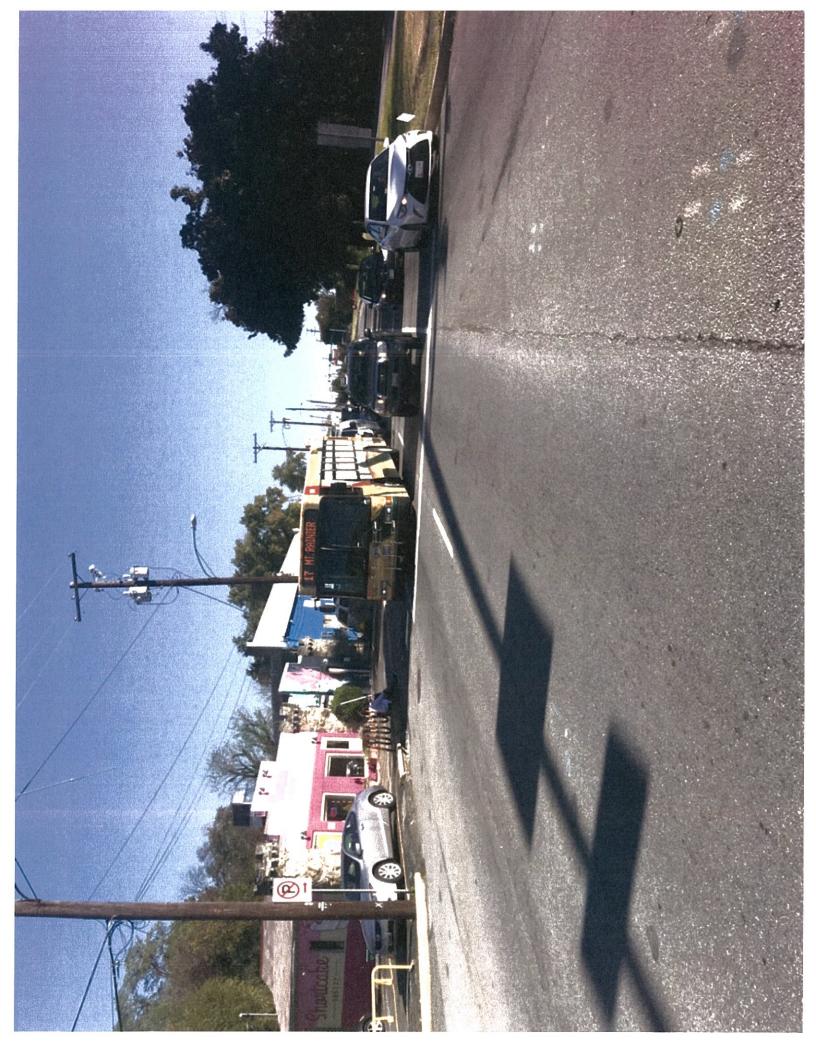
Transdev SUPERVISOR'S INCIDENT REPORT
Date#: 10 30 18 Time: 10:10 Av- Run: 1751
Operator #: Martin Plummer Division: 0124 Vehicle: 62636
Supervisor: Babalda Openaldes
Location: Rhode Island Ave Chunch Armentrout Ave Hyattsville M.B. Address or Cross Street City & State
Description of Event: On Tuesday October 30th 2018, Operator
Plumer was heading South on Bus 62636, at the
Intersection of Rhode Island No Chunch Armentront Are
Seating on Red light, Westing for the traffec light
to change from Real to Green, Suddenly Bur 62636
Was vear ended by a white cherry van with
Tag # 7es 7989 Manyland .
Duly one pation in the name of Roberto
Israel Argueta-Lazo who resided at 4802 Fox
Street College Pouce, M.D with phone number 240-616-8
gens betrager va bemestens sow corrupted and
law Enforcement was at the scene o
Supervisor Signature:
A rabbles



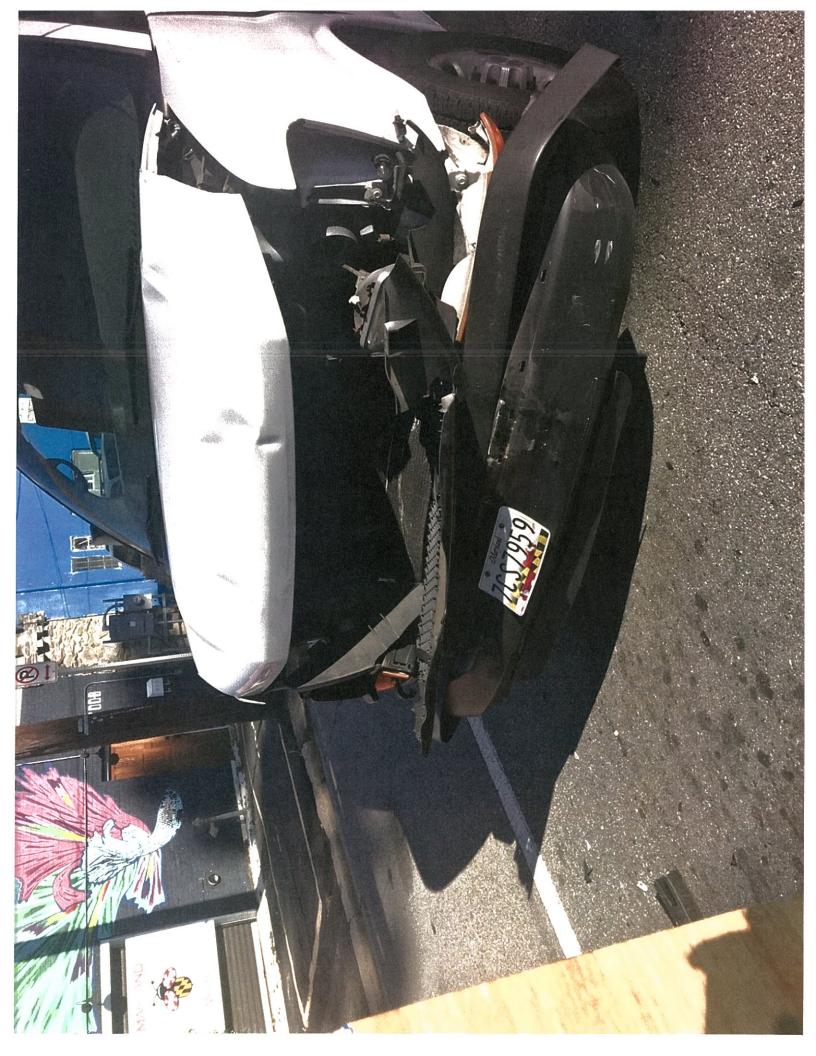






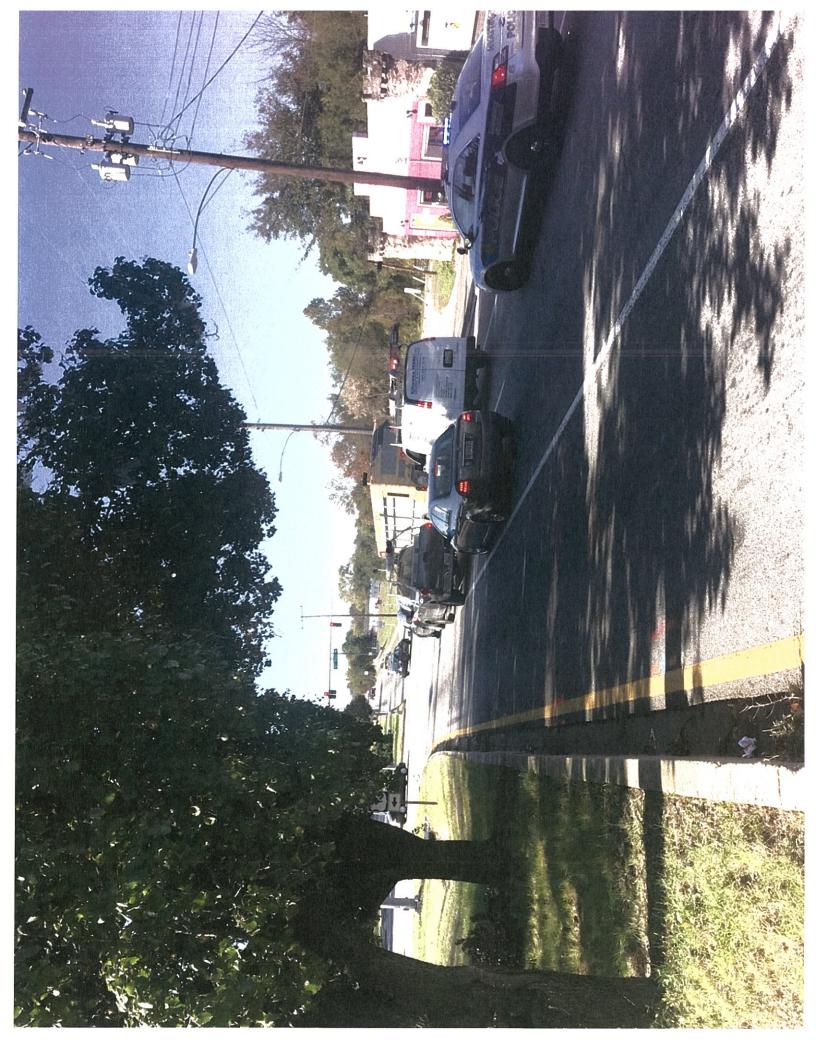












PP 18 10300000 748 CPL. CROSSY#3355 Dist. I POPD

Roberto Pas Israel Lazo Drovetar Lazo 1/203 College Sirk wo

240-616. 84AA



Safety & Training Department

(Check one)	Accident	Х	Incident		Time Superviso	or Arrived: 6:	33 PM				
Date of Oc	ccurrence:		10/2/2018	Time of Occ		currence:	6:10 PM				
Weather:	Clear	Day of the	e Week:	Tuesday		DHD (Y/N):	N				
Location (Cross Stre	et and Town)		Merrima	c Drive & 14th Ave	enue Hyattsville	, Maryland					
Route Impact:		50 Minute Delay									
Employee Name:				Allison Francis	-						
Run#	] 10	54	Bus#	631	00	Tog#	LG92012				
I COLOR	10		Бизн	031		Tag#	LG92012				
	Vehicle #1 was tra	waling down Marri	mac Avanue wh	ilo truing to sucia	l adverse vekisli	. #2 . Vobiele	#1 deixon side malesses				
		t with Vehicle #2 d					#1 driver side mirror				
What happened		pervisor & Police w									
(Be Specific and											
Brief):											
	C C										
Injuries (if any):	None										
Vahida Damasa											
Vehicle Damage				None							
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	l N				
Was the C	perator sent for D	rug/Alcohol Test (\	(/N):			N					
Not	ified (Indicate nam	e and time) GM:									
Cumomicon	T. O	ndana AGM		] K Iou @ C-22 DM		Maint	N. I				
Supervisor	T. Ogu	ndana	AGIVI	K. Jay @ (	K. Jay @ 6:22 PM		Nelson @ 6:26 PM				
Asst. Safe	ety Mgr.	R. Jones @	6·25 PM		Dispatcher		Tyler				
	ety ivigin	Tit. Jones &	0.23 1 141		Disputerier		Tylei				
County Name and Time: M. Wilson @ 6:23 PM											
(Check one)		Telephone X		In Person		(Must be done within 1 hour)					
Diagon acts the											
Please note the details of this incident											
will change when the											
Supervisor Arrives											

#### Vehicle Accident Report



		1-2020							
Operators CDL # /	Exp Date	Valid DC	T Med Card / E	xp Date	Accide	nt Report #			
F-65205	1585886			- I - O - ID: - T				20000174	
Accident Date  Month Day Year	Day of Week	Time of Accident	# of Vehicles	SmartDrive T	riggered	Scene	Photos	Substance Abuse	Tested
10/2/2019	Trong	6.10Pm.	2	☐ Yes	No	Xes	□ No	□ Yes the	10
	COMPA	NY VEHICL	É1			OTHER P	ARTY		
Operator Name (Exactly A	As Printed On License)			☑ Vehicle 2	□ Bicyclist	□ Pedest	rian ∏ Fi	xed Object □Pax F	all
Address (Include Number	M tran	Apt#		Name (Exactly As Printe		L T cdcst		aca object. Li ax i	
210 mg	Ho Ave	April (C	13			LOPE	7		
City or Town	0 1	State Zip		Address (Include Numbe	er & Street)		Apt#	103	
Employee ID#	Date of Hire	M) 209 Student Driv		8853		ND A		.02	
30842	7-16	-15 Student Driv	err Y(N)	City or Town SILVERSPR	State State	MO	Zip	20901	
# of Cards # of	f Occupants # Seate	d #Standing	No	Date of Birth Sex	/	Driver's License	e Lic. S	tate # of Occupar	nts
Bus ID# Plate #	State	Vehicle Year / Make	140	- A	MOF	TYPES DN	0 ^	10 1	
63199	MD	0	GILLIC	PROGRESSIN	Policy#& Exp D		687		
Vehicle Type GILLI		& Run#	10	Name (Exactly As Printed	d Registration)				
VIN ,	/	0 7 1800	TIC	Address (Include Number	r & Street)		- DIA	Z LOPEZ	_
15GG		& Expiration Date	: 1	8853 G	SARLAN	D AV	٤	103	
OLD REPL	ABLIC MY	TB21268	\$7/1/2019	SILVER SPRI		MD	Zip	20901	
Address/Street on which a	Location of	ERRIMAC .	STREET	Plate # State 75H584MD	The state of the s	ke of Vehicle	Vehicle S S P Q		TE
	A A AND	ERRIMAC	Direct	VIN	P				1 5
Not at intersection		10		Telephone#	BOPE	1450	8531	01274	
On Roadway	☐ Off Roadway	/			17 7				
7.1	□ No (if yes) □ N	ear Stop   Far Stop	□Mid-Block stop	31	11-35	7-5	719	7 -	
	/		Enviro	nmental Conditions					
Weather Clear	Surface Dry	Traffic Cor			Roadway - #	of Lanes	Roadway Ch	naracteristics	
☐ Cloudy	□Wet	☐ Stop Sig ☐ Yield Sig		ht	☐ Undivided		Straight a  Straight a	nd Level	
☐ Raining	□ lcy	☐ Traffic S			☐ Asphalt		☐ Straight a	na Grade t Hillcrest	
☐ Snowing	☐ Snow	☐ Flagman		Road - Unlighted	☐ Concrete		☐ Curve and		
☐ Foggy ☐ Other	☐ Other	☐ Uncontro  Other	olled 🗆 Dark F	Road - Lighted	☐ Gravel		☐ Curve and		
Li Otilei					□ Other		☐ Curve at I	Hillcrest	
V1 V2/OV		e Accident Movement	144 140	101	Unusual Roa	d Conditions			
			V1 V2	OV	☐ No Unusua				
☐ ☐ Going Straight ☐ ☐ Making right tu		Exiting Bus Stop Entering Bus Stop		Changing Lanes	☐ Obstruction				
☐ ☐ Making right or		Slowing or stopping in tr		Passing	☐ Construction	on / repair zone			
☐ ☐ Making left turn		Stopped in traffic		Merging	☐ Loose mate				
☐ ☐ making left on	red 🗆 🖸	Parked		Backing Other	☐ Reduced r	oad width			
☐ ☐ Making U Turn	Y	Avoided object in road			□ Other				
Vehicle Lights	Turn Signals			stimated Speed Limit	Direction o	of Travel	Acc	ident / Collision With	
No 1 ☑ On ☐ Off	No 1 ☐ Left Turn C No 1 ☐ Right Tum		25 mph Ve	hicle 1 5 mph	Vehicl		Other Moto	or Vehicle	
No 2 No □ Off	No 1 ☐ Four Ways		25 mph Ve	hicle 2 mph	N S E		□ Bicyclist □ Rail Train		
	No 2 ☐ Left Turn C	n			Vehicle	1	☐ Fixed Obje		
	No 2 Right Turn	On			N S E	- / // 1	☐ Pedestrian ☐ Animal		
	No 2 De our Ways	On	Dodort-1	an / Diouglist A -4'					
☐ Crossing With Signal		1		an / Bicyclist Action Along Highway With Traffic	0				
☐ Crossing - No Signal	Along riighway With Trafic Against Highway With Traf	ffic		□ Pu	shing / Working On Vehicl	le			
	nal	]	☐ Emerging From in	Front of or Behind Parked Cars					
☐ Crossing Against Sign	T I I I D								- 1
	Marked Crosswalk		☐ Playing In Road	ehicle Other Than Bus			□ Oth		

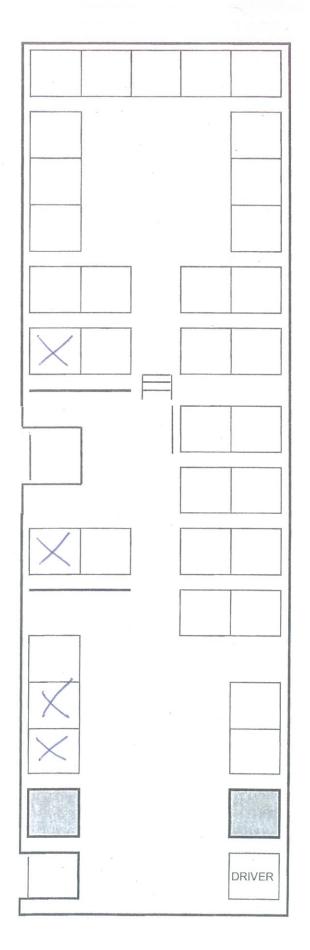
#### Vehicle Accident Report □ No Police Investigated? Yes ☐ Railroad Crossing ☐ Backing ☐ Passing Police Department Responding DISTUCT ☐ Sideswipe ☐ T-Bone ☐ Merging ☐ Hit Fixed Object ☐ Head On ☐ Hit Pedestrian PAVON ☐ Bus Right Mirror ☐ Hit Animal ☐ Right Tum ☐ Left Turn ☐ Bus Left Mirror PP18100200001743 ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Sudden Stop ☐ Vehicle Rear Ends Bus Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip Without Pax With Pax ☐ Business Trip Fixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: To ☐ Non Rev move ☐ Charter ☐ Charter NIA. ☐ Para Transit ☐ Para Transit ☐ Maintenance To Vehicle 2 Towed By: Accident Description 20 011 Karen 301-202-092 Tyson Company Vehicle Minimal □ Moderate □ Major Other Vehicle Minimal Moderate Description of Damage Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage Articulated Bus Shuttle Vehicle Bus 1 Bus 2 Truck Car prished -Name of Witness / Injured Claiming Injury? Age Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # OGUNDAND. Yes No Supervisor on Scene? Supervisor Name (Print): Supervisor's Signature, Unit Number Supervisor / Manager Reviewing SPP F.20 7/2015

#### **Operator Incident Report**



Today's Date: 10 - 2 - 2018 Time: 6:37 Pm
Operator Name: Allisan Francis Vehicle # 63199 Route # 804R
Report Submitted to:
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Yes Reported to Command: (Name) Philip Tyler
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name) 1245 Chird and
Date Incident Occurred: 10-2-18 Time Occurred: Do not have actual date or time
Date Reported: D-2-18 Time Reported: C . This is a late report
Location of Incident Merry mac 3 14 th Ave
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:  It was a Merrimae of heading towards  14th AVE flax were two vehicle that  was double park a write van and a  Other car. I pass both vehicles and  got to the stop sign then I saw a  remong towards my bis. He globed  that I hit wis van mirror. I secure  the bis and went to look at the  mirror the mirror was justed back.  I call dispatel and told then  what happened. Dispatela called  a supervisor and the Authorities to
Operator Signature: Date Submitted: 10-2-18

MSS NS MONEY KRIVEN TYSON # 301-202-0927 (COM)



## **BUS DIAGRAM**

If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Complete and turn in with accident forms ASAP.

Thank You!

Date: 0 2 18 Time:	6.10Pm
Location: 14 TH &m	ERRIMAC
Driver: OPERATOR	FRANCIS
Supervisor: TAY	OGWOAN

0.



