

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: 11-6-18 Time: 12 40 |
|---------------------------|
| Location: EX. + 15 B |
| Driver: AHMAD REED |
| Supervisor: |



transdev supervisor's incident report

| Date#: 1/6-18 Time: | 1240 pm | Run: W/A |
|---|-----------------------|----------------|
| Operator #: | Division: <u>0124</u> | Vehicle: 63204 |
| Operator #: Pubent Green | | |
| Location: Exit 15 A | LANDOVER | MD |
| Address or Cross Street | City 8 | State |
| Description of Event: OPERATOR REE | & WAS TRAVELIN | 15 South ON |
| Description of Event: OPERATOR REE | CAR MErgEd | into his pare |
| After MAKING CONTACT C Merged to his Right his | with A JEEN | CAUSING him to |
| merged to his Right his | thing the RAIL | , |
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| | | |
| | | |
| Supervisor Signature: | | |



Safety & Training Department

| (Check one) | Accident | X | Incident | | Time Supervise | or Arrived: 8: | 15 AM |
|---|---|------------------------|------------------------|--|-------------------|--|-----------------------|
| Date of Oct | currence: | | 11/6/2018 | | Time of Oc | currence: | 7:58 AM |
| Weather: | Rain | Day of the Week: Tue | | Tues | day | DHD (Y/N): | N N |
| | | | | | 02/21/22/01/22/02 | | |
| Location (Cross Stree | et and Town) | | | Marlboro Pike | @ County Road | Province of the PCF (1994) is a second | |
| | | | | | | ns Selection (| |
| Route Impact: | | | 10 minute del | ay - Strategic con | tinued route | and the hardstrong delices | |
| Employee Name: | | | | Glenn Schools | | | |
| | | | | | | de residente rece | |
| Run# | 20 | 03 | Bus# | 631 | .40 | Tag# | LG81824 |
| What happened (Be Specific and Brief): | Operator stated | as ne was leaving | | icle 1 made conta mirror to fall off. | ct with a tree br | anch causing | the passenger side |
| Injuries (if any): | | | | None | | | |
| Vehicle Damage | | | Pas | senger side mirro | or Or | | |
| (Check all th | iat apply) | Police | 7 Y | Ambulance | l N | Tow | l N |
| | | A LEGIS NEW BEING BOOK | | | | | |
| Was the O | perator sent for Dr | ug/Alcohol Test (| Y/N): | | | N | |
| Noti | ified (Indicate nam | e and time) GM: | 10 (50 (4) (5) (7) (6) | | 1 Modlin | @ 7:59 AM | |
| | ned (malcate name | e and time, GM. | | | J. MOUIII | @ 7.33 AIVI | |
| Supervisor | Ogun | deko | AGM | Bandak @ | 7:58 AM | Maint. | O'Neal @ 7:59 AM |
| | | | | | | | |
| Asst. Safe | ty Mgr. | R. Jones @ | 7:59 AM | | Dispatcher | | Proctor |
| | | | | | | | |
| County Name (Check | Programme in 2 former minimum and Stage Code (Company record in the | Telephone | X | M. Wilson @ 8:03 AM | | | |
| Cileck) | one) | relephone | | In Person | | (twidst de | s done within 1 hour) |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | |

Vehicle Accident Report



| Operators CDL # / | Exp Date | Valid DOT Med Card | Exp Date | | Accident Report | pl 00.0 | / | |
|--|--|--|--|------------------|--|------------------------------------|------------------------|--|
| 18-426-282 | 2-402-162 | ☐YES ☐ No | | tDrive Trigg | | Photos S | 11060000042 | |
| Accident Date Month Day Year | | of Accident # of Vehic | | | , | | | |
| 11-6-261 | 8 Tuesing 8 | 3:184 | | Yes 🗷 | | | ☐ Yes -☐ No | |
| f . | COMPANY | VEHICLE 1 | | | OTHER | PARTY | | |
| Operator Name (Exactly A | As Printed On License) | | □Ve | hicle 2 | □ Bicyclist □ Pede | estrian Fixed | Object Pax Fall | |
| Address (Include Number | | Apt# | Name (Exact | y As Printed On | License) | Mark Control of the | | |
| 13402 | Kesting Str | - 8 | | | | | | |
| City or Town | State | Zip | Address (Inc | ude Number & S | street) | Apt# | | |
| Employee ID# | Date of Hire | Student Driver? Y (N) | City or Town | | State | Zip | | |
| 30971 | 2 5 201 | | | | | | 1 " 10 | |
| # of Cards # o | of Occupants # Seated | #Standing | Date of Birth | Sex | Driver's Lic | | # of Occupants | |
| Bus ID# Plate# | State Vehicle | Year / Make | Insurance Co | | ☐ F ☐ Yes olicy#&Exp Date | □No | | |
| | 81824 mg |) JOH / WILLIA | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | V/4 | | |
| Vehicle Type | Route#& Run# | 1 | Name (Exac | ly As Printed Re | egistration) | | | |
| Guy | 20/ | 2003 | Address (Inc | lude Number & | Street) | Apt# | | |
| VIII | | | | | | | | |
| Insurance Co | Policy # & Expirati | on Date | City or Town | | State | Zip | | |
| Ud rep | Location of Accident | P | Plate# | State | Year & Make of Yehicle | | e Color | |
| Address/Street on which | / 3 1- | J red/ Marlbu | no police | | MA | - | | |
| At intersection with | * | | VIN | | | | | |
| A Not at intersection | 100 Feet NSE W of | | Telephone # | | - / | | | |
| ⊡ on Roadway | ☐ Off Roadway | | | PA | | | | |
| | □ No (if yes) □ Near Stop | ☐ Far Stop ☐ Mid-Block si | top | | | | | |
| | | En | vironmental Cond | tions | | | | |
| Weather ☐ Clear | Surface □ Dry | Traffic Control Light | t aylight | | Roadway - # of Lanes | Roadway Char Straight and | | |
| ☐ Cloudy | | ☑ Yield Sign ☐ D. ☐ Traffic Signal ☐ D | awn | I | ☐ Undivided ☐ Asphalt | ☐ Straight and ☐ Straight at Hi | Grade | |
| ☐ Raining☐ Snowing | ☐ Icy ☐ Snow | ☐ Flagman ☐ Da | ark Road - Unlighte | 1 1 | Concrete | ☐ Curve and Le | evel | |
| ☐ Foggy ☐ Other | □ Other | — ☐ Unconfrolled ☐ Date ☐ Other | ark Road - Lighted | | ☐ Gravel | ☐ Curve and G | | |
| | Pre Accide | nt Movement | | | Inusual Road Condition | ne | | |
| V1 V2/OV | V1 V2/OV | V1 | V2/OV | Ī | No Unusual Condition | | | |
| ☐ Going Straight | | | ☐ Changing Lan | | I Holes / Deep Rut I Obstruction in road | | | |
| ☐ ☐ Making right to ☐ ☐ Making right o | n red 🗆 🗆 Slowing o | or stopping in traffic | ☐ Passing ☐ Merging | | I Construction / repair zo I Loose material on road | | | |
| ☐ ☐ Making left turn ☐ ☐ making left on | | in tramc | ☐ Backing | | Reduced road width | | | |
| □ □ Making U Turn | n □ □ Avoiḍed o | object in road | ☐ Other | | I Other | | | |
| Vehicle Lights | Turn Signals | Posted Speed Limit | Estimated Spee | | Direction of Travel | Accide | nt / Collision With | |
| No 1 ₽On □ Off | No 1 Left Turn On No 1 Li Right Turn On | Vehicle 1 35 mph | Vehicle 1 35 | _mph | Vehicle 1 | ☐ Other Motor Ve | ehicle | |
| No 2 □ On □ Off | No 1 | Vehicle 2mph | Vehicle 2 | mph | N SE W | ☐ Rail Train | | |
| | No 2 ☐ Left Turn On | | | | Vehicle 2 N S E W | ☐ Fixed Object☐ Pedestrian | | |
| | No 2 ☐ Right Tum On No 2 ☐ Four Ways On | | | | , 0 L W | ☐ Animal | u 2 u | |
| | | | strian / Bicyclist Ac | | | - | | |
| □ Crossing With Signal □ Crossing - No Signal | or Crosswalk | D Riding / Walki | ng Along Highway V ng Against Highway | With Traffic | is PA | | g / Working On Vehicle | |
| ☐ Crossing Against Sign ☐ Crossing - No Signal/ | al al | ☐ Emerging From ☐ Playing In Ros | m in Front of or Beh ad | nd Parked Ca | is P | □ Not In F | | |
| ☐ Going To / From Stop | ped Bus | | Off Vehicle Other Tha | n Bus | | □ Other | E 20 7/2015 | |