## **EMPLOYEE INFORMATION**

Accident/Incident/Workers Comp#: $ + CCIDENT $								
(Workers Comp # Issued by Sedgwick)								
Name	Birth Date	Hire Date						
Allison Francis	11/19/198	Z 7-16-15						
Driver's License# <u>F 6520515855</u>	RC							
Employee Number 30842								
DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPL	AIN WHY):							
HOME ADDRESS: 1210 my the Ave #103								
CITY Takona Park STAT	E MW	ZIP CODE 20912						
HOME PHONE NUMBER DAY TIME NU	JMBER	EMPLOYEE STATUS (please circle)						
IS THE OPERATOR ON OVER TIME? GENDER  Yes / No / Unknown M of F	MARTIAL STATUS	NUMBER OF DEPENDANTS						
*SHIFT START TIME / END SHIFT TIME*  AM OF PM / 9 . 0 4 AM OF PM / 9 .	PM							

<sup>\*</sup>This **COMPLETED** document **MUST** be included in **ALL** Accident/Incident/Workers Comp Files\*



# transdev supervisor's incident report

Date#: 102	Time:	6-40pm		1804R
Operator #: ALL	ISON FRANCIS	<b>Division</b> : <u>0124</u>	Vehicle:6	3199.
Supervisor:	AYO OGNNDA	NA		
Location: L	Address or Cross Stree	MAC / LANG	GLEY PARK,	MP
	Address or Cross Stree	t	City & State	
Description of Ever	nt:			
Ope	rator fran	cis was 1	reading to	words.
Addison	n metro	when she	- Sides	wiped
a part	red van	of merr	inac street	et and
pushed	the diri	iver mirro	r out.	
The	mirror	did not	brake	and no
injusi	ies and	no dama	ge to b	oth
Vehic	les.			<u> </u>
The	police re	eport is	included	
	P181002000	4		
				_
			*	
	A			
Supervisor Signatur	e:			



Safety & Training Department

(Check one)	Accident	X	Incident T		Time Supervisor Arrived: 4:15 PM			
Date of O	ccurrence:		10/3/2018	Time of Occurrence: 4:00 PM			4:00 PM	
Weather:	Clear	Day of the	e Week:	Wedn	esday	DHD (Y/N):	. N	
Location (Cross Stre	et and Town)		Chillum Road &	Queens Chapel F	Road Hyattsville	Maryland 20	782	
Route Impact:				20 Minute Delay				
Employee Name:		Keenan Fitzgerld						
	1			1				
Run#	12	03	Bus#	626	32	Tag#	LG92267	
What happened (Be Specific and Brief):	Vehicle #1 was traveling down Queens Chapel Road while making a left hand turn onto Chillum Road. Vehicle #2 driver side mirror came in contact with Vehicle #1 passage side mirrior. 3 passengers were on board at the time. No injuries to report. Supervisor was dispatched to the scene. Operator was able to continue into service.							
Injuries (if any):				None				
Vehicle Damage				None				
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N	
Was the (	Operator sent for D	rug/Alcohol Test (\	Y/N):			N		
No	tified (Indicate nam	e and time) GM:						
Supervisor	T. Ogu	ndana	AGM	K. Jay @ 4:06 PM		Maint	Zaw Zaw @ 4:11 PM	
Asst. Safe	aty Mar	R. Jones @	4:06 PM		Dispatcher		Tyler	
Asst. Sale	ety lvigi.	K. Jones @	4.00 FIVI		Dispatcher		Tyler	
County Name and Time:				M. Wilson (	@ 4:11 PM			
(Check	(Check one) Telephone X			In Person (Must be done within 1 hour)			e done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								

## Operator Incident Report



Today's Date: 10/3/12	· · · · · · · · · · · · · · · · · · ·
100ay 3 Date	Time:
Operator Name: Keens Fitzens	Vehicle # <u>(774)</u> Route # <u>/70~(</u>
Report Submitted to: Supervisor Dispatch	Safety Dept.
Check One: Passenger Accident Passenger I	Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage	Vehicle Incident Report
Vas the incident reported immediately?	Reported to Command: (Name)
did not report the incident immediately because:	,
oid a SQM respond to this incident? No Yes	(SQM Name) アライン
rate Incident Occurred: 10/3/12 Time Occurre	ed: 1000 Do not have actual date or time
Pate Reported: 10/3/18 Time Reported: 16	
ocation of Incident	
omplete a separate Incident Report for each passeng	er affected by this event.
assenger Name:	Passenger ID/Seat #
	-710-3399 Ozemaitis20000 Gma:1.
erator Signature:	Date Submitted: (6/3/(8)

(Å tr	ansdev	SUPERV	/ISOR'S INCIE	DENT REPOR	
Date#: 10	/3/18/		4.30 Pm		n: <u>12<b>0</b>3</u>
	. wangere	LALD.K OGUNDA	<b>Division</b> : <u>0124</u>	Vehicle: _	62632
Supervisor:	CHII III SA	2000 d	211 TH C 22 05	A.c.	green and the second se
Location:	Addres	s or Cross Street	34 TH STREE	City & State	HEL KOAD
Description of	of Event:				
**************************************	Operata	· fitag	gerald ve	as maken	ą G
26	white or	· Chill	am road	of L Qu	conschapel
10401	Man	<u>a ye</u>	llow truc	ic tapp	ed the
DUSSER	ast Mi	ecce Si	ad Kept	gaing.	
å .	J		n board	/	njuries
	1		reported	1 /	
	w.		inued in		after
Missina	1 1 DL	- pul	( .		1
	Gung _	in the	_ directi	in of me	- American
revinier	Lord				
44-9-tel-do-see-vincend-f-ydd-seering-record and a see-vincend-grade and a seed to be seen as a seed to be seed to be seen as a seed to be seen as a seed to be seed to be seen as a seed to be seed to be seen as a seed to be seed to be seed to be seen as a seed to be seed to					

Supervisor Signature:



(Check one)	Accident	X	Incident		Time Superviso	me Supervisor Arrived: 8:15 AM		
Date of Oc	ccurrence:		10/9/2018	Time of Occurrence: 7:44 AM				
Weather:	Clear	Day of the	Week:	Tues	day	DHD (Y/N):	N	
Location (Cross Stre	et and Town)		kanav	vha & 15th Avenu	ie Hyattsville,Ma	aryland		
Route Impact:		1 hour Delay						
Employee Name:	Tammie Lesesne							
Run#	18	03	Bus#	631	.66	Tag#	LG84950	
What happened (Be Specific and Brief):	poard at the time of the accident, no mulies reported at this time.							
Injuries (if any):	None None							
Vehicle Damage				None				
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N	
Was the 0	Operator sent for Di	ug/Alcohol Test (\	//N):			N		
	16 17 E .							
No	tified (Indicate nam	e and time) Givi:			7:4	9 AM		
Supervisor	T. Ogu	ndana	AGM	R. Bandak @ 7:47 AM		Maint	Ray@ 7:50 AM	
Acet Cef		D. 1	7.45.454		<u> </u>	1		
Asst. Safe	ety ivigr.	R. Jones @	7:45 AIVI		Dispatcher	IVI. Pro	ctor/ V. Taylor	
County Nam	e and Time:			M. Wilson (	@ 8:00 AM			
(Check		Telephone	Х	In Person (Must be done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives								

## Vehicle Accident Report



0	7.15												
Operators CDL	- 785-6	76-42	Valid Do	OT Med Ca □ No	ard / Ex	p Date				t Report #	200	00	
Accident Date	e Day of W	/eek Ti	me of Acciden	t # of V	ehicles	Sma	rtDrive	Trigge	ered	18/00 Scene F			nce Abuse Teste
Month Day Ye								-					
Uctober 9			7:45 An	1 2			Yes	AN	0	☐ Yes	E No		Yes A No
01-1		OMPANY	VEHIC	E1	usili.		Figure	With	signer on	OTHER PA	ARTY	S ON	edia vivi.
Operator Name (Exact	in As Printed On Lice		_			-Vi	ehicle 2	П	Ricyclist	□ Padaetri	an Ele	od Ohia	t DPax Fall
Address (Include Numl	ber & Street)	~ 507 W	Apt#			Name (Exac				Li redestii	all LIFIX	ed Objec	I LIPAX FAII
9600 (	3 Cenvision	suc c	1,90			Ivalle (Exac	ly AS PIIII		cense)	nn			
City or Town		State	Zip			Address (Inc	lude Numb				Apt#		
C Lente	Date of Hire	MO	do	135									
30938	10-9	-17	Student Driv	er? YVN		City or Town			State		Zip		
# of Cards #	# of Occupants	#Seated	# Standing			Date of Birth	Sex			Driver's License	Lic, Sta	afe	# of Occupants
	6	6	0					ı M ₽	_			110	# of Occupants
Bus ID# Plate #	No. of the contract of the con	State Vehi	cle Year / Make			Insurance Co			y# & Exp Dat				
	84950	Route # & Run #	ı			N							
Vehicle Type		1803				Name (Exact)	y As Printe	•		- www			
VIN	0-10	N 1 - M	0000			Address (Incl	ude Numbe		_		Apt#		
15668	2717	8 (0')	7773										
old Reg	molac			7/1/	19	City or Town			State		Zip		
		ation of Acciden	-			Plate#	State		Year & Make	of Vehicle	Vehicle T	уре	Color
Address/Street on which At intersection with	n accident occurred_	12 - 12 - 1	5 h 1	irit.	_	VIN							
At intersection with	Kam	quina	2/1/cost	15 A	26								
Li Not at mersection	Feet	NSEW	of		_	Telephone #							
On Roadway	☐ Off Road												
At Bus Stop? ☐ Yes	No (if yes	)   Near Stor	□ Far Stop	□Mid-Block	stop				2				
Weather	Curface		T . /// 0			nental Conditi	ons						
El Clear	Surface Dry		Traffic Cont		<u>ht</u> Daylight			Road	dway - # of ivided		oadway Cha Straight and	racteristic	S
☐ Cloudy ☐ Raining	□Wet □ Icy		☐ Yield Sign		Dawn Dusk			□ Ui	ndivided		Straight and	Grade	
☐ Snowing	☐ Snow		☐ Flagman		Dark Roa	ad - Unlighted			sphalt oncrete		Straight at I- Curve and L	dillcrest Level	
☐ Foggy ☐ Other	☐ Other		☐ Uncontrol ☐ Other	led 🗆 [	Dark Roa	ad - Lighted		☐ Gr	ravel	□	Curve and Curve at Hill	Grade	
		Pre Accid	ent Movement						1101		Cuive at Fill	iciest	
V1 V2/OV	V1	V2/OV		V1	V2/01	/		Unus	ual Road C o Unusual C	onditions Conditions			
Going Straigh		U			ПП	Changing Lanes		□Но	les / Deep F	Rut			
☐ ☐ Making right to ☐ ☐ Making right o	on red $\square$	☐ Slowing	or stopping in tra	ffic 📮	- Et	assing	,		struction in nstruction /				
☐ ☐ Making left tur ☐ ☐ making left on		□ Stopped	in traffic			lerging acking			ose material educed road				
□ □ Making U Turn			object in road		□ 0	ther		□ Ot					
Vehicle Lights	Tum S	ignals	Posted Spe	ed Limit	Estin	mated Speed I	<u>imit</u>	Dire	ection of Tr	avel	Accide	ent / Collis	ion With
No 1 🗷 On 🗆 Off		Turn On	Vehicle 1	25 mph	Vehicle	e1 25	mph		Vehicle 1	EH.	Other Motor V		
No 2 DOn 🗆 Off		t Tum On Ways On	Vehicle 2		Vahiele	2 25		(N	7	v   🗆 🛭	licyclist	FIIGH	
		1000	TOTAL D	mpn	VOITIGR	1 1 3	npn	(	Vehicle 2		tail Train ixed Object		
	No 2 ☐ Right	t Tum On Ways On						N	S)E V	V DP	edestrian nimal		
						Bicyclist Action							
☐ Crossing With Signal ☐ Crossing - No Signal o	or Crosswalk	N/2	<b>∀</b> □	Riding / Walk	ing Alon	g Highway Wit inst Highway W	h Traffic		,.5	VA	☐ Pushir	a / Workin	g On Vehicle
☐ Crossing Against Sign ☐ Crossing - No Signal/N	nal			Emerging Fro	om in Fro	ont of or Behind	Parked	Cars	1	OJA	□ Workir	ng In Roady	vay
☐ Going To / From Stopp				Playing In Ro Getting On / (		cle Other Than	Bus	*			☐ Not In☐ Other	Roadway	
											SPF	F.20 7	7/2015
	Λ	cident Tune											

### Vehicle Accident Report Police Investigated? ☐ Yes ☐ No ☐ Backing Passing ☐ Railroad Crossing Police Department Responding Prince Georges Count ☐ Sideswipe ☐ Merging ☐ Hit Fixed Object ☐ T-Bone ☐ Head On ☐ Hit Pedestrian Officer Name (Badge / ID#) LABOONE (3946) ☐ Right Turn ☐ Bus Right Mirror ☐ Hit Animal ☐ Left Tum ☐ Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation Report# 121810090000 ☐ Sudden Stop ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Over Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip NIA With Pax Without Pax ☐ Business Trip Fixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: Accident Description valle Um 1. Same 6316 63202 None None Description of Damage Company Vehicle ☐ Minimal ☐ Moderate ☐ Major Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Articulated Bus Shuttle Vehicle Bus 1 Bus 2 Truck --Name of Witness / Injured Age Claiming Injury? Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # Supervisor on Scene? Yes □ No Supervisor Name (Print): Unit Number 6 129 Supervisor / Manager Reviewing Supervisor's Signature SPP F.20 7/2015

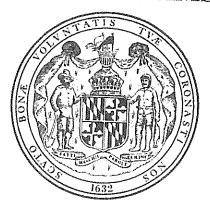
Today's Date: 10 9 18 Time: 8'40 AM  Operator Name: 10 9 18 Vehicle # 63 10 Route # 8  Report Submitted to: Supervisor Passenger Incident Passenger Injury Pehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name) 13 Out-of-  I did not report the incident immediately because:
Operator Name:
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Pehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name) South
Check One: Passenger Accident Passenger Incident Passenger Injury Pehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name) DIS POLYCHIA I did not report the incident immediately because:
Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name) DIS POLICE  I did not report the incident immediately because:
Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name) DIS particle  I did not report the incident immediately because:
Was the incident reported immediately? US Reported to Command: (Name) DIS parts
Did a SOM reasonable this is identify The
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 109 18 Time Occurred: 2.45 Jpl Do not have actual date or time
Date Reported: 109 18 Time Reported; 7.45 tm This is a late report
ocation of Incident Karawha St 15th LVE
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:
School has hit my deviver SIDE mirror School as had her stop Hem and Stop Sign out unite driving and hit my mirror driving pas
ne school 1905 left side, The Bus Right
perator Signature: Date Submitted:
Date Submitted:  SPP F.8 Rev 5/2015



Accident/Incident/Workers Comp#:
(Workers Comp # Issued by Sedgwick)  Name  Birth Date  Hire Date
V10mmi hesesne 6/6/72 10/9/17
Driver's License# <u>C-225-785-676-425</u> Employee Number + 30938
DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 9600 Glenview De.
CITY CLINTON STATE MD ZIP CODE 20735
HOME PHONE NUMBER  DAY TIME NUMBER  EMPLOYEE STATUS (please circle)  FULL TIME OR PART TIME
THE OPERATOR ON OVER TIME?  GENDER  MARTIAL STATUS  NUMBER OF DEPENDANTS  Yes No / Unknown  M of F  M S W D
SHIFT START TIME / END SHIFT TIME*  SHIFT START TIME / END SHIFT TIME*  AM or PM

<sup>\*</sup>This **COMPLETED** document **MUST** be included in **ALL** Accident/Incident/Workers Comp Files\*

## **CRIME VICTIMS**



## AND WITNESSES:

Your Rights and Services

## MARYLAND

0479

Complaint/Incident # PP1810090000

Officer LABOONE

Badge # <u>3946</u>

Contact Phone # 30/699 2630

To obtain a written copy of the incident report, please contact the Records Department of your responding law enforcement agency. Costs may vary. Victims of domestic violence are entitled to a copy of the incident report without charge.



C.	
transdev supervisor's inciden	IT REPORT
Date#: 10 9 / 18 Time: 7.45 Am	Run: 1803
Operator #: Janni Lesesna Division: 0124	Vehicle: 63166
Supervisor: Balselole Dembur	
Location: Kanawha Sheet / 15 th Are honge Address or Cross Street C	er Paule Ma
Address or Cross Street	ity & State
Description of Event: On The salary October 9	2018, Volumele Z
(Schrol Bus) Come in Contact with on driver side left numer When both Voluctos were travelling	Valinele 1 (Rus 63
When both Voluctes were travelling	1
des directions on 14 the three c	a sprone
	langes to
Kanawha Street.	
No danages to both ver	incles how
lujures sustained. Six patrons.	were trous cons
from 1300 63166 to Pono 63202	<b>b</b>
pervisor Signature:	
ocivisor digriature.	



Transport

Safety & Training Department (Check one) Accident Incident Time Supervisor Arrived: 7:54 AM X Date of Occurrence: 10/9/2018 Time of Occurrence: 7:45 AM Weather: Day of the Week: DHD (Y/N): Clear Tuesday Ν Location (Cross Street and Town) Pennsylvania Ave @ Westphalia Road, Forestville, MD **Route Impact:** 30 min **Employee Name:** Devon Dyson Run# 2002 Bus# 63145 Tag# LG8187 Vehicle #1 was serving a bus stop (stopped) at Pennsylvania Avenue & Westphalia when vehicle 3 (overturned) rearended vehicle# 2 which then made contact with vehicle 1. 5 Passengers on board at the time. 3 passengers transported What happened by EMS. Police, managers & supervisor dispatched to the scene. (Be Specific and Brief): Injuries (if any): 3 passengers + vehicle 3 operator transported Vehicle Damage Damage to rear passenger side fender & battery compartment (Check all that apply) Police **Ambulance** Υ Tow Ν Was the Operator sent for Drug/Alcohol Test (Y/N): Y Notified (Indicate name and time) GM: J. Modlin @7:47AM **AGM** Supervisor R. Green R. Bandak @ 7:45 am Maint Ray @ 7:55 AM Asst. Safety Mgr. R. Jones @ 7:45 AM Dispatcher Bandak **County Name and Time:** M. Wilson @ 8:00 AM Telephone In Person (Check one) (Must be done within 1 hour)

Please note the details of this incident will change when the Supervisor Arrives

Certala, OH

13.894767

## Vehicle Accident Report



Operators CDL#	/Exp Date	Valid DOT Med Card	1/Exp Date 1/31/19	Accident Report		
Accident Date	213 425 66 22 Day of Week Time	e of Accident # of Veh	101	Triggered Sce	ne Photos	Substance Abuse Tested
Month Day Year				□No □Yes		/
10/9/18	Tuesday 7	45 AM 4	☐ Yes	LINO LI Yes	s 🗆 No	☐ Yes ☐ No
1	COMPANY	VEHICLE 1	100000000000000000000000000000000000000	OTHER	RPARTY	
Operator Name (Exactly			□ Vehicl.	Bicyclist □ Ped	estrian D Fix	ed Object
Address (Include Number	Devon Elliot	Apt#	Name (Exactly As Print		All Land Salvan	
3203 754		362		Anthony 5	shaw	
City or Town	State	Zip	Address (Include Numi	per & Street)	Apt#	
Hyatsvil Employee ID#	Date of Hire	20785 Student Driver? Y (N)	8901 Gyp	SY LO	Zip	
31010	Date of hire	Student Driver 7 TN	City or Town	State	Zip	20735
# of Cards # of	of Occupants #Seated	# Standing	Date of Birth Sex			
0	8 8	0	2/13/78 1	M D F DYes	□No	10
Bus ID# Plate #		Year / Make	Insurance Co	Policy#& Exp Date		
Vehicle Type	8187 MD 67	Gill	Name (Exactly As Print	CA0009615		
Bus		2002		solutions		
VIN			Address (Include Numb	er & Street)	Apt#	
156CBAC	Policy # & Expirati	on Data	8901 Gyf	Sy Ln I State	71.	
Old Reni	blic MWTR		19 Clinton	MA	Zip	20735
OK TIE PA	Location of Accident		Plate# State	Year & Make of Vehicle		ype Color
Address/Street on which	accident occurred Rennsyl	vania Ave	291EDOL M	D 1997 MG	ack Ir	uch
At intersection with			IM2 P267	coumo 3194	e la	
Not at Intersection	Feet N S E W of	old marlborn p	LI(e Telephone#		· ·	
☑ On Roadway	☐ Off Roadway		11.120	75.00		
At Bus Stop? Yes	□ No (if yes) □ Near Stop	☐ Far Stop ☐ Mid-Block s	stop   4439	750347		
1			nvironmental Conditions		_	
Weather Clear	Surface Dry	Traffic Control Light ☐ Stop Sign ☐ □	<u>ht</u> Daylight	Roadway - # of Lanes	Roadway Ch  Straight an	aracteristics of Level
☐ Cloudy ☐ Raining	□Wet □ Icy	☐ Yield Sign ☐ ☐	Dawn Dusk	☐ Undivided	☐ Straight an	d Grade
☐ Snowing	☐ Snow	☐ Flagman ☐ ☐	Dark Road - Unlighted	☐ Asphalt ☐ Concrete	☐ Straight at ☐ Curve and	
☐ Foggy ☐ Other	☐ Other	☐ Uncontrolled ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Park Road - Lighted	☐ Gravel	☐ Curve and ☐ Curve at H	
	Pre Accide	nt Movement		/		mor out
V1 V3	V1 V2/OV		V2/OV	Unusual Road Condition  No Unusual Condition	ns Is	
☐ ☑ Going Straight			☐ Changing Lanes	☐ Holes / Deep Rut☐ Obstruction in road		
☐ ☐ Making right to ☐ ☐ Making right or		or stopping in traffic	☐ Passing	☐ Construction / repair zo		
□ □ Making left turn	n □ □ Stopped	in traffic	0 0	☐ Loose material on road ☐ Reduced road width	i	
<ul><li>☐ making left on</li><li>☐ Making U Turn</li></ul>	red   Parked  Avoided of	bject in road		☐ Other		
Vehicle Lights	Turn Signals	Posted Speed Limit	Estimated Speed Limit	Direction of Travel	Accie	dent / Collision With
No 1 🖬 On 🗆 Off	No 1 Left Turn On	Vehicle 1 40 mph	Vehicle 1 mph	Vehicle 1	Other Motor	Vehicle
No 2 □ On □ Off	No 1 ☐ Right Turn On No 1 ☐ Four Ways On	Vehicle 2 40 mph	Vehicle 2 40 mph	N S E W	☐ Bicyclist☐ Rail Train	
NIA	,	Toniou Z mpii	vollide 2 inpit	Vehicle 2	☐ Fixed Object	
	No 2 ☐ Left Turn On No 2 ☐ Right Turn On			N S E W	☐ Pedestrian☐ Animal☐	
	No 2	p. I	notrina / Dicurellat &			
☐ Crossing With Signal	- 1	☐ Riding / Wall	estrian / Bicyclist Action king Along Highway With Traffi		prog as	da- (W1)
☐ Crossing - No Signal o		☐ Riding / Wall ☐ Emerging Fro	king Against Highway With Tra om in Front of or Behind Parke	fic d Cars	☐ Worl	ning / Working On Vehicle king In Roadway
☐ Crossing - No Signal/I	Marked Crosswalk	☐ Playing In Ro	oad	v	☐ Not I	n Roadway
☐ Going To / From Stop	peu Bus	LI Getting On /	Off Vehicle Other Than Bus			PP F 20 7/2015

The second secon	ecident Report			ransae
,		AR#		
□ Backing □ Passing □ Sideswipe □ Merging □ T-Bone □ Head On □ Right Turn □ Bus Right Mirro □ Left Turn □ Bus Left Mirro □ Bus Rear Ends Vehicle □ Bus Door Ope □ Vehicle Rear Ends Bus □ Sudden Stop □ Wheelchair Lift Operation □ Roll Over □ Roll Away (Not Secured) □ Ran Off Roads	r ration way	Police Investigated?	C. A. Ortiz ort# 18MSP	5858 0433 2 4 vdlist 🗆 Pedestrian
Type of Trip  With Pax Without Pax □ Busines □ Fixed Route □ Frand	es Trip	iver changing lar		
☐ Charter ☐ Charter ☐ Non Re☐ Para Transit ☐ Para Transit ☐ Mainter	* 111010	arky's Unknown	To Police I	
Accident Description	1.105 Sl-00-d	et the bus stop	w. Ha h.c	1004
Causing Vehicle 2 Vehicle 3 the flipped	to make seri	ous Contact i	with vel	ude 7.
Description of Damage Company Veh		☑ Major Other Vehicle		floderate Major
/ehicle 1 is ALWAYS Your Vehicle.  Articulated Bus Shuttle Vehicle  Name of Witness / Injured Age	Place an X on the exact point Bus 1  Claiming Injury? Type of Injury C	<b>→</b>	other vehicle. Circle areas uck Other Transported To	Car  Car  Transported By Unit #
			The state of the s	
	-			



Accident/Incident/Workers Comp#:		
	(Workers Comp # Issued by Sedgwick)	
Name	Birth Date	Hire Date
DEVon Dyson	6/6/77	
v		
Driver's License# <u>D 250-134-21</u>	3-425	
Employee Number 31010		
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLAIN WHY):	
HOME ADDRESS: 3203 75-4	AVE #302	
CITY LANdown	STATE MD	ZIP CODE 20785
	e sus	
HOME PHONE NUMBER	DAY TIME NUMBER	EMPLOYEE STATUS (please circle)
	240 603 4558	FULL TIME OR PART TIME
		*
IS THE OPERATOR ON OVER TIME?	GENDER MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / No / Unknown	Mor F MS W D	4
SHIFT START TIME / END SHIFT TIME		
545 AM or PM/ 8	OO AM O(PM)	