| THE RESIDENCE OF THE PARTY OF T | things of apply Administrations of Administration and Administration | it Report | and accommodate to the second | | uwo |
|--|---|---|--|---------------------------|---------------------|
| | | | AR# Police Investigated? | □No | |
| ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Bus Rear Ends Vehicle ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ | Passing Merging Head On Bus Right Mirror Bus Left Mirror Bus Door Operation Sudden Stop Roll Over Ran Off Roadway | ☐ Railroad Crossing ☐ Hilt Fixed Object ☐ Hit Pedestrian ☐ Hit Animal | Police Department Responding Officer Name (Badge / ID #) | WUSON Report # PP18 | 1106000 |
| Type of Trip | | Violations | | | |
| With Pax Without Pax ☐ Fixed Route ☐ Charter ☐ Para Transit ☐ Para Transit | ☐ Business Trip☐ Errand☐ Non Rev move☐ Maintenance | Vehicle 1 Towed By: Vehicle 2 Towed By: | P/A NA | To | |
| Accident Description | le 1 | Come i | in Contact | with | Rupad |
| Object 1ch | | e sures | nght side | g Com | of Bus |
| | | | | | |
| | | | | | |
| Description of Damage Co | ompany Vehicle | □ Minimal □ Moderate | e □ Major Other Ve | ihicle □ Minimal | □ Moderate □ |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle | Vehicle ▶ | Place an X on the exact p | ount of first impact on your vehicle and Bus 2 | the other vehicle. Circle | areas of other dama |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle | Vehicle ▶ | Place an X on the exact p | ount of first impact on your vehicle and Bus 2 | the other vehicle. Circle | areas of other dama |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle | Vehicle ▶ | Place an X on the exact p | ount of first impact on your vehicle and Bus 2 | the other vehicle. Circle | areas of other dama |

Operator Incident Report



| Operator Name: Glenn Schools Vehicle # 63140 Route # 20 |
|--|
| port Submitted to: Supervisor Dispatch Safety Dept. |
| eck One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage |
| Passenger Complaint No Damage Vehicle Incident Report Other |
| as the incident reported immediately? YES Reported to Command: (Name) Maked |
| d not report the incident immediately because: |
| a SQM respond to this incident? No Yes (SQM Name) Lola Guns. |
| te Incident Occurred: 11-6-18 Time Occurred: 3'. 00 Do not have actual date or time |
| te Reported: 11-6-18 Time Reported: 40'. 00 |
| cation of Incident Gounty RD and Maribro Pike |
| mplete a separate Incident Report for each passenger affected by this event. |
| senger Name: Passenger ID/Seat # |
| Hain what happened: Keek up a passenger from bus stop. I was by tree. Thre tree branches were touching the bus Hed oway from the curb and the driver side morrour came of IT was in tach no scrattion and bot brotton |
| ator Signature: Date Submitted: 100 6-100 |

transdev EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: | | |
|--|------------------------------------|---|
| | (Workers Comp # Issued by Sedgwick |) |
| Name Glem Schools | Birth Date H 16 16 3 2 19 | Hire Date Felo. 5, 2018 |
| Driver's License# S-426-28 Employee Number 30971 DOT CARD VALID? Vesor NO (IF | | |
| HOME ADDRESS: 13462 Ke | | ZIP CODE 20853 |
| HOME PHONE NUMBER 240-550-5926 | DAY TIME NUMBER | EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME |
| IS THE OPERATOR ON OVER TIME? Yes / No Unknown | GENDER MARTIAL STATUS Or F M W D | NUMBER OF DEPENDANTS |
| *SHIFT START TIME / END SHIFT TIME | | |

CASE H

PP 18 110 60000 0424

CPL. WILSON # 3425

DISTRICT 3
301-772-4901



| Contranção y ou un entre puedo de la compensa della compensa de la compensa de la compensa della compensa della compensa della |
|--|
| Transdev supervisor's incident report |
| Date#: 11-6-18 Time: 8:18 A Run: 2003 |
| Operator #: Glam Selvers Division: 0124 Vehicle: 63140 |
| Supervisor: Besselde Ogneros |
| Location: County Road Markboro Pur Forestrie mo |
| Addres's or Cross Stréet City & State |
| Description of Event: On Tuesday November 6 2018 |
| Opontor School was at the Bus - 8 top 6 Martines |
| precess up patron and after exiting the Service |
| Stop, a tree boranch on the side of the we |
| Close to the Bus- Stop, Stocked inside the |
| Bus right side component and pulled the |
| whole manor from the Pour, resulted in the |
| numer dangling from its Component. |
| Supervisor Signature: |



Safety & Training Department

| (Check one) | Accident | X | Incident | | Time Supervisor Arrived: 5:43 PM | | :43 PM | | |
|---|----------------------|---------------------|-----------------|-------------------|----------------------------------|--------------|---|--|--|
| Date of O | ccurrence: | | 11/8/2018 | | Time of Occurrence: 5:12 | | 5:12 PM | | |
| Weather: | Rain | Day of the | e Week: | Thur | sday | DHD (Y/N) | : N | | |
| | | | | | | | | | |
| Location (Cross Stre | eet and Town) | | Spring | hill Lane @ Mark | et Lane - Green | belt, MD | | | |
| Route Impact: | 30 - Minute Delay | | | | | | | | |
| Employee Name: | Jean Simon Jean | | | | | | | | |
| Run# | 1 | 553 | Bus# | 626 | 535 | Tag# | LG94094 | | |
| | | | | | | | | | |
| What happened (Be Specific and Brief): | driver side mirror | Supervisor & Polic | e dispatched to | assist. Per Super | visor Investigati | on; 7 patron | contact with Vehicle 1 s on-board/no injuries Operator continued in | | |
| Injuries (if any): | | | | None | | | 加佐州州 中国 | | |
| Vehicle Damage | | | | None | | | | | |
| (Check all t | hat apply) | Police | Y | Ambulance | N | Tow | N | | |
| Was the (| Operator sent for D | rug/Alcohol Test (\ | //N): | | | N | | | |
| | | | | | | | | | |
| No | tified (Indicate nan | ne and time) GM: | | | J. Modlin | @ 5:24 PN | 1 | | |
| Supervisor | T. Ogu | ındana | AGM | K. Jay @ | 5:18 PM | Maint. | Vernon @ 5:13 PM | | |
| Asst. Safe | ety Mgr. | R. Jones @ | 5:18 PM | | Dispatcher | | D. Terry | | |
| | | | | D.A. VACIL | 0.5.24.014 | | | | |
| County Name and Time: (Check one) Telephone | | Telephone | X | In Person | @ 5:24 PM | (Must b | pe done within 1 hour) | | |
| | | | | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | |

Vehicle Accident Report



| Operators CDL # | F/Exp Date 5 | Valid DOT | Med Card / Ex No | p Date | Accident Re | port# | 0101100 | 00001697 |
|---|---|--|--|---|--|------------------|---|----------------------|
| Accident Date | Day of Week | Time of Accident | # of Vehicles | SmartDrive | Triggered | Scene Pho | | ance Abuse Tested |
| Month Day Yea | 111 | 4 5:10Pm | 2 | □ Yes | No D | Yes I | | Yes DNo |
| | COMPA | NY VEHICLE | 1 | | TWEET TO A TOTAL OF THE PARTY O | HER PAR | | Contracts & concrues |
| Operator Name (Exactly | | A STATE OF THE PARTY OF THE PAR | STATE OF STREET | | | | | |
| Address (Include Number | EDDY JE | AN-Simo | N | □ Vehicle 2 | | Pedestrian | ☐ Fixed Obje | ct |
| | + THERION D | P Apt# | | Name (Exactly As Prin | ted On License) | 1000 | 701 | m P C 7 |
| City or Town | | State Zip | , | Address (Include Num! | per & Street) | - Cons | Apt# | 20122 |
| Employee ID# | SPRING Date of Hire. | MD 2090 Student Driver? | | | | RD | | |
| 12259 | 031-1 | 2003 | ION | ADELPH | State | > | Zip | 70 7 |
| # of Cards # | of Occupants # Seated | | | Date of Birth Sex | | r's License | Lic. State | # of Occupants |
| Bus ID# Plate # | / / | 0 | | | M DF DYe | s □No | MD | 1 |
| - | 94094 MD | Vehicle Year / Make 2011 GLL1 | C | Insurance Co | Policy # & Exp Date | 1909 | 4 1113 | 3-110 |
| Vehicle Type | Route # 8 | | | Name (Exactly As Print | | 109 | 7 111- | 30/18 |
| VIN | C 16 | 0 /1603 | | | | | | |
| 15GC | 1B2711B | 1179013 | 3 | Address (Include Numb | er & Street) | | Apt# | |
| Insurance Co | | Expiration Date | 1_1.1 | City or Town | State | | Zlp | |
| OLD RE | Location of A | TB 21268 | 17/1/19 | Plate# State | Vers 8 Meles 6W | | | |
| Address/Street on which | accident occurred Spr | | ne | 9CY8222ME | Year & Make of Ve | | Vehicle Type +150 | Color |
| At intersection with | M | Loone. | | VIN | | | | |
| Not at intersection | Feet N S E | W of | | Telephone# | 147145 | 65N | B7708 | 55 |
| On Roadway | ☐ Off Roadway | | | 1,000.00 | 2-900- | | | |
| At Bus Stop? ☐ Yes | □ No (if yes) ☑ Ne | ar Stop □ Far Stop □N | /lid-Block stop | 21 | 0-988- | 15 | 77 | |
| | | | Environn | nental Conditions | | | | |
| Weather Clear | Surface Dry | Traffic Control | terminal designation of the last of the la | | Roadway - # of Land | | lway Characteristi | CS |
| ☐ Cloudy | □Wet | ☐ Stop Sign ☐ Yield Sign | ☐ Daylight ☐ Dawn | | ☐ Divided | N | raight and Level raight and Grade | |
| ☐ Raining ☐ Snowing | ☐ Icy ☐ Snow | ☐ Traffic Signal | Dusk | | ☐ Asphalt | ☐ St | raight at Hillcrest | |
| ☐ Foggy | ☐ Other | ☐ Flagman ☐ Uncontrolled | ☐ Dark Roa | ad - Unlighted ad - Lighted | ☐ Concrete ☐ Gravel | _ DCL | irve and Level | |
| ☐ Other | | ☐ Other | | Ligitiou | ☐ Other | | rve and Grade rve at Hillcrest | |
| 14 140,001 | | Accident Movement | | | Unusual Road Cond | itions | | |
| V1 V2/OV | V1 V2/01 | | V1 V2/01 | / | No Unusual Cond | tions | | |
| ☐ ☐ Going Straight | | kiting Bus Stop ntering Bus Stop | o bo | hanging Lanes | ☐ Holes / Deep Rut☐ Obstruction in road | | | |
| ☐ ☐ Making right or | n red 🗆 🗆 SI | owing or stopping in traffic | | assing | ☐ Construction / repa | ir zone | | |
| ☐ ☐ Making left turn ☐ ☐ making left on | n 🗆 🗆 St | opped in traffic | | ferging acking | ☐ Loose material on i☐ Reduced road wid | | | |
| ☐ ☐ Making U Turn | | oided object in road | | other | ☐ Other | П | | |
| Vehicle Lights | Turn Signals | Posted Speed | Limit Esti | mated Speed Limit | Direction of Trave | | Accident / Colli | sion With |
| No 1 Mon □ Off | No 1 ☐ Left Turn On | Vehicle 1 2 | Smph Vehic | e1 /O mph | Vehicle 1 | | er Motor Vehicle | - Street |
| No 2 DOn D Off | No 1 ☐ Right Turn Oi No 1 ☐ Four Ways O | 7 | | e 2 20mph | N S E W | ☐ Bicy | rclist | |
| | | | _ mpm vemon | ozmpn | Vehicle 2 | ☐ Rail ☐ Fixe | Irain d Object | |
| | No 2 ☐ Left Turn On No 2 ☐ Right Turn Or | 1 | | | N SE W | ☐ Ped | estrian | |
| | No 2 ☐ Four Ways O | n | Dodast' | Discount of the state of | | LI AISII | iui | |
| ☐ Crossing With Signal | | □ Rid | | Bicyclist Action ng Highway With Traffic | | | | |
| ☐ Crossing - No Signal of | | □ Rid | ling / Walking Aga | inst Highway With Traff | ic | | ☐ Pushing / Worki | |
| ☐ Crossing Against Sign ☐ Crossing - No Signal/ | | | erging From in Fr ying In Road | ont of or Behind Parked | Cars | | ☐ Working In Roa☐ Not In Roadway | |
| Soing To / From Stop | | | | cle Other Than Bus | | | ☐ Other | |
| | | | | | | | SPP F 20 | 7/2015 |

| venicle Accide | н керогі | transae |
|---|--|---|
| | | 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 □ 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? Types DNo Police Department Responding OFFICER E VENTUR Officer Name (Badge / ID #) 4-02-9 Precinct # PP18/1080000169 7 Citations / Arrests Department |
| Type of Trip | Violations N/A | |
| With Pax Without Pax Business Trip Fixed Route Fixed Route Errand Charter Charter Non Rev move Para Transit Para Transit Maintenance | Vehicle 1 Towed By: Vehicle 2 Towed By: | NIA TO |
| Accident Description | | 10 |
| he pressed two | vehicles coming the | perked side by side Vehicle F. 150 did not driver side nirror. damages to bus |
| hicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle | | I Major Other Vehicle |
| A Samuel | g injury i Type of injury Claim | ed Injured Transported To Other Transported To Transported By Unit # |
| pervisor on Scene? Yes No Su | pervisor Name (Print): Unit Number3 | TAYO OGWDANA Supervisor / Manager Reviewing |



| transdev supervisor's inciden | T REPORT |
|--|-----------------|
| Date#: 11818 Time: 5.40Pm. | Run: 1603 |
| Operator #: Simon JEAN Division: 0124 | Vehicle: 62-635 |
| Supervisor: TAYO OGUNDANA. | |
| Location: Springfull Lane Green! Address or Cross Street | selly Maryland |
| Description of Event: | |
| | |
| Operator Jean Simon Was | Logding to |
| New Carrollton Station with | Sevien patean |
| on board when an oncomin | C 115 |
| elidae imad # 1: | g tora 150 |
| Sindeswiped the driver mirror No injuries and no dame | of the bas. |
| I the sand no dame | age to the bas |
| however the F-150 vehicle has | da crack on |
| the driver mirror | |
| Picture was taken | |
| | |
| | |
| | |
| | |
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| | |
| | |
| | |
| | |
| | |
| Supervisor Signature: | |
| | |



EMPLOYEE INFORMATION

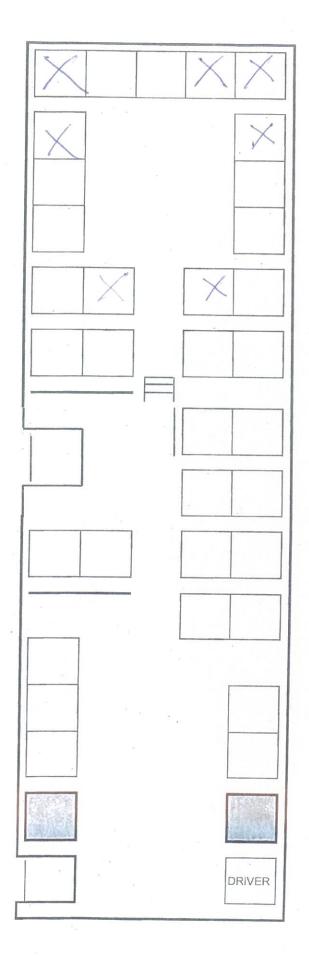
| Accident/Incident/Workers Comp#: | ACCIDENT | | |
|--|---------------------------------|-----------------------|-----------------------|
| | (Workers Comp # Issued by Sedgv | vick) | • |
| Name JEAN SIMON | Birth Date 05, 12,1 | Hire Date 3 31 2 | 2003 |
| Driver's License# | 5-169-361 | | |
| Employee Number 1225 | | | |
| DOT CARD VALID? Yes or NO (IF NO, PLE | ASE EXPLAIN WHY): | | |
| | | | |
| HOME ADDRESS: 12304 | ATHERTON | DR | |
| CITY SILVER SPRING | STATE MD | ZIP CODE 2090 | 6 |
| HOME PHONE NUMBER DAY 240-433-2020 | TIME NUMBER | EMPLOYEE STATUS (plea | se circle) RT TIME |
| S THE OPERATOR ON OVER TIME? Yes / No / Unknown | | NUMBER OF DEPENDAN | TS |
| SHIFT START TIME / END SHIFT TIME* | AM o(PM | | |

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

Operator Incident Report (Continuation Report)



| Today's Date: 11 8 1 9 Time: 5 1 0 7 |
|--|
| Operator Name: 4001 Eddy & Sing Vehicle # 62635 Route # 16 |
| |
| |
| I Was comme, on Swinghell Sauce |
| and passed Itan parked vehicles |
| When in orming Road & 150 did not st |
| no inguille and the must in a don't |
| break 7 patron on boer of |
| |
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| |
| |
| |
| perator Signature: Low Cold Les Submitted: 1 8/20/8 |
| Date Submitted: 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: [1] | 3/18 Time: 5:10 Pm |
| Location: | pringhill have, Greenbelt |
| Driver: | JEAN SMON. |
| Supervisor:_ | TAYO OGUNDANA |

Prince George's County Police

MOTOR VEHICLE COLLISION INFORMATION EXCHANGE FORM

It is the policy of this police department to investigate and complete reports for traffic collisions that result in death or injury. In addition, officers may investigate property damage collisions in which a vehicle cannot be safely driven from the scene as well as those involving drivers who are intoxicated. A report will not be completed for collisions that do not meet one of these criteria.

Based on the observations of the investigator, a police report. WILL be completed.

| Barı | ack: <u>H</u> y | vattsville Station Unit Phone: | 3016992630 | Case Number: | PP181108000016 97 |
|------|------------------|--|---------------|-----------------------------|----------------------|
| | | OFF E. VENTURA 4029 Assignment: Hyatts | | | |
| Date | e: <u>11/08</u> | /2018 Time: <u>17:16</u> Weather: <u>Clear</u> | Cour | nty: Prince George | e's |
| Loc | ation: <u>91</u> | 00 BLOCK OF SPRINGHILL LANE, GREENBELT, MI | 20770 | | |
| | Vehicle | Registration: LG94094 State: MD VIN: 150 | | 13 Type Bus - | · Transit |
| | | Year: 2011 Make: GILLIG Mode | | | |
| | | Insurance: OLD REPUBLIC INSURANCE CO | | B21268 | |
| _ | Owner | Name PRINCE GEORGES COUNTY GOVERNMENT | | | |
| HIN | | Address 8019 CENTRAL AVE CAPITOL HEIGHTS N | | | |
| 5 | | Home Phone: | | | |
| | Driver | Driver's License Number: <u>J525385169361</u> | | | |
| | | Name: JEAN EDDY JEAN-SIMON | | ate of Birth: <u>05/12/</u> | 1966 |
| | | Address: 8019 CENTRAL AVE CAPITOL HEIGHTS | | | |
| | | Home Phone: | Work Phone: 3 | 013335036 | |
| | | | | | No. |
| | Vehicle | Registration: 9CY8222 State: MD VIN: 1F | | Type: Iruci | K - Tractor |
| | | Year: 2005 Make: FORD Mode | | 0.5 | |
| | _ | Insurance: MAIF | | | |
| N | Owner | Name: SALVADOR AGUSTINPEREZNG LOPEZ | | | |
| UNIT | | Address: 5925 CHERRYWOOD TERRACE GREENBI | | | |
| Э | | Home Phone: | | | |
| | Driver | Driver's License Number: <u>L120758034949</u> | | | |
| | | Name: SALVADOR AGUSTIN LOPEZ | | ate of Birth: <u>12/14/</u> | 1985 |
| | | Address: 5925 CHERRYWOOD TERRACE GREENE | | | |
| | | Home Phone: | Work Phone: 2 | 409881577 | |