### Patrons on board (V1)

Melyssa Pratt – (202)819-9788 – back pain; head hit bar on window (PG Hospital) female

Taiyan Booth – (240)321-0504 – pregnant, just wanted to get checked out (PG Hospital) female

Jeffrey Jackson – (202)847-9186 – lower back pain: head hit glass window (PG Hospital) male

Tiona Robinson – (202)836-5033 – left side and neck pain (seeing own doctor) female

Desaree Alexander – (240)681-5328 – no injury female

Collette Braxton – (240)907-7770 – lower back and left arm pain (seeing own doctor) female

Eduviges Rivas – (301)946-4227 – no injury female

Glenn Ford – (202)731-0043 – right side pain (seeing own doctor) male

### Dump Truck Driver (V3)

Donte Anthony Shaw – 8901 Gypsy Lane, Clinton, MD, 20735 – D.O.B = 2/13/78 (Southern MD Hospital) male

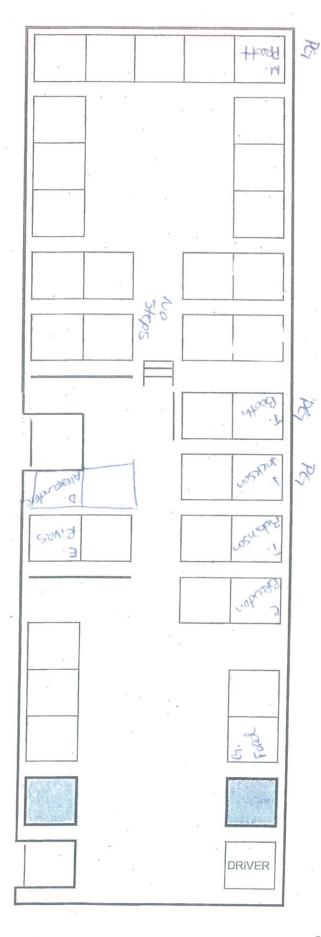
### Van Driver (V2)

Ramon A. Diaz – 10416 Truxton Rd, Adelphi, MD, 20783 – (301)906-1080 (transported to unknown hospital) male

## **Operator Incident Report**



Today's Date: 10 9-18 Time: 8:06 am
Operator Name: Dwan Dysan Vehicle # 63/45 Route # 20
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? <u>VES</u> Reported to Command: (Name)
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name) Alston
Date Incident Occurred: 10-9-18 Time Occurred: 7:40 Am   Do not have actual date or time
Date Reported: 109-16 Time Reported: 7-45 pm This is a late report
Location of Incident Pennsylvania Avenue and Westphalia
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:  I stopped at the bus top at the interaction at Pennsymbric Helmand Westphalic Road. When I put my blinker in to get brok order into truffic, a white van Slowed to let me over. I observed a truck coming up from behind which struck the van which in town
mt my bus.
Operator Signature: Date Submitted:



# BUS DIAGRAM

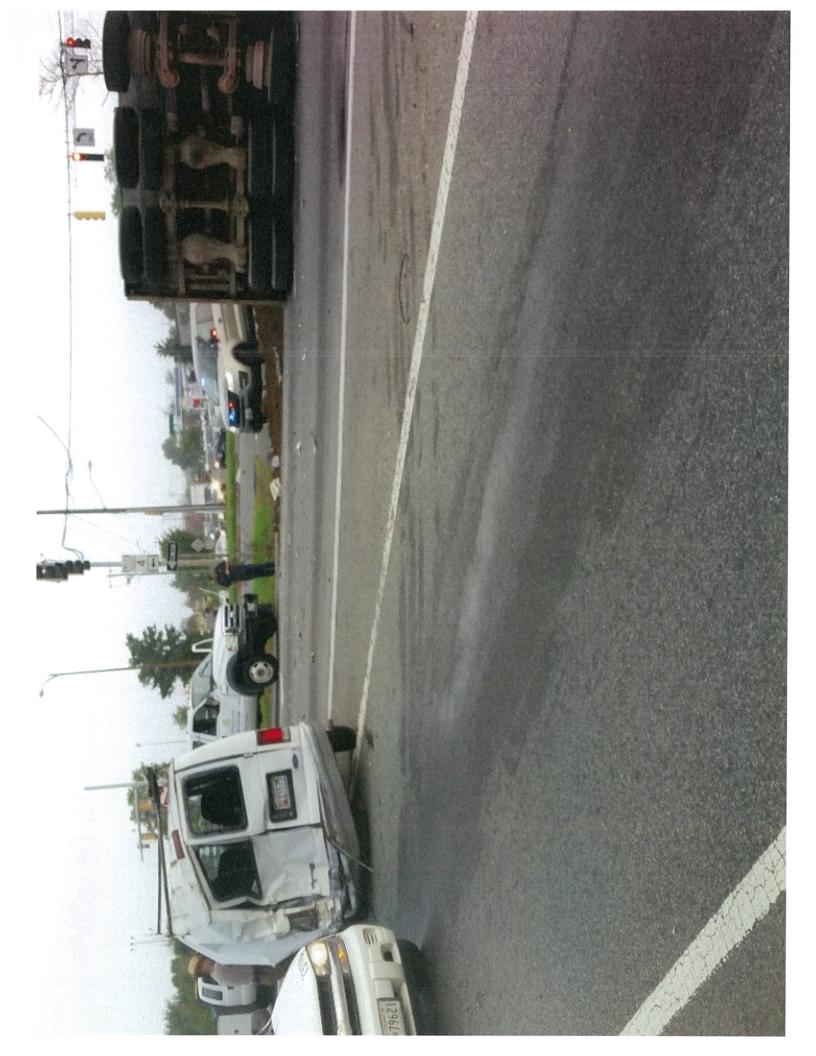
If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

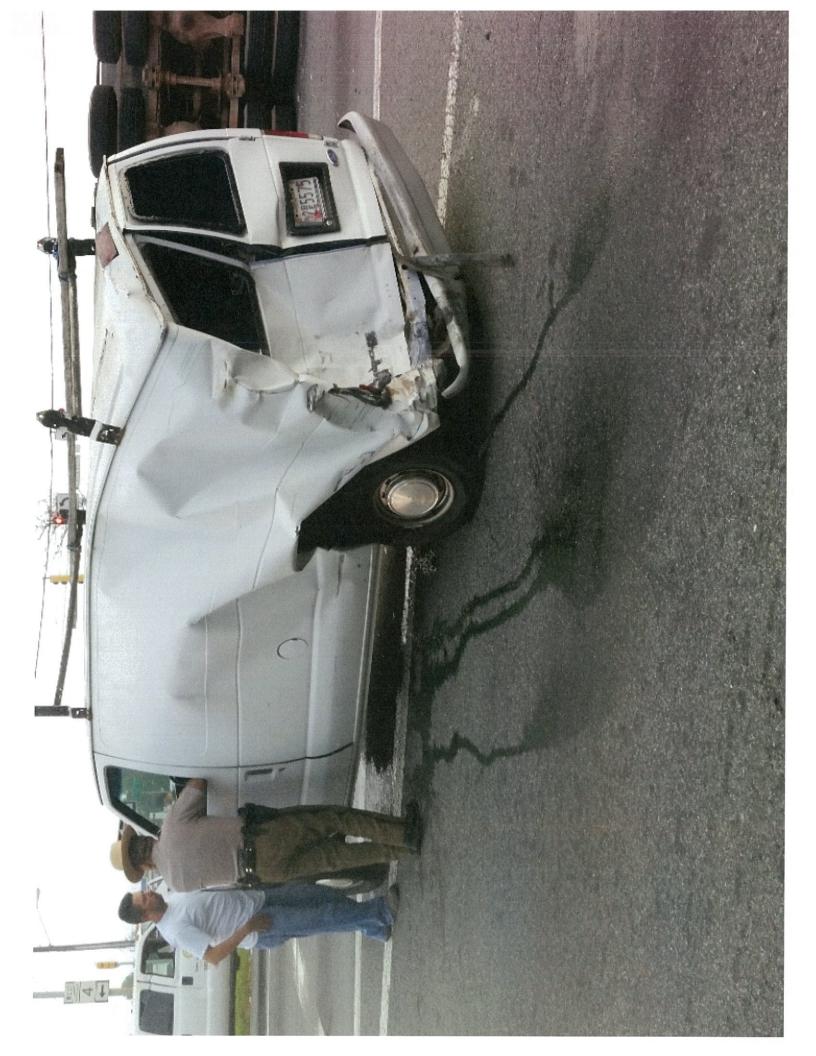
Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

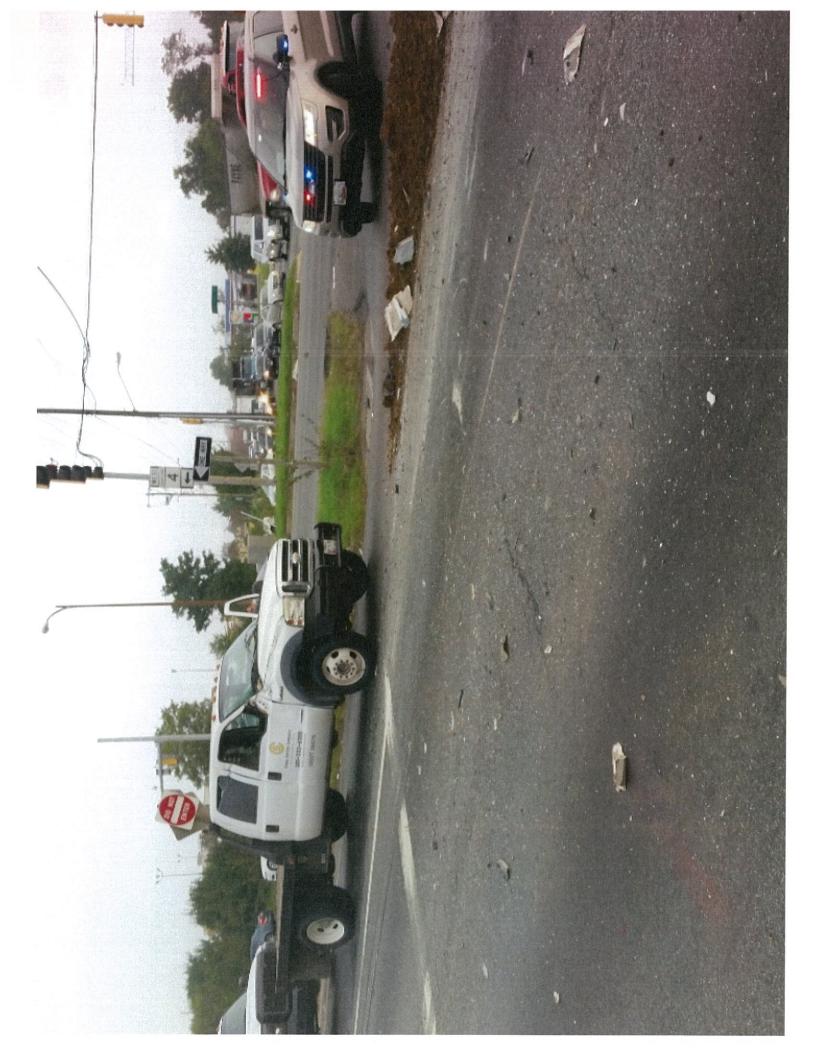
Complete and turn in with accident forms ASAP.

Thank You!

Date: 1.0/9/18	Time: . 7. 45
Location: Pennsy	vania Ave
Driver: Devon	Dyson.
Supervisor: Alster	