Safety & Training Department

| (Check one) | Accident X Incident Time Superviso | | | or Arrived: 11:27 AM | | | | | |
|--|------------------------------------|--|--|----------------------|-----------------------------|----------------------------------|---|--|--|
| Date of O | ccurrence: | | 11/13/2018 | | Time of Occurrence: 10:55 A | | | | |
| Weather: | Rain | Day of th | ie Week: | Tue | sday | DHD (Y/N): | Y | | |
| | | | | | | | | | |
| Location (Cross Stre | eet and Town) | | raan ka da | Ritchie Road | d & Laura Ln | 265511007 A FEEL BYSNE 69639 995 | e vedec i tov Bebrild II i i i i to es i i i tore i to e to boli e cobasi i i i i i i i i | | |
| | | | | | | | | | |
| Route Impact: | | | | None | | | | | |
| Employee Name: | | | | Brenda. Lomax | | | | | |
| | | | | | | | | | |
| Run# | DI | łD | Bus# | 631 | 191 | Tag# | LG90114 | | |
| What happened (Be Specific and Brief): | | Operator stated that she was stuck in traffic when a tractor trailer rear ended her bus. The tractor trailer then backed up and hit the bus again. The tractor trailer then pulled around the bus and parked in front of it. Supervisors and police sent to scene. | | | | | | | |
| Injuries (if any): | | | | None | | | | | |
| mjanes (ii any). | | | | None | | | androvina v strovo strovo s | | |
| Vehicle Damage | | | Rear | r panel near tire to | rn | | | | |
| | | | | | (6) (6) (6) (7) (6) (6) | | | | |
| (Check all t | hat apply) | Police | Y | Ambulance | N | Tow | N | | |
| | | | | | | | | | |
| Was the (| Operator sent for Di | rug/Alcohol Test | (Y/N): | | | N | | | |
| No | tified (Indicate nam | e and time) GM: | | 1 | l Modlin | @ 11:05 AM | | | |
| 140 | unea (maicace nam | e and time; Givi. | | | J. WOGIIII | @ II.OJ AIVI | | | |
| Supervisor | K.Al: | ston | AGM | R. Bandak @ | 9 11:03 AM | Main | Ray @ 11:02 AM | | |
| VICE CONTROL OF THE RESEARCH O | | | | | | | | | |
| Asst. Saf | ety Mgr. | R. Jones @ | 11:03 AM | | Dispatcher | | Proctor | | |
| | | nukoksi eta barika da e | | | | 1/2000/02/2000/03/2000 | | | |
| County Nam | e and Time: | | FeET Line entreprise province commence of the control of the contr | M. Wilson @ | 9 11:04 AM | | | | |
| (Check | cone) | 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



| Operators CDL # / | Exp Date | Valid DOT Med Card | | Accident Report | | ~ | |
|---|---|--------------------------|---|---|---|--------------------|--|
| 2732761 | 9/28/2026 | | cles SmartDrive | | 3 0 0000 87 and Subs | tance Abuse Tested | |
| Accident Date Month Day Year | | of Accident # of Vehi | cies / Smarturive | riggered Scer | ie Photos Subs | tance Abuse Tested | |
| 1/ 12 /8 | 110617 1 | 1171 | 9/ □ Yes | No DYes | □ No I | ☐ Yes ☐ No | |
| 11-15-10 | Tuebu (| 25 1001 | 1/ | OTHER | DADTY | | |
| Operator Name (Exactly A | COMPANY | VEHICLE 1 | | OTHER | PARTY | | |
| | | | □ Vehicle 2 | ☐ Bicyclist ☐ Pede | estrian | ect | |
| Lomax B | | Apt# | Name (Exactly As Printe | nd On Licenses | | | |
| Address (Include Number | | Apt# | Name (Exactly As Printe | ed On License) | | | |
| 2715 Ter | race Ka | Zip | Address (Include Numb | or & Street) | Apt# | | |
| | | 20020 | radiosa (moidas rama | Address (include Number & Street) | | | |
| Washingt Employee ID# | Date of Hire | Student Driver? Y (N) | City or Town | T State | Zip | | |
| 31017 | 8-27-18 | | | / | | | |
| | Occupants #Seated | # Standing | Date of Birth Sex | Driver's Lice | ense Lic. State | # of Occupants | |
| 0 | 0 0 | 0 | | M FIF FIVE I | 711- | | |
| Bus ID# Plate # | | Year / Make | Insurance Co | M D F DYes I | _INO | | |
| 63191 LG91 | | Callia | | | | | |
| Vehicle Type | Route # & Run # | 01119 | Name (Exactly As Printe | ed Registration) | | | |
| Bus | Dead He | adina | | | | | |
| VIN | |) | Address (Include Numb | er & Street) | Apt# | | |
| 1566 B271 | 9A1177539 | | | | | | |
| Insurance Co | Policy # & Expiration | on Date | City or Town | State | Zip | | |
| Old Repul | olic 7/1/ | 19 MW+B2 | 1266 | | | | |
| , | Location of Accident | 7) | Plate # State | Year & Make of Vehicle | Vehicle Type | Color | |
| Address/Street on which a | accident occurred Richie K | d | AC 10 Ole Pens | | | Red | |
| At intersection with | Alberta Dr | ine | VIN | | | | |
| Nat at intersection | Feet NS E W of | Alhenta Dav | Telephone # | | | | |
| | | Tri Maria Control | | | | | |
| ☑ On Roadway | ☐ Off Roadway | / | | | | | |
| At Bus Stop? ☐ Yes I | ☑ No (if yes) ☐ Near Stop | ☐ Far Stop ☐ Mid-Block s | top | | | | |
| | | | nvironmental Conditions | | | | |
| Weather Clear | Surface □ Dry | Traffic Control Light | t Paylight | Roadway - # of Lanes Divided | Roadway Character | | |
| ☐ Cloudy | ⊡Wet | | ayngn | ☐ Undivided | ☐ Straight and Level ☐ Straight and Grade ☐ Straight and Level ☐ Straight and Grade ☐ St | | |
| ☐ Raining | □ lcy | ☐ Traffic Signal ☐ ☐ | | ☐ Asphalt | Straight at Hillcres | | |
| ☐ Snowing ☐ Foggy | ☐ Snow ☐ Other | | ark Road – Unlighted ark Road - Lighted | ☐ Concrete | ☐ Curve and Level☐ Curve and Grade | | |
| ☐ Other | LI Olitei | ☐ Other | ark road - Eighted | ☐ Other | ☐ Curve at Hillcrest | | |
| | Pre Accide | nt Movement | | | | | |
| V1 X2/OV | V1 V2/OV | | V2/OV / | Unusual Road Condition ☐ No Unusual Condition | | | |
| | | | V210V | ☐ Holes / Deep Rut | 5 | | |
| ☐ ☐ Going Straight ☐ ☐ Making right tu | | Rus Ston | | ☐ Obstruction in road | | | |
| ☐ ☐ Making right or | n red 🔲 🗆 Slowing o | or stopping in traffic | ☐ Passing ☐ Merging | ☐ Construction / repair zo ☐ Loose material on road | | | |
| ☐ ☐ Making left turn ☐ ☐ making left on | | n traffic | ☐ Backing | ☐ Reduced road width | | | |
| ☐ ☐ Making U Tum | | object in road | ☐ Other | ☐ Other | | | |
| Vehicle Lights | Turn Signals | Posted Speed Limit | Estimated Speed Limit | Direction of Travel | Accident / C | collision With | |
| | | | | | | | |
| No 1 ☑ Øn □ Off | No 1 ☐ Left Turn On No 1 ☐ Right Turn On | Vehicle 1 30 mph | Vehicle 1 10 mph | Vehicle 1 | Other Motor Vehicle Bicyclist | | |
| No 2 ☑ On ☐ Off | No 1 Four Ways On | Vehicle 2 30 mph | Vehicle 2 5 mph | N S E W | ☐ Rail Train | | |
| | No 0 FILED TO CO | | | Vehicle 2 | ☐ Fixed Object | | |
| | No 2 ☐ Left Turn On No 2 ☐ Right Turn On | | | N S E W | ☐ Pedestrian ☐ Animal | | |
| | No 2 | | | | - r wantist | | |
| | | | estrian / Bicyclist Action | | | | |
| ☐ Crossing With Signal☐ Crossing - No Signal | or Crosswalk | | king Along Highway With Traffi king Against Highway With Tra | | | orking On Vehicle | |
| ☐ Crossing Against Sign | al | ☐ Emerging Fro | om in Front of or Behind Parke | | ☐ Working In F | | |
| ☐ Crossing - No Signal/I | | ☐ Playing In Ro | | Ψ. | ☐ Not In Road ☐ Other | way | |
| ☐ Going To / From Stop | Ded Bills | LI Getting On / | Off Vehicle Other Than Bus | | | 0 7/2015 | |
| | Accident Type | | | | OFF 7.2 | .0 112010 | |