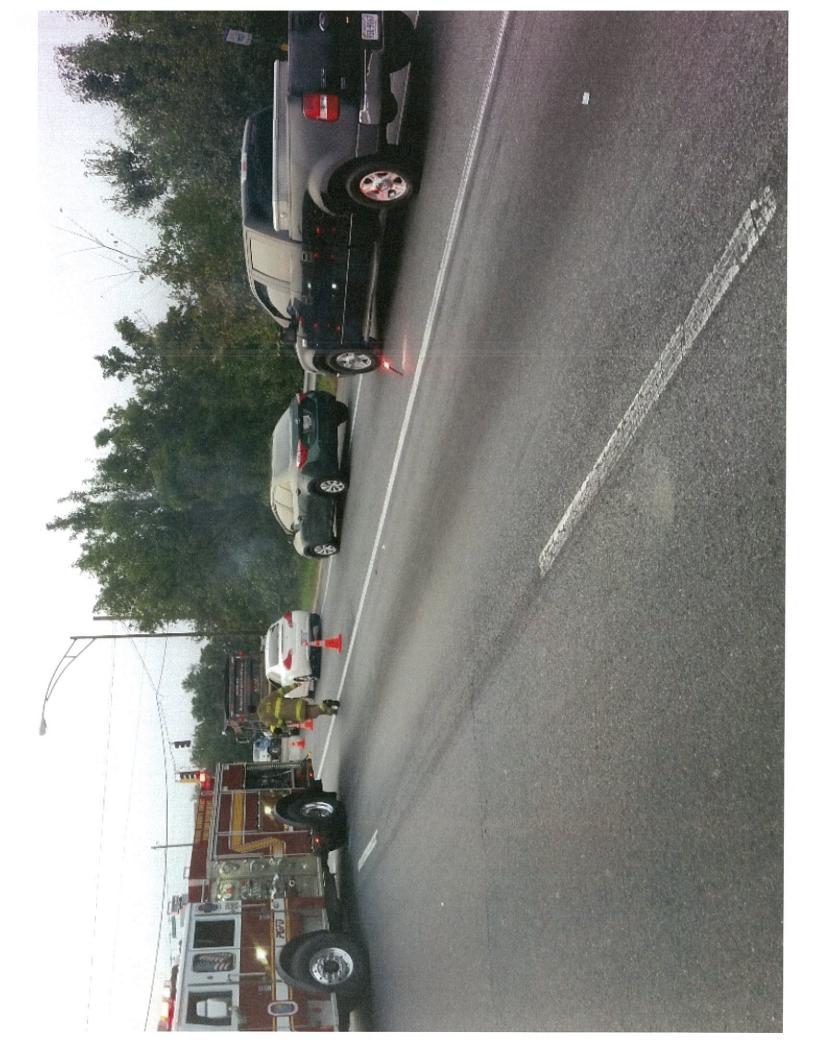


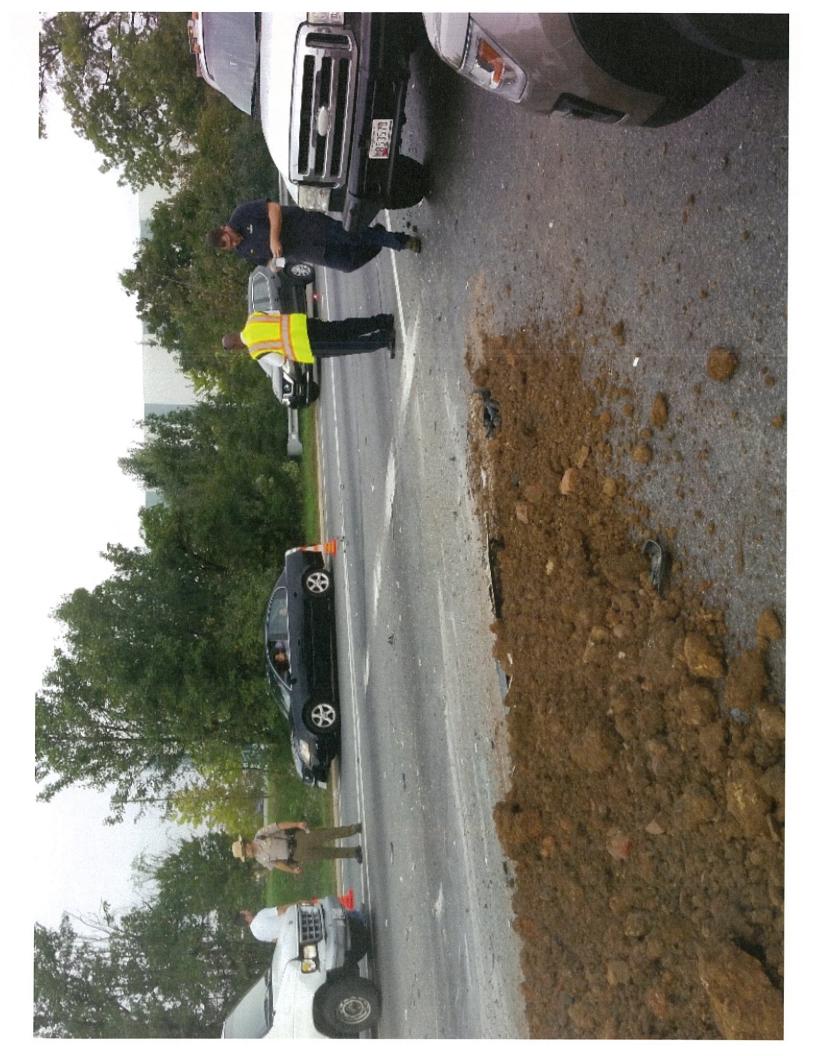


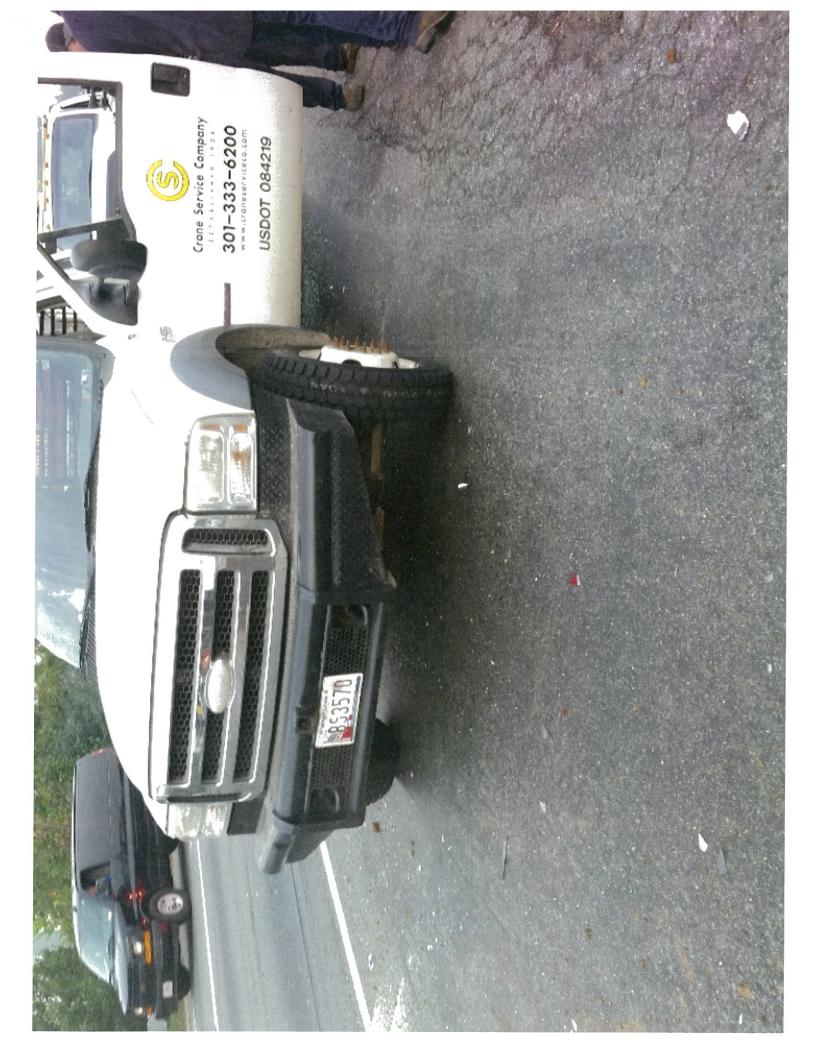


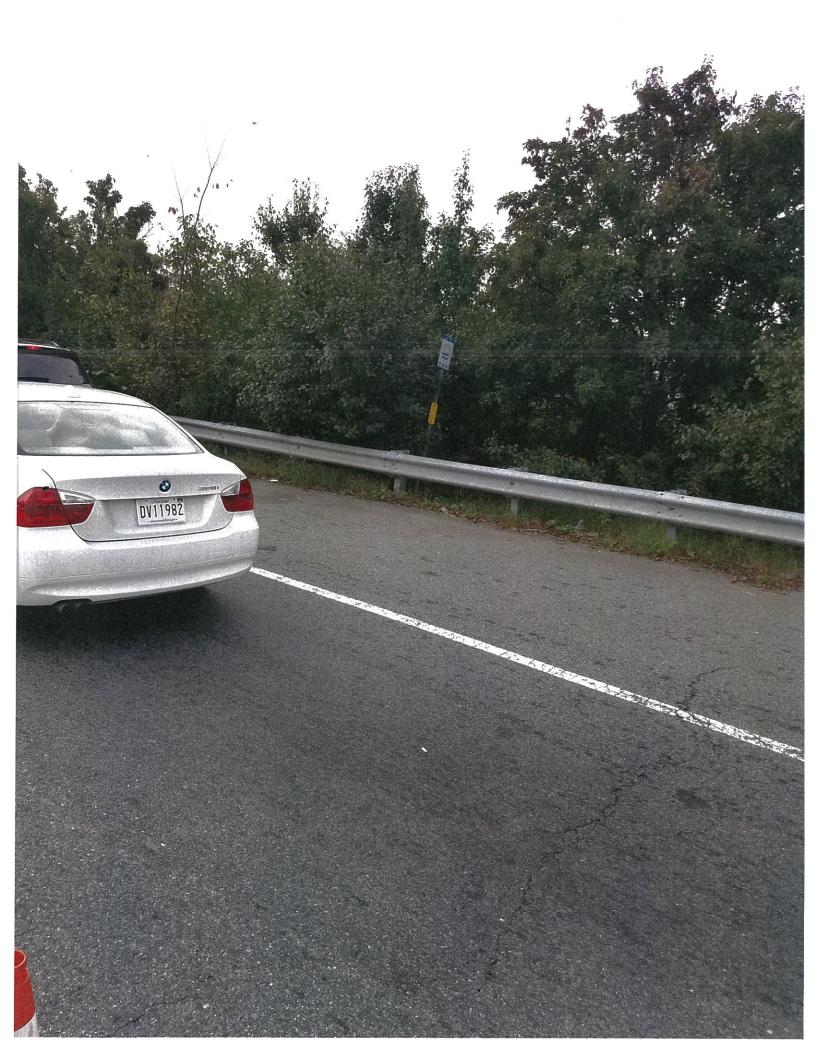


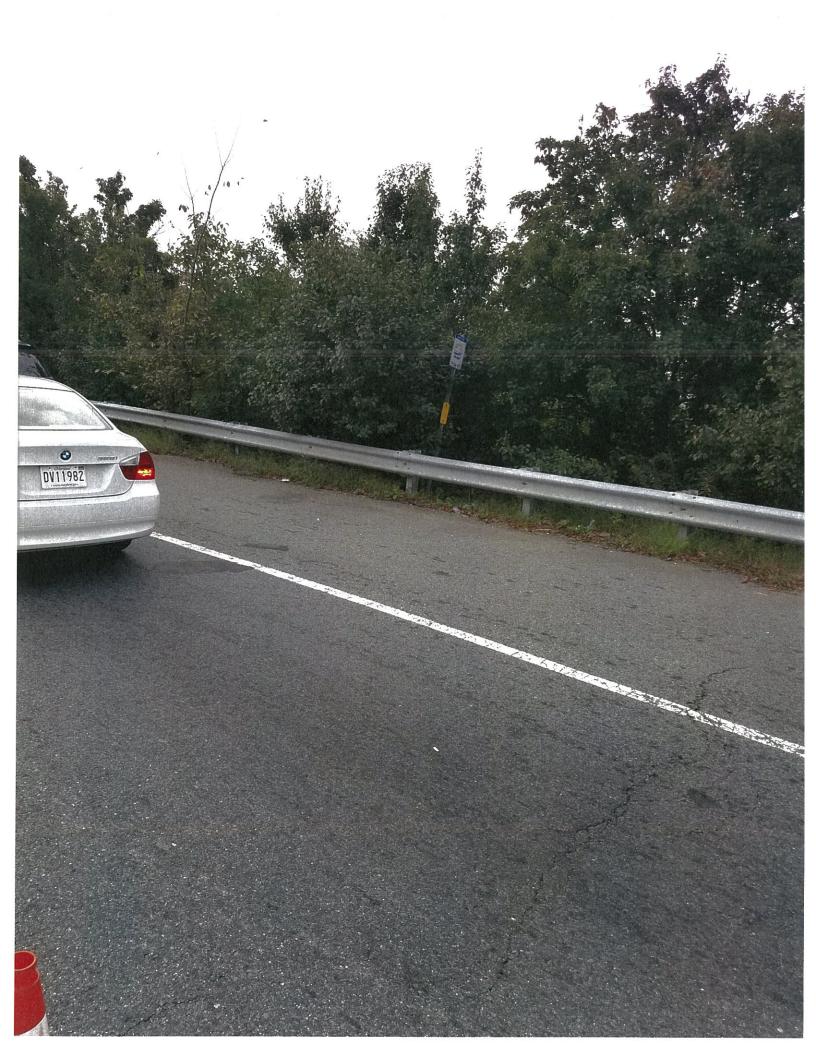


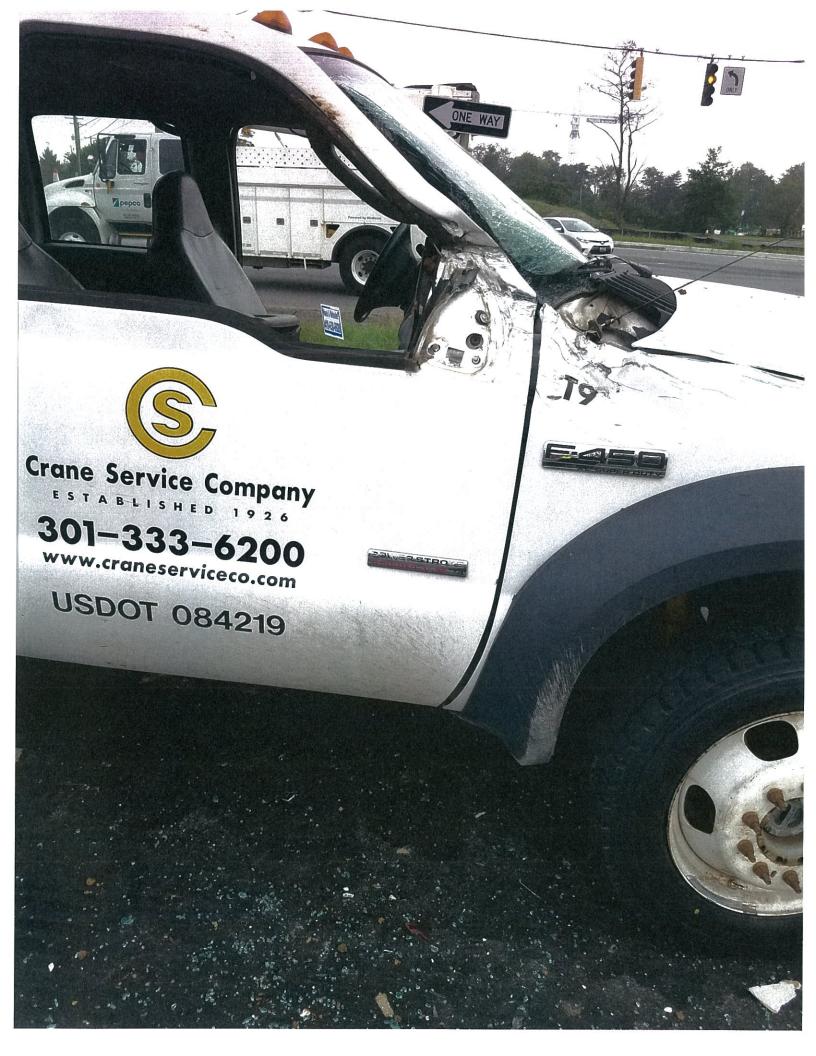


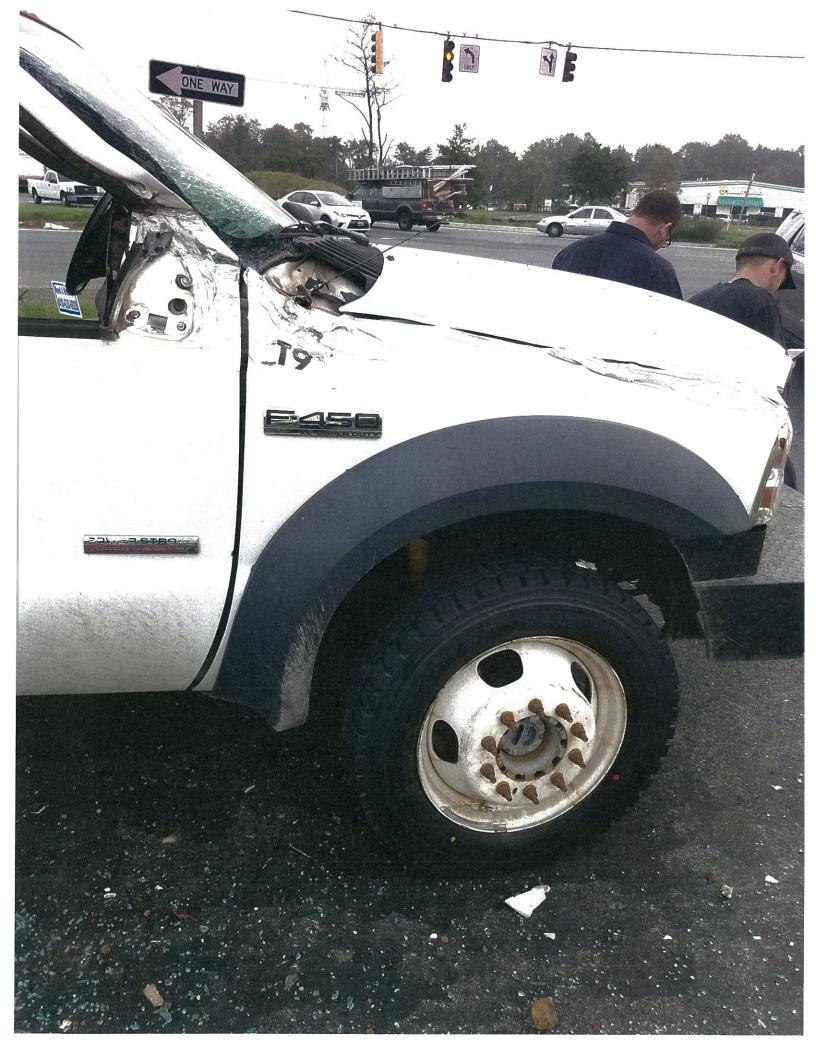


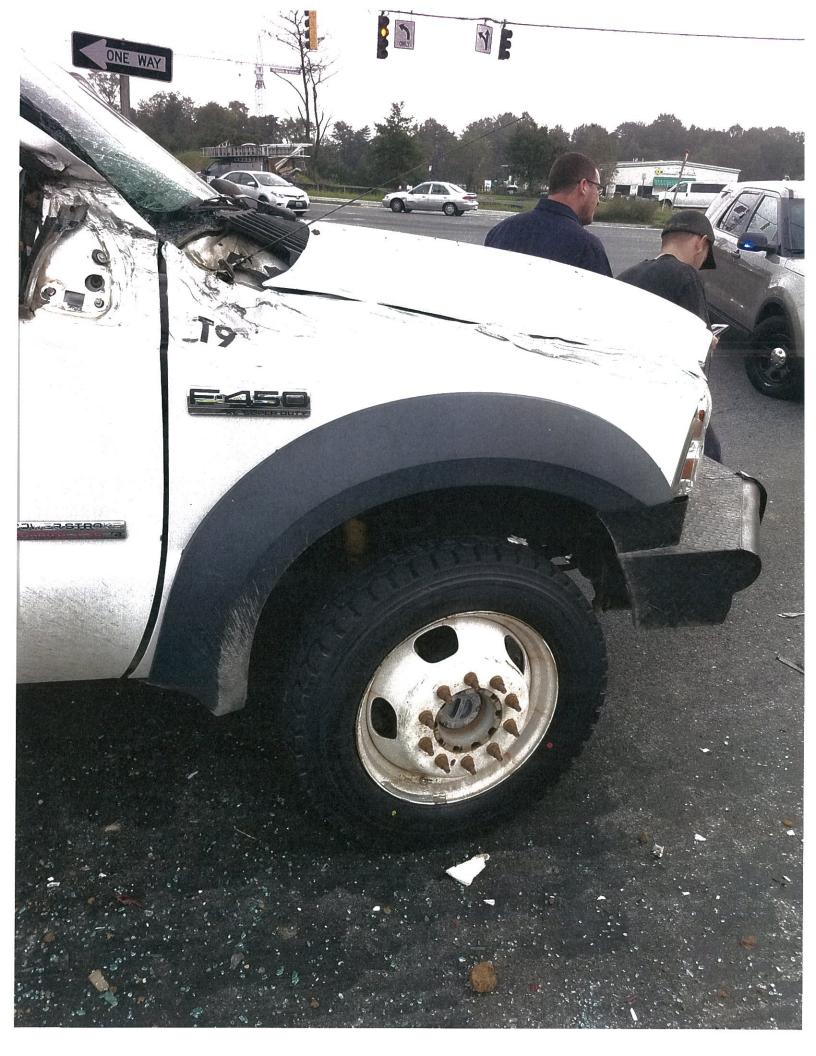


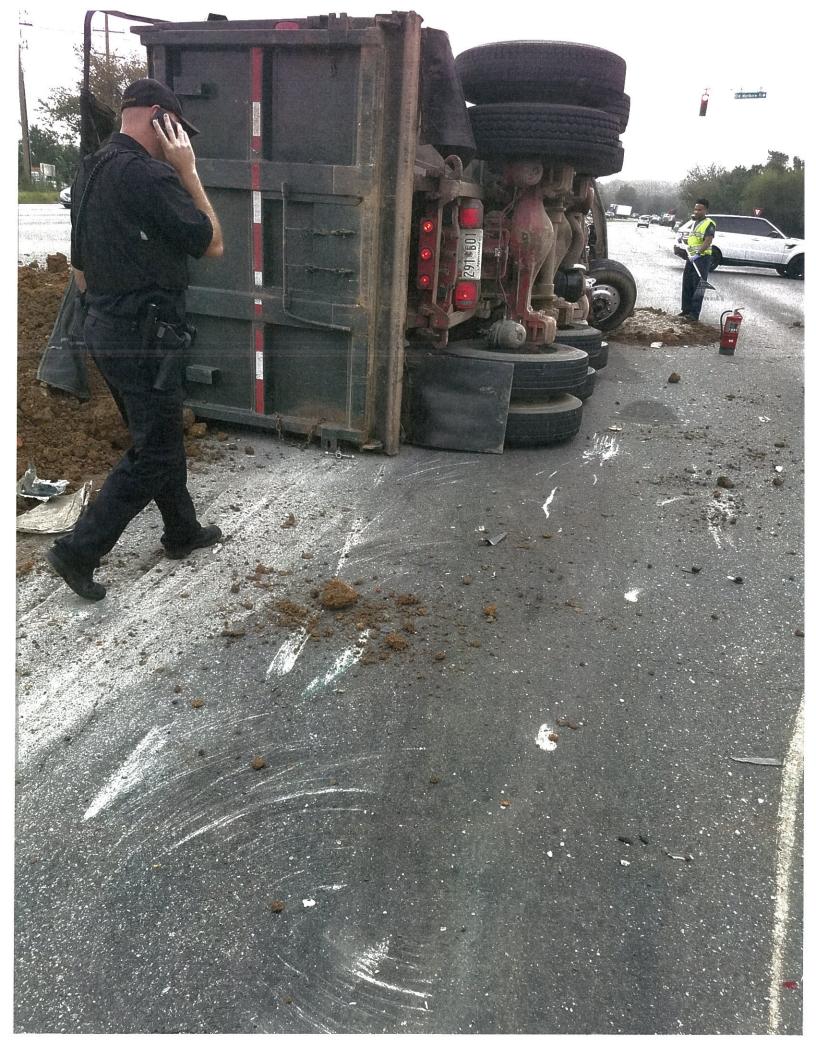




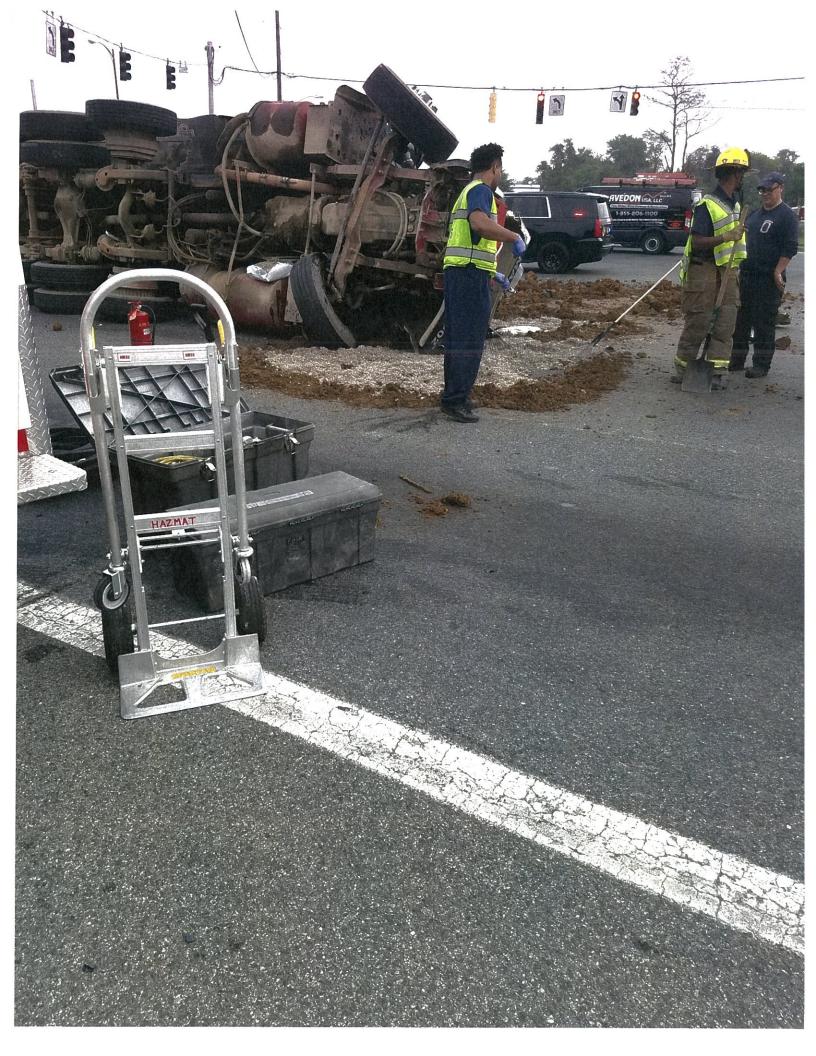


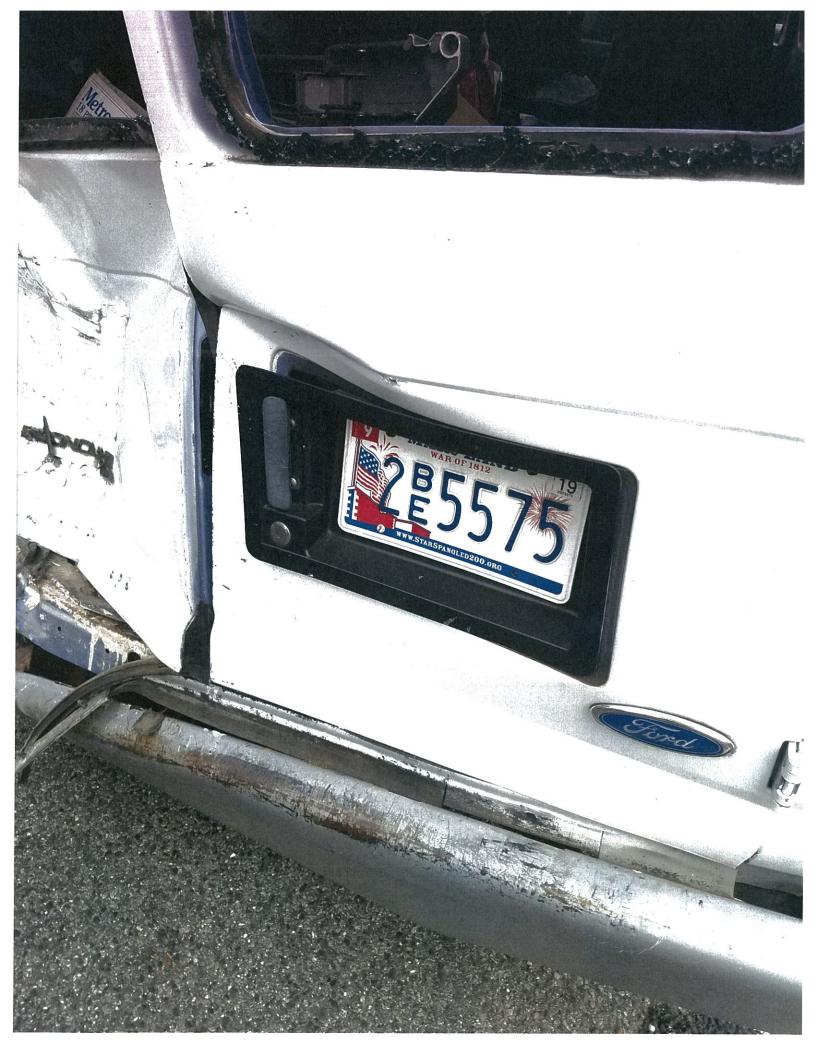


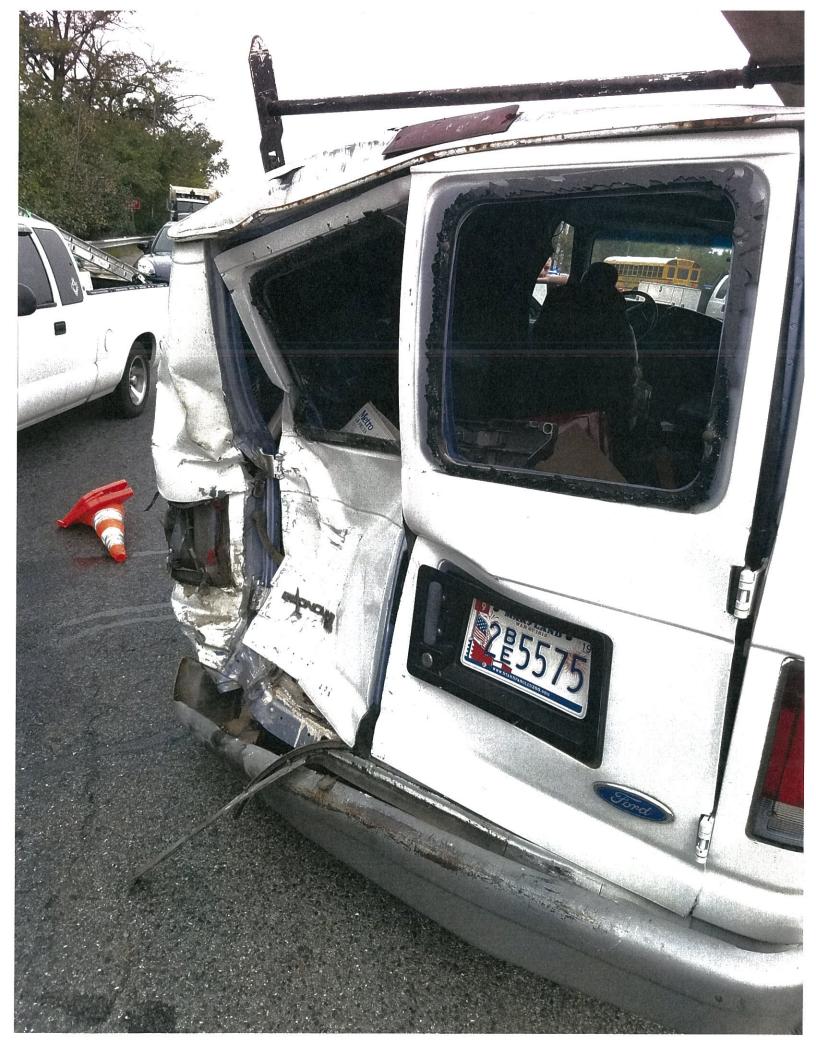


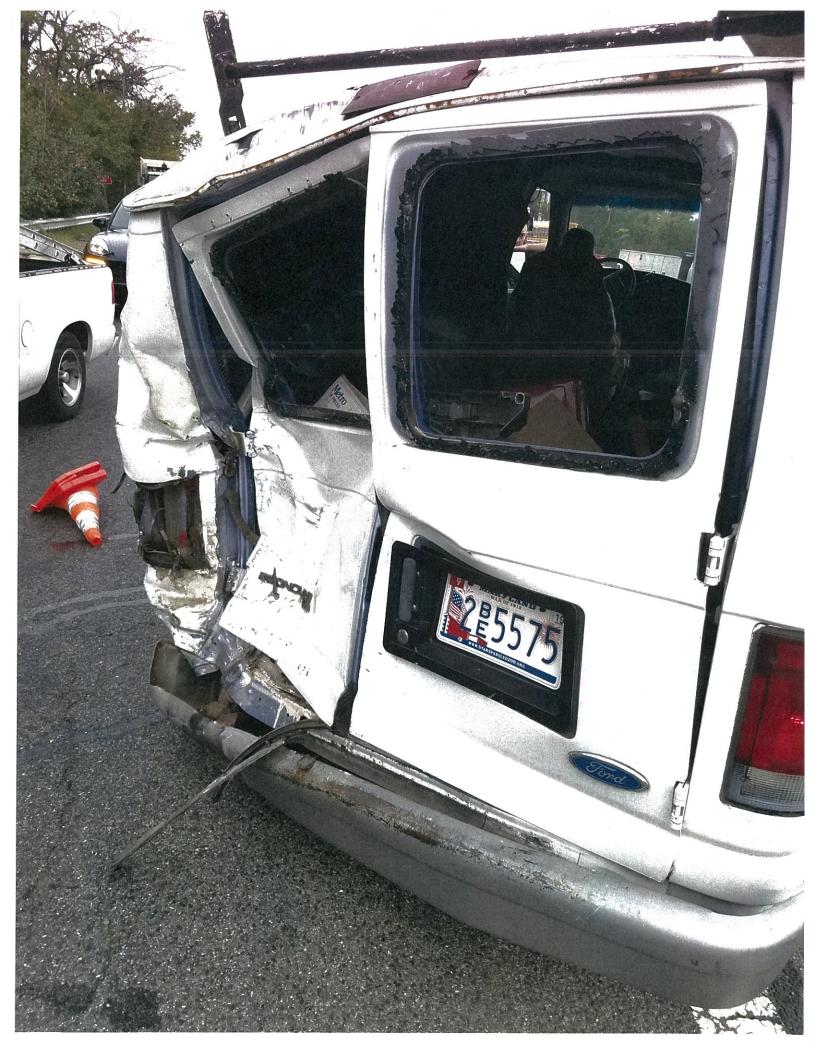






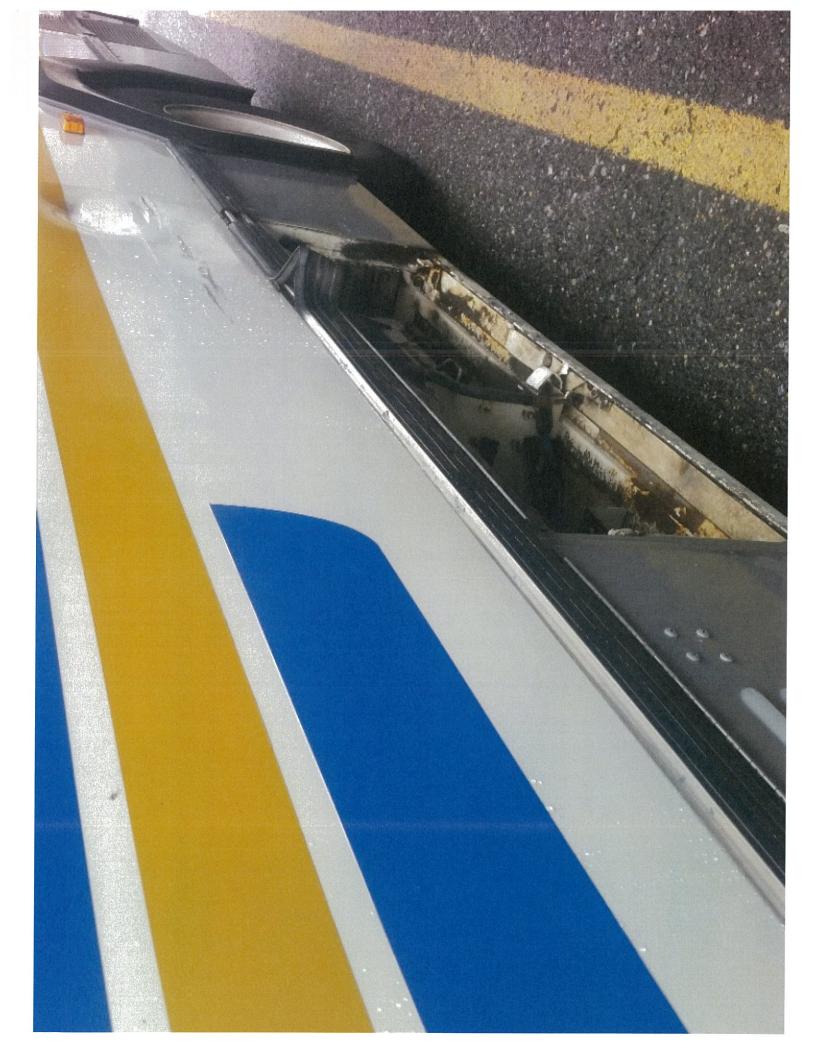








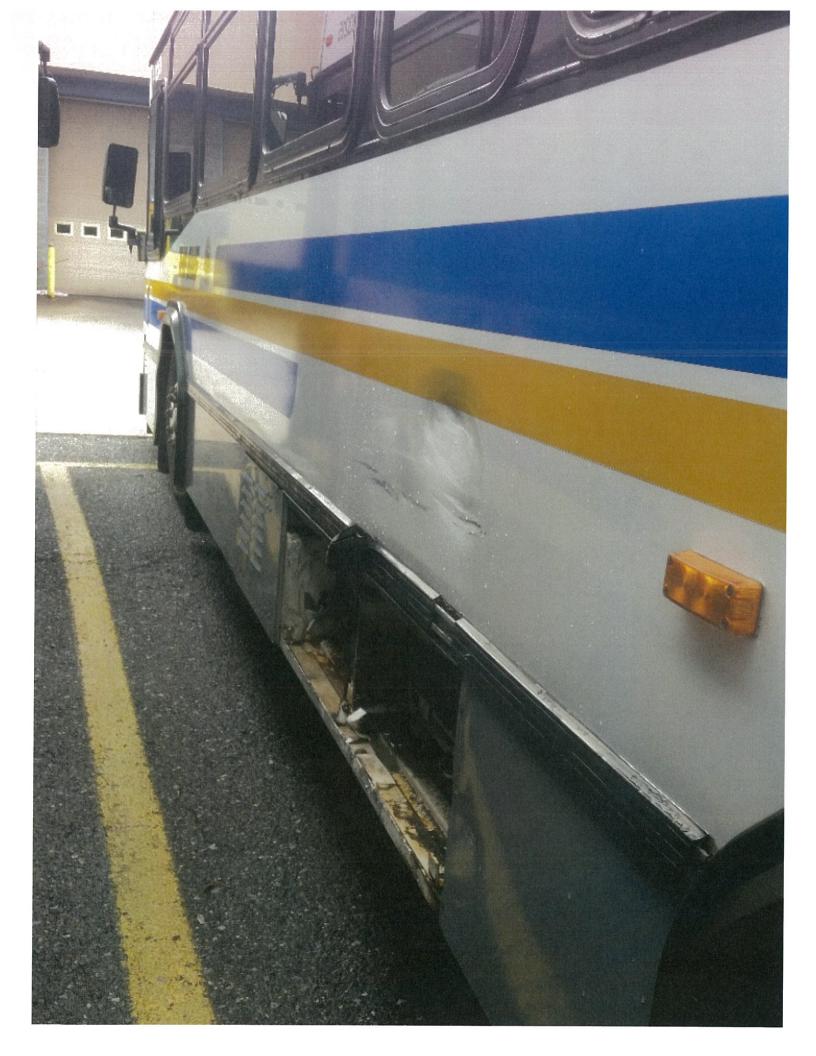














Safety & Training Department (Check one) Accident Incident Time Supervisor Arrived: 3:19 PM Date of Occurrence: 11/7/2018 Time of Occurrence: 3:03 PM Weather: Clear Day of the Week: Wednesday DHD (Y/N): Location (Cross Street and Town) St. Barnabas Road @ Deer Park Drive, Temple Hills, Maryland Route Impact: 1 Missed Pull Employee Name: Jacob Kim Run# 3352 Bus# 63207 Tag# LG92004 Operator stated that he was physically assaulted by male student patron. Supervisor and Police dispatched to assist. Per Supervisor Investigation; Male fled the scene after encounter/7 patrons on-board, no injuries claimed. Operator refused What happened medical attention & continued in service. (Be Specific and Brief): Injuries (if any): None Vehicle Damage None (Check all that apply) Police Ambulance Tow Was the Operator sent for Drug/Alcohol Test (Y/N): Notified (Indicate name and time) GM: J. Modlin @ 3:09 PM Supervisor D. Jackson AGM K. Jay @ 3:09 PM Maint N/A Asst. Safety Mgr. R. Jones @ 3:07 PM Dispatcher D. Terry

M. Wilson @ 3:09 PM

(Must be done within 1 hour

In Person

Please note the details of this incident will change when the Supervisor Arrives

County Name and Time:

(Check one)

Telephone

Operator Incident Report
Today's Date: NOV 7. 2010 Time: C 5 PM Operator Name: TOB Wehicle # 20 Route # 3
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other Down The Book Town  Was the incident reported immediately? Reported to Command: (Name) Reported to Command: (Name) The Book Town  I did not report the incident immediately because: The Book The Book The Book Town  Did a SQM respond to this incident? No. Siyes (SQM Name) Reported: Do not have actual date or time  Date Incident Occurred: Down This is a late report  Location of Incident South The Alexander Alexander Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #  Explain what happened:
WHILE I WAS DRIVING THE BUS EN ROUTE TO OLD BRANCH AVE. SOME PASSENCERS OF SAID THAT THEY FOUND OUT SOME BLOOD STATUS IN THE BUS AND ASKED MEW I THE BUT PROPABLY FIGHTING AMONG STUDENT KIDS ? I PULLED UP THE BUS AND TOOK SOME PICTURES OF THE BLOOD STAINS SO THAT I WOULD REPORT TO SCATUN
DURING THAT DERICO OF THE BLOOD STATING TO CUSTOMER SERVICE  STUDENT KIND ARE USED AND PULL SCUENTIAL SERVICE  Operator Signature:  Date Submitted: 101/7, 2018  SPP F.8 Rev 5/2015



# Transdev supervisor's incident report

Date#: 11-7-12 Time: 3 12 12 14	Run: <u>5 5 5 4</u>
Operator #: JACO IS KIM Division: 0124	Vehicle: <u>43207</u>
Supervisor: D. Jackson	
Location: ST. BARNABAS RD. TEN	
Address or Cross Street City &	
Description of Event: L RRRIVED GO THE S	
518 pm. and the operator e	oth te w
that a patron hit him in 1	to for the times to be
below his Right Eye. Also,	where
I ARRIVEL the Police WA	
the scene, and they told	ME + FX +
The ambulant cane be ful	40219
there are the operator	RETUSE
MEDICAL Attention Also t	LE OPERATUR
States that about 5 school	KIUS
WERE VERY loud, AND he	MSKEW then
COULD Their Couces.	FNU Then
ONE them hat him in his i	FACE, AND
then they gut off the	e bus,
There was 10 patrums un	DUARL
of the board when i got to	3 44 2
SCENE MISO THERE WAS A	io mojeries
to NO PATRONS JURING H	115 INCIDENT
	x 1 of 2



#### SUPERVISOR'S INCIDENT REPORT

Date#: Time:	2 12 12	Run: 3352
Operator #: Jacob K. n	Division: 0124	
Supervisor: D Jackson	And a state of the	
Location: ST. BARNABAS	RE	JEMPIE HILLS MD
Address of Closs Street		City & State
Description of Event:		
HE CKAY, ALL	he sta	tei that
VE CORSE I C	OMMUNICE	ated this
t seamed to	37700	LUBMESAGJU LA
FIND They SAID	+ + = 4+	re obsessing
Could contine	241 3	ERVICE.
	and the second s	
	The second secon	
10 - 1 0	3 4	
Supervisor Signature: Dence 1	allser	pg 3 of 2



#### SUPERVISOR'S INCIDENT REPORT

Date#: Time: PM	Run: 3352
Operator #: JR cob K M Division: 0124	Vehicle: 63207
Supervisor: D. JACKSON	
Location: SOUTHERN AVE. METRO	
Address or Cross Street City & S	
Description of Event: I ARRIVED ON The SCE	
6.15 pm to INVESTIGATE blood	being
ON the bus. The operators	( a tat
3 URA 61000 COULD 3 At + AAT	3 m0)
FROM SOME KIDS PUSHING, AND	Pulling
EACH OTHER AROUND 3:00 pm. T	he blood
WAS DRYED UP WHEN 1 got +	LEDE The
DRY blood WAS ON the Flo	012 01
The bus, AND ON the back	OR OF
OF THE DRIVER SIDE All th	LAW 3
IN the back of the bus. or	3 1 F c
RAIL OF the SEAT, AND FIRM	1 REST.
The bus was taken out	OF
SERVICE, AND BACK to bas	
Cleaning.	101
7.	
Supervisor Signature: Daral Jackson	



#### PRINCE GEORGE'S COUNTY POLICE

AL-HASSANI #4068 POLICE OFFICER

DISTRICT IV STATION 5135 INDIAN HEAD HIGHWAY OXON HILL,MD 20745 301-749-4901

EMERGENCY: 911

NON-EMERGENCY: 301-352-1200

Case / Incident Number: 18.006.7229

Date / Time: 11 /7 /18 3:15 /

For: ASSAULT REPERE



Safety & Training Department

(Check one)	Accident		Incident	Х	X Time Supervisor Arrived: 10:26 AM								
Date of O	ccurrence:		11/21/2018		Time of Oc	currence: 10:19 AM							
Weather:	Clear	Day of the	e Week:	Wedn	esday	DHD (Y/N):	N						
Location (Cross Stre	et and Town)		Blande	ensburg Rd & 38t	h St Blandensbi	urg, MD							
Route Impact:		1 Missed Pull											
Employee Name:		Kathleen LaFortune											
zimpioyee raunie.		Nathleen Lafortune											
Run#	18	04	Bus#	626	527	Tag#	LG94087						
What happened (Be Specific and Brief):	Operator stated th	Operator stated that she slammed on brakes to avoid hitting a car that cut her off. A passenger that was about to get off the vehicle fell back into the seat hitting her head.											
Initiation (if any)													
Injuries (if any):				None									
Vehicle Damage				None									
(Check all t	hat apply)	Police	] N [	Ambulance	N	Tow	N						
Was the 0	Operator sent for Di	rug/Alcohol Test (\	r/N):			N							
Not	tified (Indicate nam	e and time) GM:			J. Modlin (	@ 10:20 AM	eracyclis death who election						
Supervisor	L. G	rav	AGM	K. Jay @ 1	0:21 AM	Maint	N/A						
Asst. Safe	ety Mgr.	S. Ford @ 1	0:23 AM		Dispatcher	N	I. Boyd						
County Nam				M. Wilson @	0 10:24 AM								
(Check	one)	Telephone	Х	In Person		(Must be d	lone within 1 hour)						
Please note the details of this incident will change when the Supervisor Arrives													



## transdev supervisor's incident report

Date#: 11 24 18 Time: 10:20 AM	Run: 1804
	le: 62627
Supervisor: Balsalda Ogulano	
Location: 38 <sup>-H</sup> Ave / Aurapolio ref Blowsbury Address or Cross Street City & State	MA
Description of Event: Open to Lafortune was her in	y Nove
on 38" the to Aunquis rund, thopped	so the
fresh ved light, then & patron in	the varie
of Edwin Hill witt phone number (202	
was trying to proceeds how cond the fore	but
unfortunately for her the real light of	
a frost green light and open for Lanfo	
not knowing the Patien in question	· has
gotten og when resulted in how	
back on the Sast and Browled h	
backe en sont in a sleep posch	
Supervisor hole spoke wat put	Vouse Shu
Sice no injury sustained because	
has seef quelly enough to avoice	
hetting her hand very have on the	Seat.
Supervisor Signature:	
13.1. Competition of the contraction of the contrac	

#### Operator Incident Report (Continuation Report)



Ase

Today's Date:	11-21-18	Time:	10.12 AM
Operator Name:	Kathleen Latertun	Vehicle #	62627 Route # 18

9 picked-up a lady on Belerest rd. enroute to
Addison rd. When I arrived at 38th & Rhode Island
I stopped for the traffic light, as the light change
9 stopped for the traffic light, as the light change 9 proceeded to move when I heard a Stump
I rooked book and saw the passenger butt in the
air and breast on the ground ( because she is very very
top heavy). She stated that she was trying to pick-41
her card that fell under the piority sect, she also
Stated that she had hit her head but she was ok.
I immediately colled base to report the matter
Supervisor Lola reported to the scene.
witness. Austin phone # 240 H35 0768
JAD J PA
Operator Signature: Note Submitted: 11 - 21 - 18 SPP F.8 Rev 5/2015



Safety & Training Department

(Check one)	Accident		Incident	Х	Time Superviso	:09 AM						
Date of O	ccurrence:		11/26/2018		Time of Oc	currence:	7:42 AM					
Weather:	Rain	Day of the	e Week:	Mor	nday	DHD (Y/N):	N					
Location (Cross Stre	eet and Town)			Old Marlboro Pik	ke & John Roger	S						
Route Impact:			No. of Contrast of	Yes								
Employee Name:	Davis Jr, William											
z.mproyee riume.		Davis Ji, Willidili										
Run#	20	001	Bus#	632	210	Tag#	LG92130					
	Operato	or stated that while	he was driving,	a 23 year old fen	nale passenger l	pegan to have	a seizure.					
What happened												
(Be Specific and												
Brief):												
1												
Injuries (if any):				None								
Vehicle Damage				N/A								
Tomero Damage				14/5								
(Check all t	hat apply)	Police	N	Ambulance	Υ	Tow	N					
Was the C	Operator sent for D	rug/Alcohol Test (\	Y/N):			N						
Not	tified (Indicate nam	ne and time) GM:			J. Modlin (	@ 07:45 AM						
Supervisor	K. Al	ston	AGM	R. Bandak @	07:45 AM	Main	N/A					
Acet Cofe	atu Man	D James @ 0	27.45 444		Discount de la constant de la consta	l						
Asst. Safe	ety lvigr.	R. Jones @ 0	J7:45 AIVI		Dispatcher		Proctor					
County Nam	e and Time:			M. Wilson @	07:49 AM							
(Check		Telephone	Х	In Person	done within 1 hour)							
Please note the												
details of this incident												
will change when the												
Supervisor Arrives												

#### Today's Date: //- 21 -18 Time: \_\_ DAUK Tr Vehicle # The BUS Route # 20 Report Submitted to: Supervisor 回 Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage No Damage Vehicle Incident Report Other\_ Passenger Complaint Was the incident reported immediately? Reported to Command: (Name) I did not report the incident immediately because: Did a SQM respond to this incident? \(\bigcap\) No, \(\bigcap\) Yes (SQM Name)\_ Date Incident Occurred: 11/26/2018 Time Occurred: 7.42AM Do not have actual date or time Date Reported: 11 26 2018 Time Reported: 7:42-400 This is a late report Location of Incident Old May ( bors Pike ( John Rogers Complete a separate incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat # \* Explain what happened: having a seiz

Operator Signature: William Dave

Date Submitted



Date#: 11 26 18	Time: 1.42 AM .	Run; <u>2001</u>
Operator #: William Davis	<u>5r</u> Division: <u>0124</u>	Vehicle: <u>63310</u>
Supervisor: Alston		
		City & State
Description of Event: When I	arrived at old Mar	More Pike 1 John
Rogers Blind Bus 210	) had already depo	icted the location.
When I Called dispo	itch and ask where	was the bus
they said the Situati	on had been tocking	care of and
210 was back on	Route	
	•	,
A A A A A A A A A A A A A A A A A A A	•	
	•	
		•
	,	
•		
		•
Supervisor Signature:	Alle	



(Check one)	Accident	X	Incident		Time Supervisor Arri	ved: 6:51 PM			
Date of O	ccurrence:		11/28/20	)18	Time of Occ	urrence:	6:22 PM		
Weather:	Clear	Day of the	e Week:	Wedneso	day	DHD (Y/N):	N		
Location (Cross Stre	eet and Town)		St.	Barnabas Road @ Temple H	Hills Road, Temple Hill:	s, Maryland			
Route Impact:				1 missed pull					
Employee Name:				Jacob Kim					
Run#	33	352	Bus#	63207		Tag#	LG94281		
What happened (Be Specific and Brief):	intersection. Supe	ervisor and Police w	vas dispatched to	o the location. There were 2 operator continued on		here were no inju	uries reported. Strategic		
Injuries (if any):				None					
Vehicle Damage				Left mirror is cracke	ed				
(Check all t	that apply)	Police	Y	Ambulance	N	Tow	N		
Was the C	Operator sent for D	rug/Alcohol Test (	Y/N):		N				
Not	tified (Indicate nam	ne and time) GM:			J. Modlin @ 6	:33 PM			
Supervisor	D. Jac	ckson	AGM	K. Jay @ 6:3	31 PM	Main	Zaw @ 6:32 PM		
			assul yardines			STEEL STEEL STEEL	24.7 6 0.32 1 11		
Safety Trainin	g Supervisor.		S. Ford @ 6:3	31 PM	Dispatcher	Ter	Terry/James		
County Nam	e and Time:			M Wilson	. @ 6:34 PM				
(Check		Telephone	X	M. Wilson @ 6:34 PM In Person (Must be done within 1 hour)					
Please note the details of this incident will change when the Supervisor Arrives									