Vehicle Accident Report AR# Police Investigated? Yes □ No ☐ Backing ☐ Passing ☐ Railroad Crossing Police Department Responding Sideswipe T-Bone Merging ☐ Head On ☐ Hit Fixed Object ☐ Hit Pedestrian Officer Name (Badge / ID #) PFC ☐ Bus Right Mirror ☐ Right Turn ☐ Hit Animal ☐ Bus Left Mirror ☐ Left Tum ☐ Bus Door Operation ☐ Bus Rear Ends Vehicle ☐ Sudden Stop ☐ Vehicle Rear Ends Bus Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Ran Off Roadway ☐ Roll Away (Not Secured) Violations Type of Trip With Pax Without Pax ☐ Business Trip ☐ Fixed Route ☐ Errand ☐ Fixed Route Vehicle 1 Towed By: ☑ Non Rev move ☐ Charter ☐ Charter ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: Accident Description was merging Other Vehicle Minimal Moderate Major Company Vehicle ☐ Minimal ☑ Moderate ☐ Major 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. Shuttle Vehicle Articulated Bus Bus 1 Bus 2 ----Name of Witness / Injured Type of Injury Claimed Age Claiming Injury? Injured Transported To Other Transported To Transported By Unit # Supervisor Name (Print): Keyn Alston Supervisor on Scene? ☐ Yes ☐ No Supervisor / Manager Reviewing Unit Number



| Accident/incident/workers Comp# | | |
|----------------------------------|-------------------------------------|---------------------------------|
| | (Workers Comp # Issued by Sedgwick) | |
| Name | Birth Date | Hire Date |
| Socilda Lomax | 091281195 | 3 08/27/18 |
| | | |
| Driver's License# 2732761 | | |
| Employee Number 3101 | 7 | |
| DOT CARD VALID? Yes or NO (IF | | |
| DOLCHID AVEID: (183 OL MO (III | HO, I ELTOE EM EMIN WITT. | |
| | | |
| | | |
| 00 - 1 | - 4 57 | , n- 1 |
| HOME ADDRESS: 2/1/5 /ex | race Rd. S.E. # B | 29/ |
| | | |
| CITY Washington | STATE D.C. | ZIP CODE |
| | | |
| HOME PHONE NUMBER | DAY TIME NUMBER | EMPLOYEE STATUS (please circle) |
| 02974-8871 | 26.1776 | FULL TIME OR PART TIME |
| | | |
| | | |
| S THE OPERATOR ON OVER TIME? | GENDER MARTIAL STATUS | NUMBER OF DEPENDANTS |
| Yes / No / Unknown | MOFF MS, WD | |
| | | |
| SHIFT START TIME / END SHIFT TIM | E* | |
| 145 | | |

Operator Incident Report



| Today's Date: |
|--|
| Operator Name: Breches Lamex Vehicle #63191 Route # 16 |
| 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>//E/S</u> Reported to Command: (Name) |
| I did not report the incident immediately because: |
| Date Incident Occurred: $1/-13$ /8 Time Occurred: $1/-25$ Do not have actual date or time Date Reported: $1/-13$ /8 Time Reported: $1/-29$ This is a late report Location of Incident $1/-13$ /8 |
| Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: NOME Passenger ID/Seat # NOME |
| Explain what happened: Atombo 10:25 as I was coming Joun Richie Rd. In the 18 St lane truck merged over and hit the back right side of the bus pull the fire part offer the back of MY bus had already pass him he pull his truck over to prove the bush the bus of the right back tire area. |
| |
| |
| |
| |
| |
| Operator Signature: Blanch Commerce Date Submitted: 1/- 11-18 |

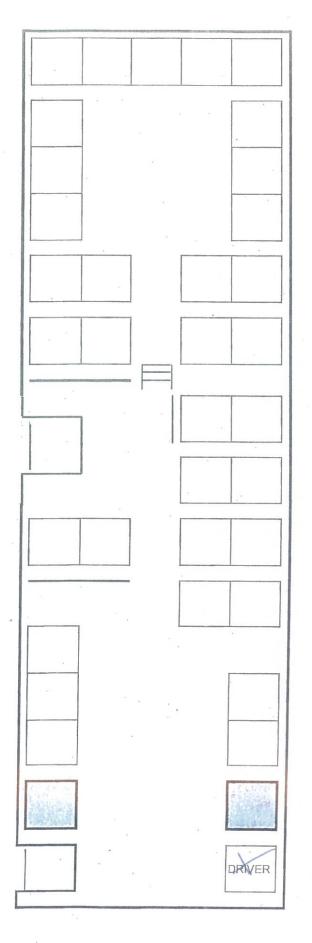
SPP F.8 Rev 5/2015

PFC-Bischoff 3605 District III (30)772-4901 Cse#PP18111300000872



transdev supervisor's incident report

| Date#: | 11/13/ | 8 | Time: | 10:25 AM | | Run: 16 |
|-----------|-------------|------------|----------------|-----------------------|--------------|------------------|
| Operator | #: Bre | nda Loi | max | Division: <u>0124</u> | Vehic | e: <u>63191</u> |
| Supervis | or: Alst | 70 | | | | |
| Location | : Ritch | Address or | · Cross Street | | City & State | lle MD |
| Descript | ion of Ever | t: Opera | tor wa | s driving or | n Ritchie K | 2d |
| Where | Const | ruction | was go | ing A Truck | tried to | Merge Over |
| | | | | , | | trad of Stopping |
| | | | | | , | intact with |
| | | | | mper and n | | |
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| | | | | | | |
| Superviso | r Signature | . 1/ | Alte | | | |



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: 11/13/18 Time: 10:25 | An |
|----------------------------|----|
| Location: Ritchie Rel | |
| | |
| Driver: Lomax | |
| Supervisor: AlSton | |



Safety & Training Department

| (Check one) | Accident | Х | Incident | | Time Supervis | or Arrived: 6 | | | |
|---|---------------------|------------------|------------|--------------------|--------------------------------|-------------------|------------------------------|--|--|
| Date of Oc | currence: | | 11/16/2018 | | Time of Oc | currence: 6:11 AM | | | |
| Weather: | Clear | Day of th | ie Week: | Fric | iay | DHD (Y/N): | : N | | |
| | | | | | | | | | |
| Location (Cross Stre | et and Town) | | | Old Branch Avenu | e & Allentown V | Vay | | | |
| Route Impact: | | | None - S | trategic continue | d route | 2010 US 12.045 | | | |
| Employee Name: | | | | Danielle Walker | | | | | |
| Run# | l a | 701 | Bus# | T 626 | Tag# |] LG81824 | | | |
| Null# | (2) | | | L 026 | | | | | |
| What happened (Be Specific and Brief): | | | | | | | | | |
| Injuries (if any): | | | | None | | | | | |
| Vehicle Damage | | | Pas | ssenger side mirro | or | | | | |
| (GL1113) | EL CLANGES SERVE | Police | | Ambulance | 1 N | T | 7 | | |
| (Check all ti | nat apply) | Police | N | Ambulance | N | Tow | <u>N</u> | | |
| Was the C | perator sent for D | rug/Alcohol Test | (Y/N): | | Augustus (Sagus Garaga ang ang | N | | | |
| | | | | | | | | | |
| Not | ified (Indicate nan | ne and time) GM: | | | J. Modlin | 6:14 @ AM | | | |
| Supervisor | P.C | reen | AGM | Bandak @ | .C.11 ANA | Maint. | O'Neal @ 6:12 AM | | |
| Jupervisor | .O.N | CC | AGIVI | Danuar w | O.II AIVI | Ividitit. | O Near @ 6:12 AN | | |
| Asst. Safe | ety Mgr. | R. Jones @ |) 6:11 AM | | Dispatcher |] | Proctor | | |
| | | | | | | | | | |
| County Name | | | | 1 | @ 6:18 AM | | | | |
| (Check one) | | Telephone | X | In Person | | (Must b | (Must be done within 1 hour) | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | |

Vehicle Accident Report

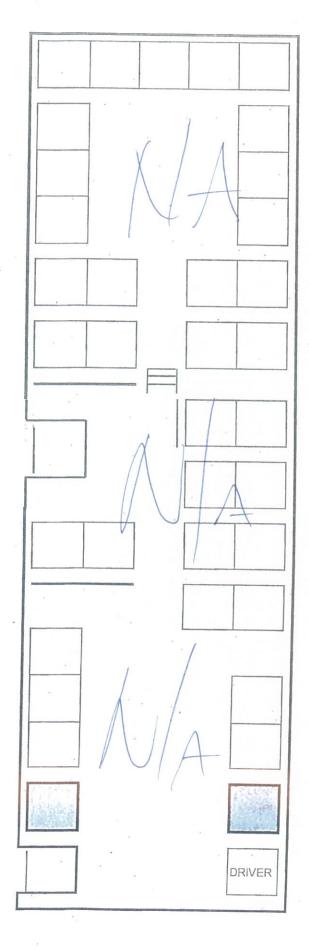


| Operators CDL # | F/Exp Date 35 585 2910 | Valid DOT | Med Card / I | Exp Date | | Acciden | t Report # | | | |
|--|--|---|--|--|--|---|--|--|--|----------------|
| Accident Date | Day of Week | Time of Accident | # of Vehicle | es Smar | tDrive Trig | gered | Scene Ph | notos | Substance | Abuse Tester |
| Month Day Yea | 0.1 | 0100141 | | П | Yes P | No | Yes | □ No | | s DNo |
| 11.10.18 | riday | 060849 | | | 100 2 | | | | LI TE | S LA NO |
| Operator Name (Exactly | | NY VEHICLE | : 1 | - Participant | | | OTHER PAI | RTY | | |
| Danielle | | Dalker | | □ Ve | hicle 2 | □ Bicyclist | ☐ Pedestria | n 🗆 Fixed | d Object | □Pax Fall |
| Address (Include Number | | Apt# | | Name (Exact) | y As Printed Or | License) | | | | |
| City or Town | | State Zip | | Address (Incli | ide Number & | Street) | | Apt# | | |
| | | rd 207 | | | // | , | | .,, | | |
| 3 100 2 | 7 · 2 · 18 | Student Driver | YN | City or Town | | State | | Zip | | |
| | of Occupants # Seated | | | Date of Birth | Sex | | Driver's License | Lic, State |) # | f of Occupants |
| P | ØO | Ø | | | Ьм | | □Yes □Nø | | | |
| Bus ID# Plate # | State | Vehicle Year / Make | | Insurance Co | Pi | olicy# & Exp Da | ite/ | | | |
| Vehicle Type | Route # 8 | Run # | | Name (Exactly | As Printed Re | gistration) | | | | |
| Guli | 37 | 01 | | Address (Inclu | de Number & S | Stroot\ | | | | |
| 150GE 8 | 4717B109 | 2269 | | Address (mod | de Nullibel & S | street) | 1 | Apt# | | |
| Insurance Co | | Expiration Date | 7/1/201 | City or Town | | State | | Zip | | |
| | Location of A | B 212108 | 1 (1) our | Plate# | State | Year & Make | e of Vehicle | Vehicle Typ | De C | color |
| | accident occurred Old | Branch 12 | oa Cy | VIN | | | | | | |
| _ | lentown 12d | | | | | | | | | |
| | Feet NSE | W of | | Telephone # | | | | | | |
| On Roadway | ☐ Off Roadway | | | | | | | | | |
| At Bus Stop? LI Yes | ONO (if yes) ONes | ir Stop LI Far Stop LI | | / 10 | | | | | | |
| Weather Clear Cloudy Raining Snowing Foggy Other | Surface Dry Wet Icy Snow Other | Traffic Contro ☐ Stop Sign ☐ Yield Sign ☐ Traffic Sign ☐ Flagman ☐ Uncontrolled | Daylight ☐ Daylight ☐ Daylight ☐ Dawn ☐ Dusk ☐ Dark | | R | oadway - # oi Divided Undivided Asphalt Concrete Gravel | | adway Chara Straight and I Straight and G Straight at Hil Curve and Le Curve and Gr Curve at Hillc | Level Grade Illcrest evel rade | |
| -11-1-1-1 | Pre | Accident Movement | | | | | | ourve at mile | 1621 | |
| V1 V2/OV Going Straight Making right tu Making right or Making left on Making left on Making U Turn | V1 V2/OV t Ahead | iting Bus Stop tering Bus Stop owing or stopping in traffi opped in traffic arked oided object in road | c | 2/OV 1 Changing Lanes 1 Passing 1 Merging 1 Backing 1 Other | | No Unusual Holes / Deep Obstruction in Construction Loose materia Reduced roa Other | Conditions Rut road / repair zone al on road | | | |
| Vehicle Lights | Turn Signals | Posted Spee | | stimated Speed I | imit | Direction of T | ravel | Accider | nt/Collision | With |
| No 1 On D Off | No 1 ☐ Left Turn On No 1 ☐ Right Turn Or | Vehicle 1 23 | mph Ve | hicle 1 VO | nph | Vehicle 1 | | ther Motor Ve | ehicle | |
| No 2 □ On □ Off | No 1 Four Ways Or | | mph Ve | hicle 2 r | nph | N S E | □B | cyclist ail Train | | |
| | No 2 ☐ Left Turn On No 2 ☐ Right Turn On No 2 ☐ Four Ways On | | | | | Vehicle 2 N S E | Пр | xed Object edestrian iimal | | |
| ☐ Crossing With Signal ☐ Crossing - No Signal o ☐ Crossing Against Signal ☐ Crossing - No Signal/N ☐ Going To / From Stopp | al Marked Crosswalk | | iding / Walking / iding / Walking / merging From in aying In Road | an / Bicyclist Action Along Highway Wit Against Highway W Front of or Behind ehicle Other Than | h Traffic fith Traffic I Parked Cars | 3 | \wedge | ☐ Working☐ Not In R☐ Other | g / Working O g In Roadway Roadway | |