#### Vehicle Accident Report



Operators CDI #	/ Evn Data (2)	01. 2.7	Valid DOT	Med Card	/ Evn	Date			Accident	Report #				
Operators CDL#	56-015	002	UYES [	No S	7-	19-2	010	ì	1249	2112	80	0000	.19	34
Accident Date Month Day Year	Day of Week	Time	of Accident	# of Veh	icles	Smart	Drive T			Scene	e Photo	os S	Substar	ice Abuse Tested
11-28-1	WEDNESD B	76:	22 pr	2			res	□ No		tres		l No	Π,	Yes IDNO
THE RESERVE	COMP		VEHICLE			OTHER PARTY								
Operator Name (Exactly						□ Vel	nicle 2	OB	Bicyclist	□ Pedes	strian	☐ Fixed	Object	□Pax Fall
JR CO D Address (Include Number			Apt#							6060		A STATE		A STATE OF THE STA
3411-50	100000000000000000000000000000000000000		303			Name (Exactly As Printed On License) TIMOTHY JOSEPH CHICK								
City or Town	PIN IKL.	State	Zip			Address (Inclu	de Numbe	r & Stree	30 J (		DP.			
ELLicot		MD	210			1633	- 5	ECR		KIA	+			
Employee ID#	Date of Hire	C 1 Z	Student Driver	? Y(N)		City or Town	2 - 1 -		State	4100	,-	Zip Z 1	10	9
			# Standing			Date of Birth				Driver's Licer		Lic. State		# of Occupants
0	Occupants #Sea	9	0			10-22-7	9 17	М-П	_	DIVos I	INo	MAR-	Jlaus	
Bus ID# Plate #	State		Year / Make			Insurance Co		Policy	# & Exp Da	te		-		
63207 660			0.611	\		Macy 1	DF	50	024	10-	- 3	1.2	-01	7
Vehicle Type		#& Run# 352				Name (Exactly				1016		D 0		;
BUS	3	J -				Poto Address (Inclu	de Number	r & Stree	et)		I'KE	Apt#	150	
1566BZ7	8 [ 11A+1	120				8400				RIDOR	. I lime			
			n Date	7-1-	2019	200			State			Zip		
OIP KEP	DPIC M	WTB of Accident	21261	? -		UPPER	State		M D Year & Make			Vehicle Typ		Color
Address/Street on which accident occurred 5T-Bazwabas 1						1 IGUG IF		- 10				TRU C		WhitE
At intersection with	accident occurred	5 K	D			VIN								
						IHTMMMNN9JH578302								
☐ Not at intersection		S E W of_				Telephone#								
H On Roadway														
At Bus Stop? ☐ Yes	HANO (If yes) L	Near Stop	LI Far Stop L											
Weather  III Clear  Cloudy  Raining  Snowing  Foggy  Other	Surface III-Diy  Wet I lcy I Snow Other		Traffic Control  ☐ Stop Sign ☐ Yield Sign ☐ Traffic Sig ☐ Flagman ☐ Uncontrol ☐ Other	rol Light	aylight aylight awn usk ark Roa	nental Conditi ad – Unlighted ad - Lighted	ons		dway - # o tvided ndivided sphalt oncrete ravel ther	3		dway Chara traight and I traight and I traight at Hi urve and Le urve and Gr urve at Hillo	Level Grade Ilcrest evel rade	<u> </u>
	]	re Accider	it Movement						In I	0 111				
V1 V2/OV  Going Straigh  Making right to  Making left tur  Making left on  Making U Turr	V1 V2 t Ahead	Exiting But Entering But Slowing of Stopped in Parked	s Stop Bus Stop r stopping in trai n traffic bject in road	ffic		Changing Lanes Passing Merging Backing Other	2		o Unusual ples / Deep betruction is construction on the construction of the constructi	n road / repair zon al on road				
Vehicle Lights	Turn Signa	S	Posted Spe	ed Limit	Est	imated Speed	Limit	Dir	rection of	Travel		Accide	nt / Colli	sion With
No 1 12 On 12 Off No 2 12 On 12 Off	No 1	n On rs On On	Vehicle 1 Vehicle 2		Vehic Vehic	r.	mph mph		Vehicle N S E Vehicle 2 N S E	W 2	☐ Bicy ☐ Rail	Train ed Object	ehicle	
	No 2 ☐ Right Tun No 2 ☐ Four Way							1	0	Y.X.	☐ Anir	nal		
☐ Crossing With Signal ☐ Crossing - No Signal ☐ Crossing Against Sig ☐ Crossing - No Signal/ ☐ Going To / From Stop	or Crosswalk nal Marked Crosswalk	- 511		Riding / Wall Riding / Wall Emerging Fro Playing In Ro	king Alo king Aga om in F oad	I Bicyclist Act ong Highway W ainst Highway V ront of or Behin icle Other Than	th Traffic With Traff d Parked	ic				☐ Workin☐ Not In I☐ Other	g In Roa Roadway	

Vehicle Accide	nt Report	Transde						
		AR#						
□ Backing □ Passing □ Sideswipe □ Merging □ T-Bone □ Head On □ Right Turn □ Bus Right Mirror □ Left Turn □ Bus Left Mirror □ Bus Rear Ends Vehicle □ Bus Door Operation □ Vehicle Rear Ends Bus □ Wheelchair Lift Operation □ Roll Over □ Roll Away (Not Secured) □ Ran Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated?						
Type of Trip	Violations							
With Pax Without Pax Business Trip  Fixed Route Fixed Route Frrand Charter Charter Non Rev move Para Transit Para Transit Maintenance	Vehicle 1 Towed By:         To           Vehicle 2 Towed By:         To							
Accident Description	- ( - + -	670.0						
		STAND ST. 11 bus WAS						
O DELISORS LICE	E RIGHT	TURN ONLY LANG WHEN						
		10 the Driver Side						
MIRROR THE DOW	8258 1161	TRAVILLE WAS TRAVILLE						
3 Island 3 At 4	1 ans - E	the divers street,						
Description of Damage Company Vehicle & Company	Place an X on the exact poin	☐ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Major  t of first impact on your vehicle and the other vehicle. Circle areas of other damage.  Bus 2 Truck Car						
→ → →	Bus 1 X	Bus 2 Truck Car						
Name of Witness / Injured Age Claim	ing Injury? Type of Injury Cla	aimed Injured Transported To Other Transported To Transported By Unit #						
upervisor on Scene?	upervisor Name (Print):	DONALD JACKSON						
10 000	Unit Number 1 -							
1 1 11 17								



## **EMPLOYEE INFORMATION**

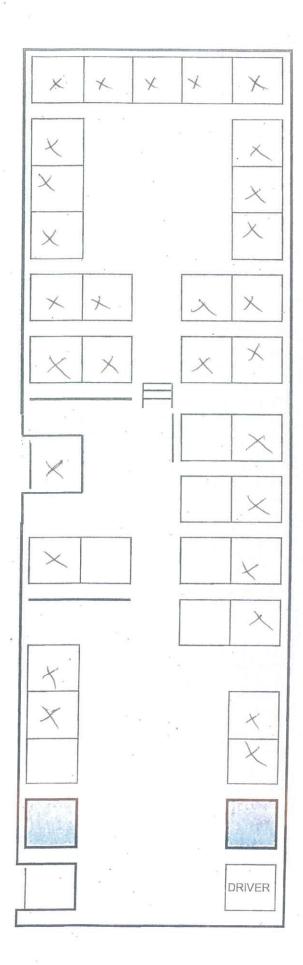
Accident/Incident/Workers Comp#:							
(Workers Comp # Issued by Sedgwick)							
Name LIM, JA(0B)	Birth Date 0 / 101 / 1966	Hire Date  JUL2, 2018					
Driver's License# 4-500-356-05- Employee Number 3 003 DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN							
HOME ADDRESS: 344 SONTATR	LAVT 303						
CITY ALTOTT (TT) STATE	ZIP CO	DE 21043					
HOME PHONE NUMBER DAY TIME NUM 43 - 763 - 7262	BER EMPLO	DYEE STATUS (please circle)  IME OR PART TIME					
IS THE OPERATOR ON OVER TIME?  GENDER  Yes No Unknown Mor F	MARTIAL STATUS NUMBE	ER OF DEPENDANTS					
*SHIFT START TIME / END SHIFT TIME*  AM or PM  AM or P	M						

#### transdev **Operator Incident Report** Today's Date: Time: Operator Name: Vehicle# Route # Report Submitted to: Supervisor Dispatch Safety Dept. Passenger Incident Passenger Injury Check One: Passenger Accident ▼ Vehicle Damage Passenger Complaint ☐ No Damage Vehicle Incident Report ☐ Other Was the incident reported immediately? Reported to Command: (Name) MR I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Do not have actual date or time Date Reported: 10/28 2018 Time Reported: 6 ☐ This is a late report Location of Incident \\\TEXCETIO Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat # Explain what happened:

Operator Signature:

Date Submitted:

SPD E 8 Pay 5/2015



## BUS DIAGRAM

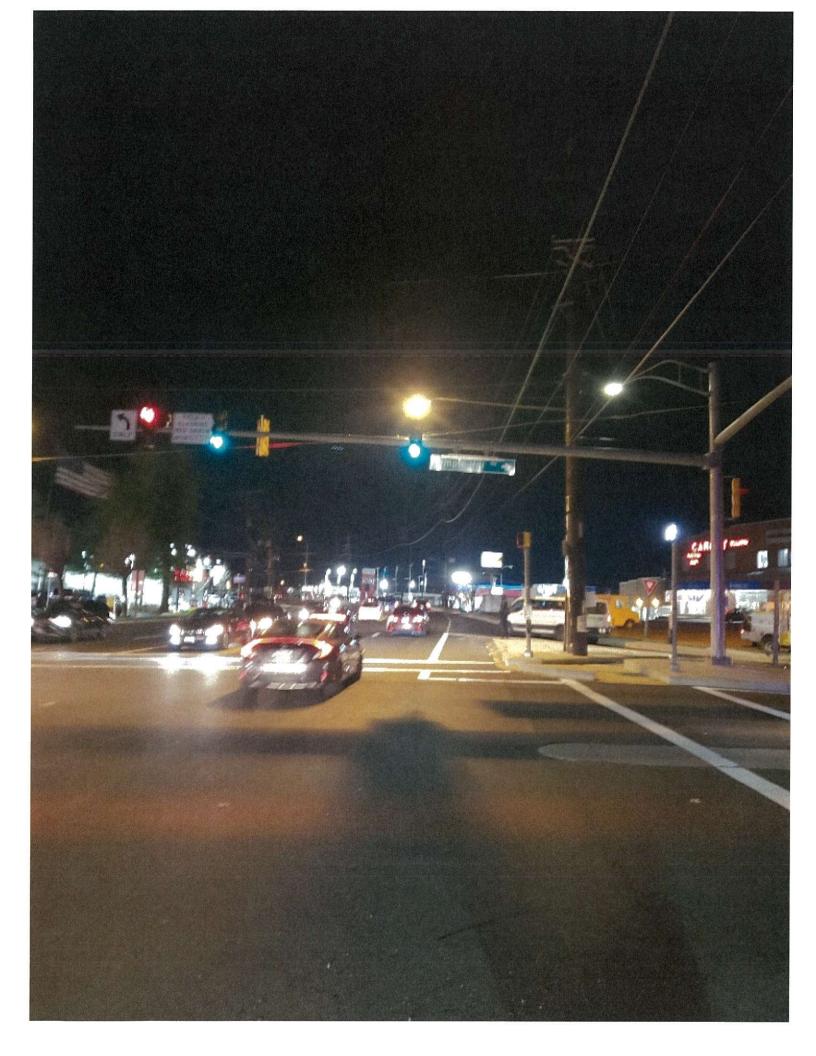
If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

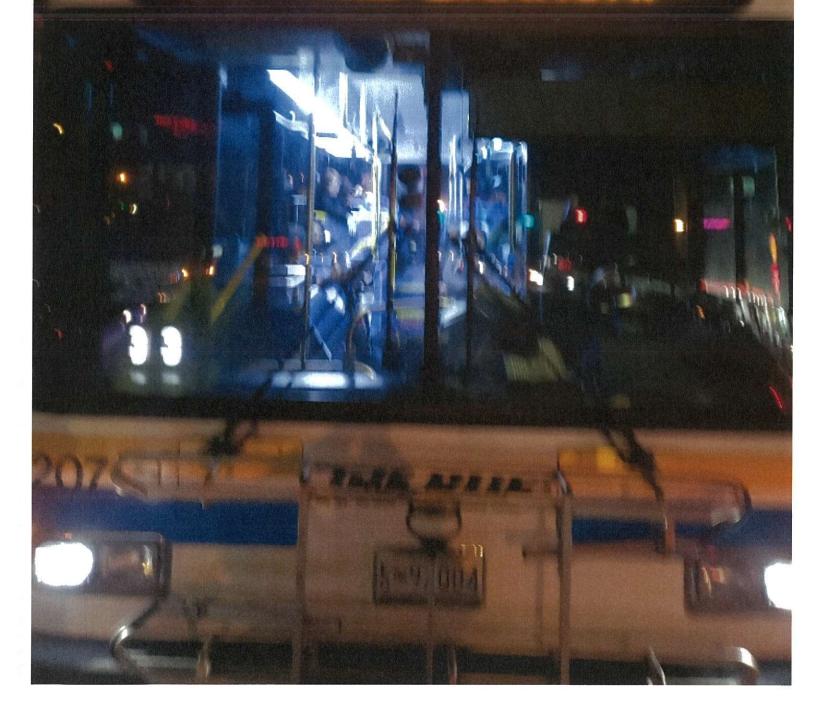
Complete and turn in with accident forms ASAP.

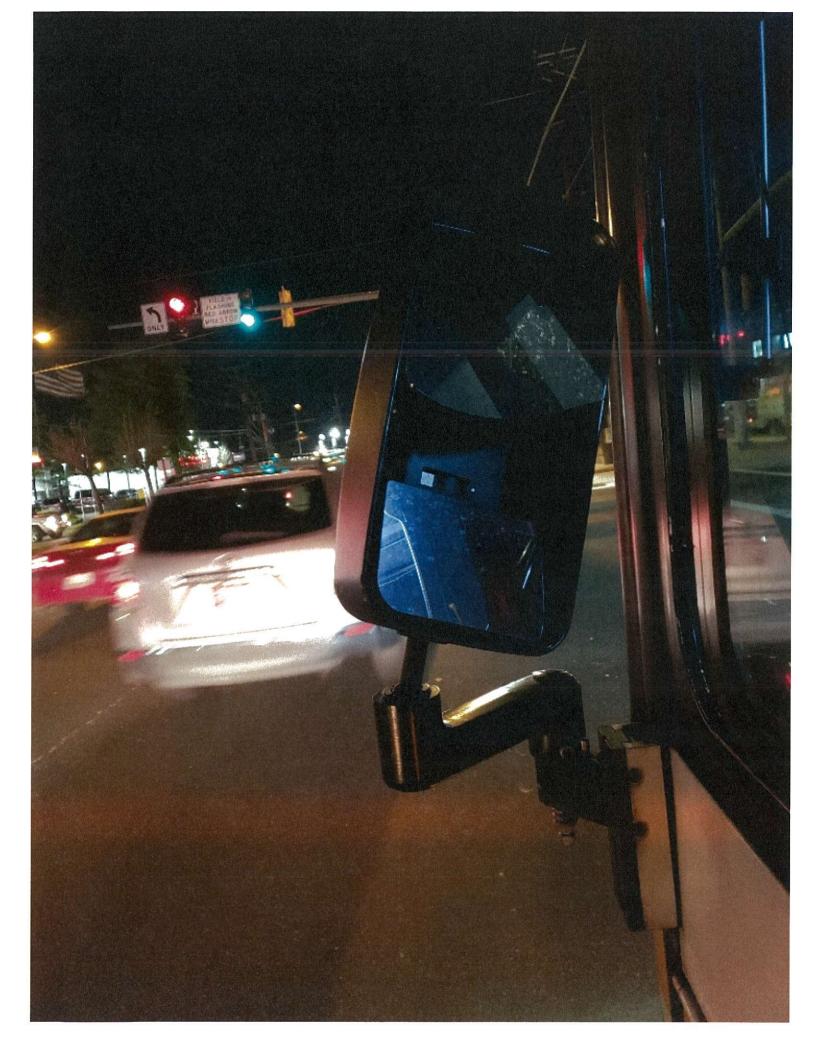
Thank You!

Date: 1.1 - 28 - 203 Time: 6 22	PH
Location: ST. BARWADAS	BD.
Driver: JACOB KIM	
Supervisor: D. JACKSON	

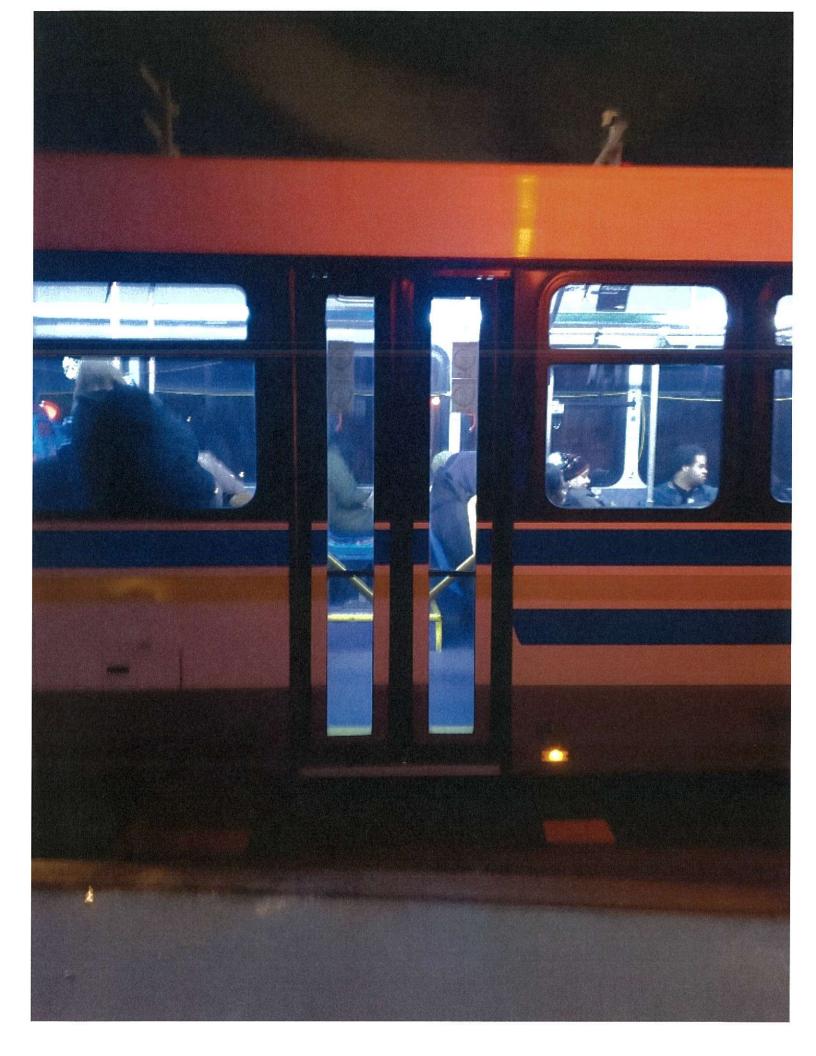


# 33 OLD BRANCH/









## transdev supervisor's incident report

Date#: 11-28-18 Time: 651PM	Run: 3352
Operator #: JACOB KIM Division: 0124 Veh	icle: 63 Z07
Supervisor: D. JACKSON	
Location: ST-BARNA DAS RD. TEMPLE Address or Cross Street City & State	Hills, MD
Description of Event: I ARRIVED ON THE SCENE F	1+ 6.51 PM
AND the OFERATOR STATED THAT A	3 2 9 3 V 21 F
VEhicle Made contact with Vehicle 1	CAUSING
DAMAGE to the DRIVER SIDE MIRROR.	The operator
WAS IN . THE RIGHT TURN ONLY LANE ?	ENIVOH + CU
When A FRONCESE VEHICLE Z While PE	1551NG
MADE CONTACT WITH VEHICLE 1. At +1	
OF the INCIDENT there was 29	no must pa
POARD There ARE NO INJURIES to	REPURT
At this time. Also police were o	3 dt m
SCENE UPON MY FIRRIVAI. All the P	atrons
WERE TRANSFER to ANOTHER bus,	AND
the operator drove the bus bac	* +0
bus, so it could be REPAIRED.	
. ~	
Supervisor Signature: Dunald Jaulsa	



(Check one)	Accident	Х	Incident		Time Supervisor Arri	ved: 3:58 PM				
Date of O	ccurrence:		11/28/20	11/28/2018 Tim		urrence:	3:50 PM			
Weather:	Clear	Day of the Week:		Wedne	Wednesday		N			
ocation (Cross Stre	eet and Town)	arry S Truman Drive, La	rgo, Maryland							
Route Impact:		1 missed pull								
Employee Name:				Linda Ball						
Run#	28	352	Bus#	6264	8	Tag#	LG94281			
(Be Specific and Brief):										
njuries (if any):		None								
ehicle Damage		Vehicle	(1) front end - bi	ke rack, front bumper/Veh	icle (2) right front bum	per damaged				
(Check all t	that apply)	Police	Υ [	Ambulance	N	Tow	N			
Was the 0	Operator sent for D	rug/Alcohol Test (	Y/N):		N					
Not	tified (Indicate nan	ne and time) GM:		NEW CONTRACTOR OF THE PARTY OF THE PARTY.	J. Modlin @ 4	:10 PM				
Supervisor	G. Be	llinger	AGM	K. Jay @ 4	K. Jay @ 4:11 PM		Zaw @ 4:07 PM			
Asst. Safe	ety Mgr.	R. Jones @	4:13 PM (VM)	/S. Ford @ 4:14 PM	Dispatcher	Te	erry/James			
County Nam	e and Time:			M. Wilso	n @ 4:15 PM					
(Check one) Telephone X		Х	In Person (Must be done within 1 hour)							
		Telephone	X		n @ 4:15 PM	(Must be	done within 1 hour)			

#### Vehicle Accident Report



Operators CDL # / Exp Date Valid DOT Med Card / Exp ☐ Yes ☐ No					Date	-	Accid	ent Report #				
Accident Date	Day of Week				cles	SmartDrive Triggered		Scen	Scene Photos		Substance Abuse Tested	
Month Day Year	1.51 -1	n.	17	(0Y24)	8	DK:	Yes	□No	No 12/Yes I		□ No □ Yes □ No	
11-28-18 WELLEY 3:47 pm 19640						12 1 N CONTA	COLOR DE LA COLOR	Monteconsulation	OTHER	DADTV	ATTILITY HILL	LANGUE AND THE
Operator Name (Exactly As	COMPA Printed On License)	INY	VEHICLE	-1137 1518					OTHER			
Linda R.B	11/					Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Fixed Object ☐ Pax Fall						
Address (Include Number &	A / American	_	Apt#	. 0		Name (Exactly As Printed On License)						
	EtHORDES	Class		03		Addison Hashida Number 9 Street						
Hyatsvil	E	State	2U7 8	1		Address (Include Number & Street)  Apt #						
Employee ID#	Date of Hire		Student Drive		-	City or Town		State		Zip		
30815	12-11-15	,	1 11 01 - 11 -			Date of Birth Sex Driver's License Ltc. State #of C					# of Occupants	
	Occupants #Seat	ed De	# Standing	>		Date of Birth	Sex	Driver's License		100	N3359	# or occupants
Bus ID# Plate #	State	Vehicle	Year / Make			Insurance Co		Policy#&Ex		INO Z	113537	~
	1281 MI	100 100 100 100 100 100 100 100 100 100	A	L								
Vehicle Type	Route	# & Run #				Name (Exact)	As Print	ed Registration)				
VIN	10.					Address (Incli	de Numb	er & Street)		Apt	#	
156GB27	14C1/8/36	0								ı l		
Insurance Co	Policy	# & Expiration	n Date			City or Town		Sta	е	Zip		
DID KEPUSIK	- Inc. Location of	Accident	19			Plate#	State	Year &	Make of Vehicle	Vehic	le Type	Color
Address/Street on which a	ccident occurred HAP	RY S	TRUMAN	DRIVE	-						,,,	
At intersection with LA			Hon			VIN						
□ Not at intersection		10				Telephone #						
On Roadway	☐ Off Roadway											
At Bus Stop?  Yes	1	lear Stop	☐ Far Stop	□Mid-Block s	top							
TREAD CLOP! III 100 I	(.,,,					nental Condit	ions					
Weather	Surface		Traffic Cont	trol Ligh	it			Roadway	# of Lanes		Characteristic	<u> 28</u>
Clear Cloudy	Dry Wet		Stop Sigr		aylight awn				2245 ed		and Level and Grade	
☐ Raining ☐ Icy ☐ Traffic Signal ☐ Dusk					lusk	ad - Unlighted		☐ Asphalt		☐ Straight	at Hillcrest	
					Road - Lighted							
☐ Other			□ Other					☐ Other		☐ Curve a	t Hillcrest	
			nt Movement	114	1/0/0	.,		Unusual R	oad Condition	S		
V1 V2/OV		/OV	01	V1	V2/0	OV No Unusual Conditions Holes / Deep Rut						
☐ ☐ Going Straight ☐ ☐ Making right tu		Exiting Bu Entering B		,, D	2	⊀ Changing Lanes ☐ Obstruction in road						
☐ ☐ Making right or		Slowing o	r stopping in tra	affic 🗆		Passing ☐ Construction / repair zone  Merging ☐ Loose material on road						
☐ ☐ making left on red ☐ ☐ Parked ☐ ☐						Backing Reduced road width Other Dother						
☐ ☐ Making U Turn			bject in road				I I Inc. II		n of Travel		coldent IO II	Inlan With
					0			ccident / Coll	ision with			
No. 1 Dight Turn On					Vehic							
No 2 □ On 🌠 Off	No 1 ☐ Four Way		Vehicle 2	25_mph	Vehic	cle 2 25	_mph		E (W)	☐ Rail Trai	n	
No 2 Left Turn On				Vehicle 2								
	No 2 ☐ Right Turn On No 2 ☐ Four Ways On					NS E W D Animal						
	.10 2 1 1 001 11 dy					/ Bicyclist A				1		
☐ Crossing With Signal ☐ Riding / Walking A☐ Crossing - No Signal or Crosswalk ☐ Riding / Walking A☐ Ridi												king On Vehicle
☐ Crossing Against Signal ☐ Emerging From in					rom in F	in Front of or Behind Parked Cars						
☐ Crossing - No Signal/Marked Crosswalk ☐ Playing In Road ☐ Going To / From Stopped Bus ☐ Getting On / Off Vel					oad Off Vehicle Other Than Bus							
Li Getting On 7 On Venice											SPP F.20	7/2015

#### Vehicle Accident Report AR# Yes No Police Investigated? ☐ Backing ☐ Passing ☐ Railroad Crossing P.G. County Police Police Department Responding ☐ Hit Fixed Object ☐ Sideswipe □ Merging ☐ Head On ☐ Hit Pedestrian ☐ T-Bone FOOKS # 4151 Officer Name (Badge / ID #) ☐ Right Turn ☐ Bus Right Mirror ☐ Hit Animal Report # PP18112800001602 ▲ Left Tum ☐ Bus Left Mirror 1 ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Sudden Stop ☐ Vehicle Rear Ends Bus Citations / Arrests □ Operator 1 □ Vehicle 2 □ Bicyclist □ Pedestrian ☐ Roll Over ☐ Wheelchair Lift Operation ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip Without Pax With Pax ☐ Business Trip Fixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: To ☐ Charter ☐ Charter ☐ Non Rev move ☐ Maintenance ☐ Para Transit ☐ Para Transit Vehicle 2 Towed By: To Accident Description SCENE (LARGO METRO ) Rus 62648 WAS 1: HARRY S. TRI Shicala And OUM DER Description of Damage Company Vehicle ☐ Minimal Moderate ☐ Major Moderate Major Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Bus 2 Bus 1 -> 12 --Name of Witness / Injured Type of Injury Claimed Claiming Injury? Age Injured Transported To Other Transported To Transported By Unit # NO STAFFORD COY 240-476-5685 Supervisor Name (Print): GARY BELLINGER □ No Supervisor on Scene? Yes Yes Unit Number 6/24 \_\_Supervisor / Manager Reviewing Supervisor's Signature



## **EMPLOYEE INFORMATION**

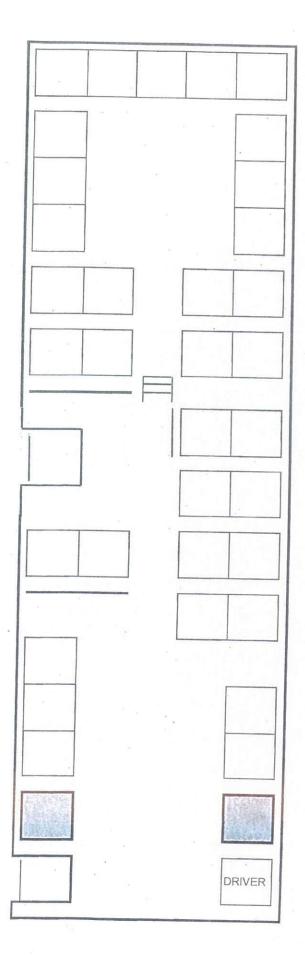
Accident/Incident/Workers Comp#:	Accident	
	(Workers Comp # Issued by Sedgwick)	
Name	Birth Date	Hire Date
LINDAR BALL	08/12/19	12.11.2015
Driver's License# 3.400-500	3-730-630	
Employee Number 308)		
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLAIN WHY):	
FEB 2019		
HOME ADDRESS: 4203 0	9/ETHORP STREE	ET # 202
CITY HYATTSVILLE	STATE MI	ZIP CODE
HOME PHONE NUMBER 2022461262	DAY TIME NUMBER 20 27461262	EMPLOYEE STATUS (please circle)  FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?  Yes No / Unknown	GENDER MARTIAL STATUS  M OF MSW D	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME		

\*This  $\underline{\text{COMPLETED}}$  document  $\underline{\text{MUST}}$  be included in  $\underline{\text{ALL}}$  Accident/Incident/Workers Comp Files\*

### Operator Incident Report (Continuation Report)



The state of the s	
Today's Date:	Time: 346 - 350pm 1852
Operator Name: LINDAR BALL	Vehicle #62648 Route #62648
I STOP AT THE STOP SIGN LO ON LEFTSIDE SO I ENTER ON THE RIGHT IT WAS A S ME the Right way when Spead around the bus A.	THE INTERSECTION, SMALL BLACK CAR GIVING TA BLOCK TRYCK START ND MADE GINTACT.
TOTAL OF THREE (3) NO 11	
METRO DRIVE (SEEN THE STAFFORD COX (2402	16 5485
perator Signature: Sig	Date Submitted:



# BUS DIAGRAM

If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position
of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Complete and turn in with accident forms ASAP.

Thank You!

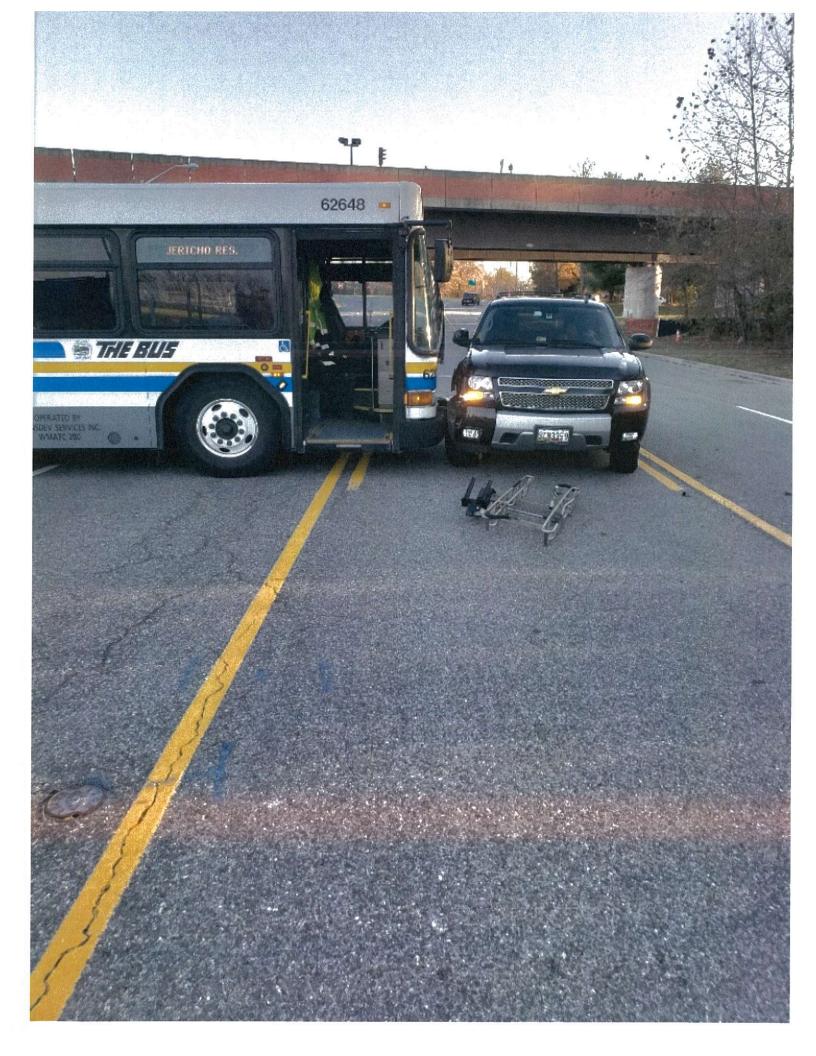
Date: 11-28-18 Time: 3:50
Location: HARRY S. Terman DRIVE
Driver: Linda R. Ball
Supervisor: GARY BELLINGER

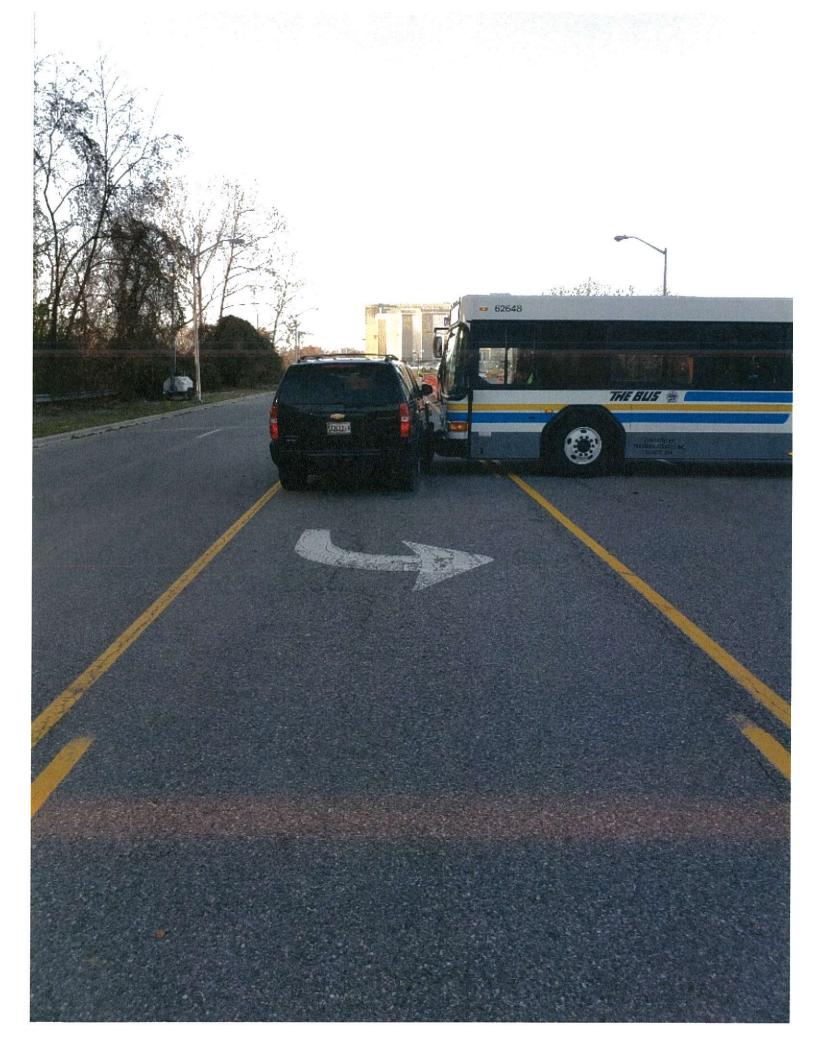
Value:

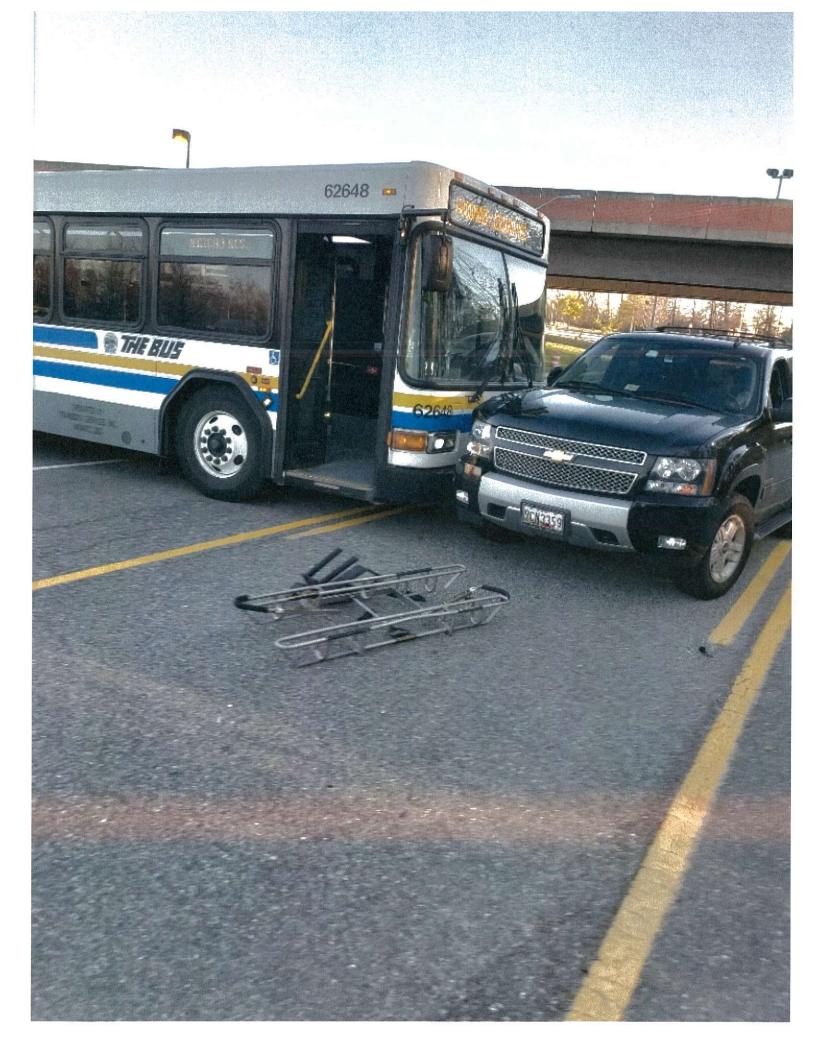
STAFFORD COX 240,476.5685

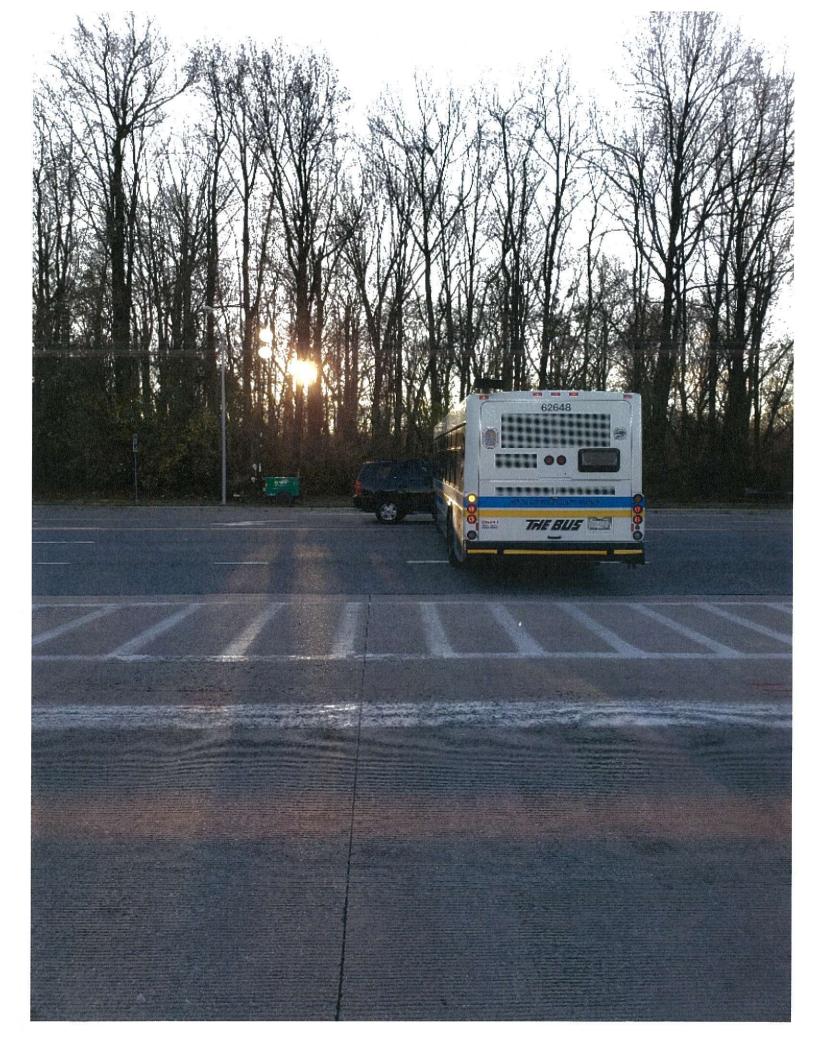
Walus.

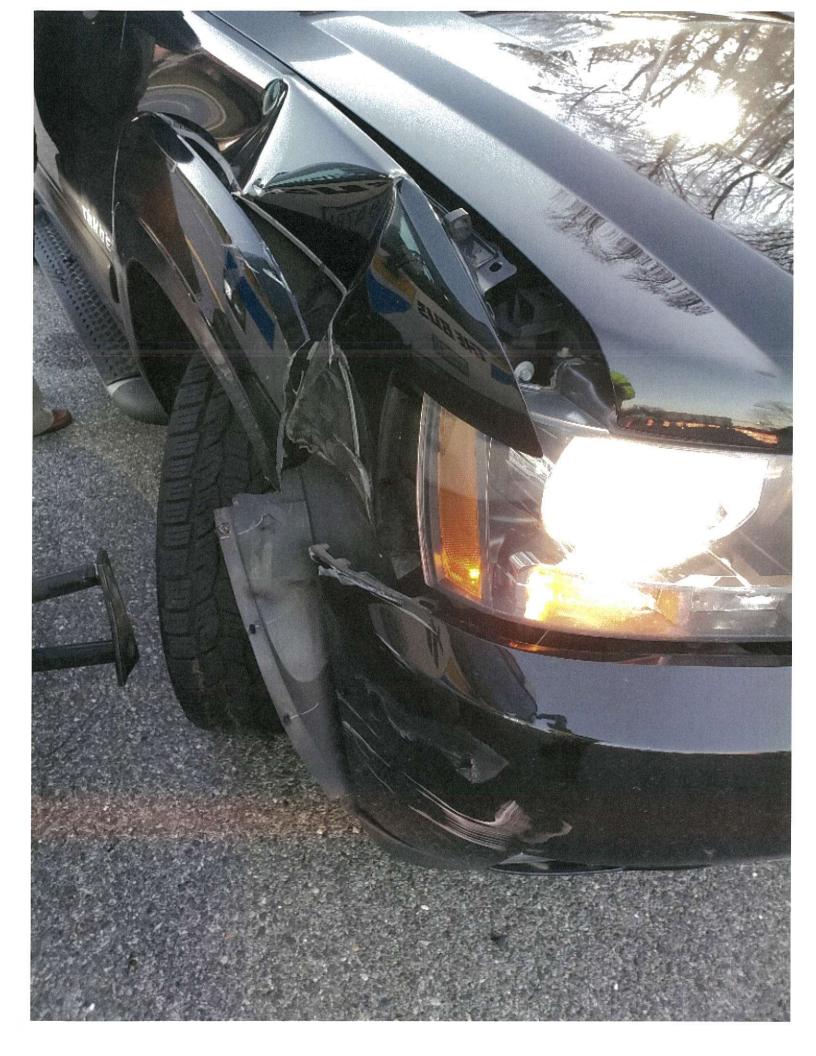
STAFFORD COX 240,476.5685

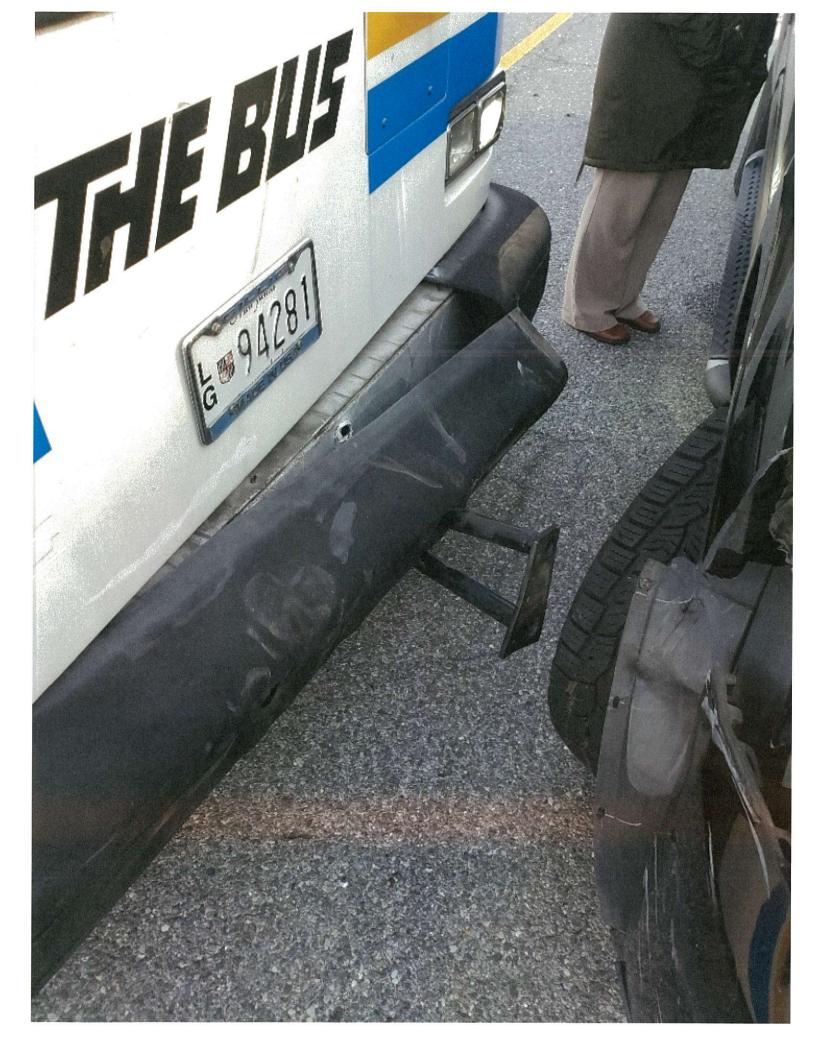














Fooks #4151 District II



PRINCE GEORGES COUNTY POLICE DEPARTMENT

(301)390-2100

(301)352-1200

601 Crain Hwy Upper Marlboro, MD 20774

PP18112800001602



### transdev supervisor's incident report

Dato#	11-28-18	- Ti	me: 3.	50 pm		Run: 2502
Operator	r#: 30815			Division: 0124	Veh	icle:
Supervis	OR GARY	BELlingER				
Location	: HARRY S	Address or Cross	DRIVE		LARGO City & State	MD
	1.	Address or Cross	s Street			
Descript	ion of Event:	I Aprived	At LA	irgo MSTE	20, BUS 63	648 WAS
teAVE	ling WES	t out the	metec	Station A	nd Stoped	in the
Inter	Section	of HARRY	S. Teum	an Drive w	ith Fax n	vays on . Openator
Linda T	BALL SHAT	Ed that w	hen She	started to	MAKE A 1	SFT tuen, VEhical (0)
WAS +	RAVELING 1	Vorth on	HARRY S	S. TRUMAN I	RIUS MAdi	A LANE Change
to go	around'	the Bus A	nd mac	& contact	with the R	Bus. Vehical (2)
DRIVBR	StatEd	that She	WAS GO	sing Straigh	it and this	s Bus her her
Venico	al. P.G. C	anty Police	& CAM	e to the	Scient Ar	d Stated Host
VBhick	1(a) W	AS AT FAC	it. And	GAVE A RE	part #nui	nbsr.
						is no Injuriss.
						11 DROUS the
		CAl BACK		,		
				happen +	and gave 1	sis INFO:
				* *	afford C	
					10-476	
					10 116	500)
		0				
Supervis	or Signature:	Day &	W.	<u> </u>		



Safety & Training Department

(Check one)	Accident	X	Incident	Time Supervisor Arrived: 4:20 PM							
Date of Oc	currence:		11/5/2018			Time of Occurrence:					
Weather:	Rain	Day of th	e Week:	Mor	nday	DHD (Y/N):	N				
		anta casat en es in Ri Anta francia									
Location (Cross Stre	et and Town)		Harry S Trui	nan Drive @ Wo	odlawn Bouleva	rd - Largo, MD	)				
Route Impact:				1 - Missed Pull							
wate impact.		T - IAIDOCA E AII									
Employee Name:	a e a e e e e e e e e e e e e e e e e e	Juveena Parker									
		den destaca y et a destació de del de del Conserva de del destació de del destación									
Run#	26	551	Bus#	63:	188	Tag#	LG90122				
What happened (Be Specific and Brief):		claimed injury and					y patrons. Operator rice.				
Injuries (if any):				None							
Vehicle Damage				None							
(Check all t	nat apply)	Police	7 Y	Ambulance	N	Tow	N				
Was the C	perator sent for D	rug/Alcohol Test (	(Y/N):			N					
Not	ified (Indicate nan	ne and time) GM:		]. Modlin @ 4:19 PM							
Supervisor	D. Bo	oykin	Ops. Mgr.	M. James (	@ 4:10 PM	Maint.	P. Wade @ 4:21 PM				
Asst. Safe	nty Mar	R. Jones @	) <b>∆</b> ∙18 PM		Dispatcher	Torn					
		1301.63 @		Dispatcher D. Terry							
County Name	M. Wilson @ 4:19 PM										
(Check	(Check one) Telephone X				in Person (Must be done within 1 hour)						
				217/15 (5-1) \$5 (\$6) \$7 (\$6)	yes4303 (10 15 165 )\$\)						
Please note the details of this incident will change when the Supervisor Arrives											

#### Vehicle Accident Report



			Doto	Accident Report #				
Operators CDL # / E	xp Date 54 778 569	Valid DOT Med Card / E	exp Date	PP1811050	00001338			
Accident Date	Day of Week Time o	f Accident # of Vehicle	es SmartDrive Tri	The same of the sa	Photos Substance Abuse Tested			
Month Day Year		10 2	□ Yes □	No Yes	□ No □ Yes □ No			
11-05-2018	Monday 16				DARTV			
	COMPANY	VEHICLE 1		OTHER I	PARIT			
Operator Name (Exactly As			☐ Vehicle 2	☐ Bicyclist ☐ Pedes	strian □ Fixed Object □Pax Fall			
Juveena	Parler	Apt#	Name (Exactly As Printed	On License)				
Address (Include Number &	apel LN	Арки	Edwards	, Kennie L	_ee			
City or Town	State	Zip	Address (Include Number	& Street)	Apt#			
Fairmoun		20743	City or Town	State State	Zip			
Employee ID# 30767	Date of Hire 12016	Student Driver? Y / N	Men Phis	Tennessee	- 171			
	Occupants # Seated	# Standing	Date of Birth Sex	Driver's Lice	nse Lic. State # of Occupants			
0	3 3	$\circ$	12/28/65 \$	M □ F 🖼 Yes □	INO ( /V ·			
Bus ID# Plate #	11 (	ear / Make	Insurance Co	Policy # & Exp Date	•			
63188 49 91		/ Gillia	U 5 A-A Name (Exactly As Printed	Registration)				
Vehicle Type	Route # & Run #	01	Enni	e ( Edwa	ard 5			
VIN	455		Address (Include Number	r & Street)	Apt#			
56613271	341177536	)	P.O 130x		Zip			
Insurance Co	Policy # & Expiration	21268 07/01	1 A Wash.	State	20036			
old Republic	Location of Accident	21900 /01101	Plate # State	Year & Make of Vehicle	Vehicle Type Color			
Address/Street on which a	ccident occurred Harry STru	mana	HOSVB Ten	HOSVB TEMESTER OIL TOYOTA SUV TAN				
At intersection with	hite house Ro	1.	TZ IIII	T72 41870 919 05 577 9				
	Feet N S E W of_	1	Telephone #	Telephone#				
			- /	270 - 7	1/293			
On Roadway	Off Roadway  No (if yes)  Near Stop	□ Far Stop □Mid-Rlock str	202/	010-1				
AL DUS OLUPT LI TES L	The first of the state of the		vironmental Conditions					
Weather	Surface	Traffic Control Light		Roadway - # of Lanes	Roadway Characteristics			
☐ Clear	□ Dry	☐ Stop Sign ☐ Da		☐ Divided	☑ Straight and Level ☐ Straight and Grade			
☐ Cloudy ☐ Raining	□ lcy	☐ Traffic Signal ☐ Du	sk	☐ Asphalt	☐ Straight at Hillcrest☐ Curve and Level			
☐ Snowing ☐ Foggy	☐ Snow ☐ Other		rk Road – Unlighted rk Road - Lighted	oad - Lighted				
☐ Poggy ☐ Other		□ Other		☐ Other	☐ Curve at Hillcrest			
	Pre Accide	nt Movement		Unusual Road Condition				
V1 V2/OV	V1 V2/OV	V1	V2/OV	☐ No Unusual Condition☐ Holes / Deep Rut	s			
☐ ☐ Geing Straight			☐ Changing Lanes	☐ Obstruction in road				
☐ Making right tu	n red 🔃 🖾 Slowing o	or stopping in traffic	☐ Passing ☐ Merging	☐ Construction / repair zo ☐ Loose material on road				
☐ ☐ Making left turn	n 🗆 Stopped	in traffic	☐ Backing	☐ Reduced road width				
☐ ☐ making left on☐ ☐ Making U Tum		object in road	□ Other	© Other				
Vehicle Lights	Turn Signals	Posted Speed Limit	Estimated Speed Limit	Direction of Travel	Accident / Collision With			
No 1 10 On 🗆 Off	No 1 ☐ Left-Furn On	Vehicle 1 35 mph	Vehicle 1 mph	Vehicle 1	Other Motor Vehicle			
	No 1 Right Tum On	Vehicle 2 35 mph	Vehicle 2 / O mph	N S (E) W	☐ Bicyclist ☐ Rail Train			
No 2 On Off	No 1 ☐ Four Ways On	venice z mph	vernore z / / mpli	Vehicle 2	☐ Fixed Object			
	No 2 ☐ Left Turn On No 2 ☐ Right Turn On			N SCE W	☐ Pedestrian ☐ Animal			
	No 2							
TO CONTRACT OF THE			estrian / Bicyclist Action king Along Highway With Traf	fic	El Ducking (Westing Co. Westing			
☐ Crossing With Signal ☐ Crossing - No Signal	or Crosswalk	☐ Riding / Wall	king Against Highway With Tr	affic	<ul> <li>□ Pushing / Working On Vehicle</li> <li>□ Working In Roadway</li> </ul>			
☐ Crossing Against Sig	nal	☐ Emerging Fr ☐ Playing In R	om in Front of or Behind Park	ed Cars	☐ Not In Roadway			
☐ Crossing - No Signal	pped Bus		Off Vehicle Other Than Bus		□ Other			
					SPP F.20 7/2015			

# transdev EMPLOYEE INFORMATION

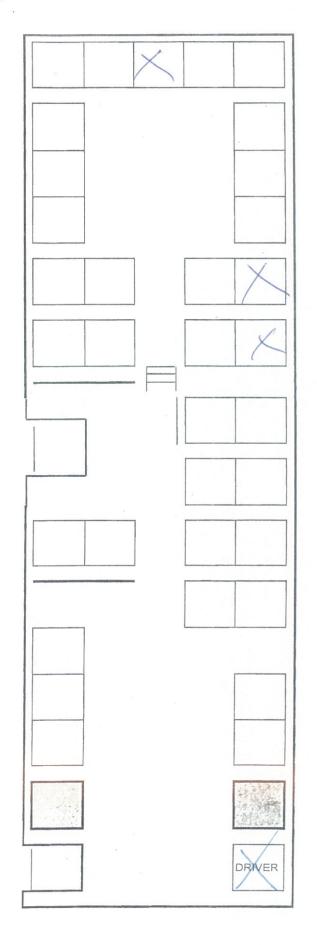
Accident/Incident/Workers Comp#:		
	(Workers Comp # Issued by Sedgwick)	
Name	Birth Date	Hire Date
JUVEENA BICKER	7/19/76	06/2016
Driver's License# <u>P. 626-454-7</u>	178-569	
3		
Employee Number 38761	1	
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLAIN WHY):	
HOME ADDRESS: 1302 Ch	x, x   1 x x x	
HOME ADDRESS: 1000 CL	ye care	
CITY Capital Height	S STATE MD	ZIP CODE 20743
HOME PHONE NUMBER	DAY TIME NUMBER	EMPLOYEE STATUS (please circle)
301-752-2698	Same	FULL TIME OR PART TIME
21 00 00 10	0141110	ROLL TIIVIE OR PART TIIVIE
IS THE OPERATOR ON OVER TIME?	GENDER MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes No / Unknown	M OF MSW D	
*SHIFT START TIME / END SHIFT TIM	E*	
2:30 AMOREMA	AM or PM	

<sup>\*</sup>This **COMPLETED** document **MUST** be included in **ALL** Accident/Incident/Workers Comp Files\*



SPP F.8 Rev 5/2015

() 4 6 5 6 6 7
Today's Date: 11.5 Time: 4:10
Operator Name JUVEEN A PARKER Vehicle # 63188 Route # 2601
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Yes Reported to Command: (Name)
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 11. 5 Time Occurred: 4:10 Do not have actual date or time
Date Reported: 11.5 Time Reported: 4/10 This is a late report
Location of Incident Harry S. Truman dr. @ White House Rd.
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:  I was sitting at a stop sign waiting to make a eight turn when a to car hit the back of the bus
Luna 10 ()/



## BUS DIAGRAM

If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

Mark an (X) in the position of the injured passenger (if one).
\*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Complete and turn in with accident forms ASAP.

Thank You!

Date: 11-05-18 Time: 16:10
Location: Harry S. Truman dr. Owhite House Rd.
Driver: Juveena Parker
Supervisor: Don Boykin



#### PRINCE GEORGE'S COUNTY POLICE DEPARTMENT CPL M. JORDAN #3311



PP1811050001338

DISTRICT I 301-699-2630 DISTRICT V
DISTRICT III 301-390-2100 DISTRICT V
DISTRICT IV 301-772-4900 NON-EMER
DISTRICT IV 301-749-4900 301-352DISTRICT V 301-856-3130 RECORDS III
WWW.CRASHDOCS.ORG 301-985www.crashdocs.org

DISTRICT VI 301-937-0910
DISTRICT VII 301-292-5300
NON-EMERGENCY
301-352-1200
RECORDS DEPARTMENT
301-985-3662



Date#: 11-05-2018 T	ime: 16:10		Run: 2	60
Operator #: Juveeng Parker	Di	vision: <u>0124</u>	Vehicle: 63	188
Supervisor: Don Boyhin			00	
Location: Harry S. Truman @ Address or Cros	White House	e Rd.	tree Marboro	Md.
Description of Event: Vehicle	1 (63188	) block 260	1, was stopp	sed at
the stop sign at Whi	te House	Rd and Har	rys. Truman	clr.
in the direction of	Morgan F	Blvd Metros	Station: Whe	
Vehicle 2 (2001 Toyota	4 Hrunner	) slid into	the back o	of the
bus:				
No damage to ve	hicle 1	moderate	- damage to	vehicle à
			4	
Supervisor Signature: 1 don Bo	deyd			



Safety & Training Department

(Check one)	Accident X Incident			Time Supervisor Arrived: 12:40 PM							
Date of O	currence:		11/6/2018	Time of Occurrence:			12:09 PM				
Weather:	Rain	Day of th	e Week:	Tue:	sday	DHD (Y/N):					
						20 653 633 643 045 045 50 650 62 656 656 656 65					
Location (Cross Stre	et and Town)			195;149	5 Exit 15						
			la e al dacina								
Route Impact:		None									
Employee Name:	]	Amad Reed									
				10 10 10 10 10 10 10 10 10 10 10 10 10 1							
Run#	Dŀ	₹D	Bus#	632	204	Tag#	LG92007				
	1						y, requiring him to				
What happened	veer right. A tracti			of the road causir t. Bus returned to			uardrail. Supervisor				
(Be Specific and		uis	pateried to assis	t. bus returned to	snop for repair	•					
Brief):											
			Sie in the second								
Injuries (if any):	trade di Utro ser trofferi trata remai propri i svep metro dec		Children a construent description	None	tot toraus one menset in the strong conductor (control						
Vehicle Damage			W	indshield cracked							
61 V 62 V 65 V 61 V 62 V 63 V 65 V 65					rancas su accesso acces						
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N				
144 ab - d											
was the C	Operator sent for Di	rug/Alconol Test (	Y/NJ:		(9/1/2003/8/18/2/84/04/04	N	Tare House Section (1994) and the second				
Not	tified (Indicate nam	e and time) GM:		J. Modlin @ 12:13 PM							
Supervisor	R. Gr	reen	AGM	R. Bandak @	12:13 PM	Main	Ray @ 12:15 PM				
Asst. Safe	ety Mar	R. Jones @	12:10 DM		Dienstahor	1					
A35. 3alt	ety Ivigi.	K. Jolles @	12.10 FIVI	Dispatcher   D. Terry							
County Nam	e and Time:	processe processi na 1966 prod	M. Wilson @ 1:38 PM								
(Check one) Telephone X				In Person (Must be done within 1 hour)							
					Sile of Sile of						
Please note the											
details of this incident											
will change when the Supervisor Arrives											
anhorting curies											

### Vehicle Accident Report



Operators CDL#				Valid DOT	Med Card	/ Exp	Date	19	Accid	lent Report #	SIA		
Accident Date		leek	Time	of Accident	# of Vehi	cles	) - 6 -	Drive T	riggered	Scene	Photos	Substa	nce Abuse Tested
Month Day Year				240	9	0100				□ No		Yes 🗷 No	
11 4 10					- 275	135	V. 60 (11 (12 (12 (12 (12 (12 (12 (12 (12 (12	orocet and	rocals as otrac	OTHER F		2.00 × 21 × 6.5	# 48 of the 100 of 100
Operator Name (Exactly	As Printed On Lice	OMPAN' ense)		VEHICLE	1		ПVe	nicle 2	□ Bicvcl			ced Object	t □Pax Fall
CAMHA	Jan	AL	108						ne stall	or El Cocco			
Address (Include Number & Street)  Apt #							Name (Exactly	As Printe	d On License)				
2724 Crestwer PL City or Town State Zip						Address (Inclu	de Numbe	r & Street)		Apt#			
DISTRICT	HShts	M	0	2674	7								
Employee ID#	Date of Hire			Student Driver	Y Y		City or Town		State		Zip		
30950 # of Cards # o	11-14 of Occupants	# Seated		# Standing			Date of Birth	Sex		Driver's Licen	se Lic. Si	tato	# of Occupants
# of Cards # o	Occupants	# Seated	-	# Standing	-		Date of Billi			. /		idio	# or Occupants
Bus ID# Plate #	0	State	Vehicle \	/ear / Make			Insurance Co		M D F Policy # & Ex	□ Yes □	NOA		
bus ID# I late #							indurance de		, oney ir a Li		H		
Vehicle Type		Route # & F	Run#	110			Name (Exactly	As Printer	d Registration)	14/	/ /		
			1	1 64									
VIN							Address (Inclu	de Numbe	r & Street)		Apt#		
Insurance Co		Policy # & E	Expiration	Date			City or Town		Sta	e	Zip		
	Lo	ocation of Ac	cident		٨		Plate #	State	Year &	Make of Vehicle	Vehicle	Туре	Color
Address/Street on which	accident occurred	E	Xi t	13	1		VIN						
At Intersection with							*114						
Not at intersection	Fe	et NSE	W of_				Telephone #						
☐ On Roadway	☐ Off Ro	adway											
At Bus Stop? ☐ Yes	. 1		r Stop	☐ Far Stop [	□Mid-Block st	top							
<u> </u>							nental Condit	ons					
Weather	Surface			Traffic Cont						# of Lanes	Roadway C		ics
☐ Clear ☐ Cloudy	□ Dry ■Wet			☐ Stop Sign ☐ Yield Sign		aylight awn	☐ Undivided				Straight a		
Raining	□ lcy			☐ Traffic Sig			□ Asphalt □ Concrete □ □				☐ Straight a	t Hillcrest	
☐ Snowing ☐ Foggy	☐ Snow ☐ Other			☐ Flagman ☐ Uncontrol			oad - Unlighted oad - Lighted		☐ Concrete ☐ Curve and Level ☐ Curve and Grade				
□ Other				Other Other					☐ Other		☐ Curve at	Hillcrest	
		Pre /	Acciden	t Movement					Unusual F	oad Conditions			
V1 V2/OV		V1 V2/OV	/		V1	V2/0	V			Isual Conditions			
☐ Going Straigh ☐ Making right f			kiting Bu	s Stop Bus Stop			☐ Holes / Deep Rut Changing Lanes ☐ Obstruction in road						
☐ ☐ Making right of	on red	SI D SI	owing o	stopping in tra	iffic 🔲		Passing Merging			ction / repair zon naterial on road	epair zone		
☐ ☐ Making left tu☐ ☐ making left or			opped in	n traffic			Backing		☐ Reduce	ed road width			
☐ ☐ Making U Tur				bject in road	B		Other		☐ Other				
Vehicle Lights	Tur	n Signals		Posted Sp	eed Limit	Est	timated Speed	Limit	Direction	n of Travel	Ac	cident / Co	llision With
No 1 ♥ On □ Off	No 1 DL	eft Turn On		Vehicle 1	55 mph	Vehi	cle 1 45	mph	Ve	hiçle 1	☐ Other Mot	tor Vehicle	
No 2 □ On □ Off		Right Tum O our Ways O		Vehicle 2	mph	Vehi			N (S	JE W	☐ Bicyclist		
1102 11011 11011				TOTALOU E		¥ 0111	hicle 2 mph		Ve	hicle 2	Rail Train Fixed Object		
	No 2 □ F	eft Turn On Right Turn O our Ways O	n						N S	E W	☐ Pedestrial ☐ Animal	n	
	1102 01	our mays O	2.1		Ped	estriar	/ Bicyclist A	ction					
☐ Crossing With Signa							long Highway				□Р	ushing / Wo	rking On Vehicle
☐ Crossing - No Signa ☐ Crossing Against Signa							gainst Highway Front of or Bel				□ W	orking In R	oadway
☐ Crossing - No Signa☐ Going To / From Sto	al/Marked Cross	swalk			1 Playing In R	oad	ehicle Other Th	N	111			ot In Roadw ther	/dy
L Golly 107 FIGHT St	phhen pna				2 Octory Off /	OII VE	AUG ONE III	un Dus				SPP F 2	0 7/2015

Vehicle Acciden	it Report	transaex							
		AR#							
□ Backing □ Passing □ Sideswipe □ Merging □ Head On □ Head On □ Bus Right Mirror □ Bus Rear Ends Vehicle □ Bus Door Operation □ Vehicle Rear Ends Bus □ Sudden Stop □ Wheelchair Lift Operation □ Roll Over	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated?							
☐ Roll Away (Not Secured) ☐ Ran Off Roadway  Type of Trip	Violations	1							
With Pax	Vehicle 1 Towed By:								
to Clinton Fring when A white After making con Causing him to	e CAR mostart with	Ride ON 495 South erged into his lawe A Animal (deer) Rail							
Description of Damage Company Vehicle	☐ Minimal Moderate	☐ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Major							
Vehicle 1 is ALWAYS Your Vehicle.  Articulated Bus Shuttle Vehicle  → Name of Witness / Injured Age Cla	Place an X on the exact poin Bus 1  Iming Injury? Type of Injury Cl	t of first impact on your vehicle and the other vehicle. Circle areas of other damage.  Bus 2  Truck  Car  Injured Transported To  Other Transported To  Transported By Unit #							
Supervisor on Scene?	Supervisor Name (Print): Unit Number 012	Supervisor / Manager Reviewing							



### **EMPLOYEE INFORMATION**

Accident/Incident/Workers Comp#: Accident	
(Workers Comp # Is	sued by Sedgwick)
	Date Hire Date  101, 1958 11-14-2017
Driver's License# R-300 - 035 - 366 -  Employee Number 30950  DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY)	
HOME ADDRESS: 2724 Cresturd	X PI
CITY District Height STATE	10 ZIP CODE 20747
HOME PHONE NUMBER  102 5203166  DAY TIME NUMBER	EMPLOYEE STATUS (please circle)  FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?  GENDER  Mor F  M	NUMBER OF DEPENDANTS  S W D
*SHIFT START TIME / END SHIFT TIME*  AM or PM / S 30	

### Operator Incident Report



Today's Date: 1-06-18 Time: 1-26
Operator Name: A4HMAD REED Vehicle# 204 Route # DH - 36
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name)  I did not report the incident immediately because:  Did a SQM respond to this incident? No Yes (SQM Name)  Date Incident Occurred: Do not have actual date or time  Date Reported: Time Reported: This is a late report  Location of Incident
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: On now-6, enroute to cluster Fringe, tangle in front of me swayed the my path a white car but a deer on order to avoid them, as I began to brake the bus slid to the guardrail and the window Shattered.
Operator Signature: Date Submitted: 11-06-18 SPP F.8 Rev 5/2015