| | | Vehicle Accider | it Report | | | transd |
|--|---------------------------|--|--|--|------------------------|------------------------------|
| | | | • | AR# | | |
| | | | | Police Investigated? Yes | MNO | |
| □ Backing □ Sideswipe | | ☐ Passing ☐ Merging | ☐ Railroad Crossing ☐ Hit Fixed Object | Police Department Responding | MIA | |
| □ T-Bone □ Right Turn | | ☐ Head On ☐ Bus Right Mirror | ☐ Hit Pedestrian ☐ Hit Animal | Officer Name (Badge / ID #) | NIA | |
| Left Tum Bus Rear Ends | Vehicle | ☐ Bus Left Mirror ☐ Bus Door Operation | | Predinct# NA F | | |
| 1 Vehicle Rear Er 1 Wheelchair Lift | nds Bus | ☐ Sudden Stop ☐ Roll Over | | Citations / Arrests ☐ Operati | | Bicyclist T Pedestria |
| Roll Away (Not | Secured) | ☐ Ran Off Roadway | Violations | | 11 12 1011010 12 | Dioyoliot Li i Guodilla |
| | Type of Tri | | VIOLEBOTIS | NA | | |
| With Pax Without Pa ☐ Fixed Route | | | Vehicle 1 Towed By: | NIA | То | |
| Charter Para Transit | ☐ Charter ☐ Para Trans | ☐ Non Rev move it ☐ Maintenance | Vehicle 2 Towed By: | | То | |
| ccident Descriptio | in . | | vende 2 Towed by. | | 10 | |
| | | | | | | |
| shon. | Iami | ve on scen | e vehicle k | 2619 was Do | irked cur | oside |
| acing | South | muend on | Uld Brand | 2619 was po n Rd. Passe unit. No p were taken | nserside | front |
| nirra | - wae | 1 laurina | of Using | unit No D | 79200120 | zin/m z |
| NO CO | rocte | l'inviva | 5 Photos | you take | 2+ 2100 | D C VAL |
| 10 14 | 100.00 | a mjuste | J. PHOTOS C | vere later | us suit | + |
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| cription of Dam | nage | Company Vehicle | Minimal □ Moderate | ☐ Major Other Veh | icle | ☐ Moderate ☐ Ma |
| icle 1 is ALWAYS | S Your Vehicle | 4 1 1 4 | Place an X on the exact point | of first impact on your vehicle and to | no other unhille. Oil- | |
| rticulated Bus | | ttle Vehicle | Bus 1 | Bus 2 | Truck | reas of other damage. Car |
| -> | | → | → | → | → [] | → Cal |
| Name of Wi | itness / Injured | Age Claimin | ng Injury? Type of Injury Cla | imed Injured Transported To | Other Transported To | Transported By Uni |
| | | | | | | |
| | | | | | | |
| | _ | | | | | |
| | | | | | | |
| | | | | | | |
| | / | | | 71 . 0 | | |
| ervisor on Sce | ene? 🛮 Ye | s 🗆 No Su | pervisor Name (Print): | Elgin Dano | U | |
| | ~ / | 2 | | | | |
| ervisor's Signa | ature 2 | 2 | Unit Number 626 | Supervisor / Manager F |) | |
| | | | | | | |



| Accident/Incident/Workers Comp#: | tocident | | | | |
|--|-----------------|-----------------------------|------------------|-------------|---------------------------|
| | (Worker: | s Comp # Issued by Sedgwick | k) | | |
| Name | | Birth Date | | Hire Date | |
| Dounielle Walk | er | 4/14/19 | 393 | 4-2- | -2018 |
| Driver's License# <u>W-426-135</u> Employee Number <u>31006</u> | | 0 | | | |
| DOT CARD VALID? Yes or NO (IF | NO, PLEASE EXPL | AIN WHY): | | | |
| | | | | | |
| | | | | | |
| HOME ADDRESS: 12609 TO | umbull | DRIVE | | | |
| CITY Upper Hak LBE | STAT | E Md | ZIP CO | DE 207 | 72 |
| HOME PHONE NUMBER | DAY TIME NU | O-0232 | EMPLO FULL TI | YEE STATUS | (please circle) PART TIME |
| IS THE OPERATOR ON OVER TIME? | GENDER | MARTIAL STATUS | NUMBE | R OF DEPENI | DANTS . |
| Yes / (No) Unknown | M or F | M(S)W D | | 0 | |
| *SHIFT START TIME / END SHIFT TIME | | - PM | | | |



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: 11:16:18 Time: 0642 | |
|---------------------------|--|
| Location: Old Branch Road | |
| Driver: Danielle Walker | |
| Supervisor: Elain Dancy | |



| Date#: 11.16.18 Time: 0002 | Run: 3701 |
|--|-----------------------|
| Operator #: Division: 0124 | Vehicle: 62619 |
| Supervisor: Elgin Danay | |
| Location: Old Branch Road @ Wentown R | |
| Address or Cross Street | City & State |
| Description of Event: When I currived on Scene | |
| parked curbside facing south build on | n old Branch Rd. |
| Passenger side Front mirror was lay | ing in ground parrell |
| to unit. No passengers on bus, no | reported injuries. |
| Pictures were taken at scene | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| . 800 | |
| Supervisor Signature: | |



Safety & Training Department

| (Check one) | Accident | | Incident | Time Supervisor | | r Arrived: 10:20a | | |
|---|---|----------------------|------------------|--|------------------|--------------------|----------|--|
| Date of Oc | currence: | | 11/16/2018 | | Time of Occ | currence: | 10:00 AM | |
| Weather: | Clear | Day of the | Week: | Fric | lav [| DHD (Y/N): | l N | |
| weather. | Clear | Day of the | vveek. | [FIIC | lay | נאולו) מחט (זיוא). | IN | |
| | | | | | | | | |
| Location (Cross Stre | et and Town) | | | Larg | go Rd | | | |
| Doute Imposts | Name of the state of | | | | | | | |
| Route Impact: | | None | | | | | | |
| Employee Name: | | | | Rodney Cox | | | | |
| | | | | | | | | |
| Run# | 21 | 02 | Bus# | 631 | .61 | Tag# | LG84955 | |
| | | | | | | | | |
| What happened (Be Specific and Brief): | Specific and | | | | | | | |
| Injuries (if any): | None | | | | | | | |
| Vehicle Damage | Co. | smetic; vehicle 1 re | ear passenger si | de- Adverse vehic | le: damage to er | itire left side o | of car | |
| | | | | | | | | |
| (Check all t | hat apply) | Police | Υ | Ambulance | N | Tow | N | |
| Was the C | because and for D | wa /Alashal Tast () | (/NI). | | | NI. | | |
| was the C | perator sent for Di | rug/Alconol Test (1 | 1/N): | | | N | | |
| Not | ified (Indicate nam | e and time) GM: | | | J. Modlin | @ 10:10AM | | |
| | | | | | | | | |
| Supervisor | Gre | en | AGM | R. Bandak - 10:05AM Maint | | Maint | N/A | |
| | | | | | | | | |
| Asst. Safe | ety Mgr. | R. | Jones-10:03A | M | Dispatcher | | Boyd | |
| | | | | | | | | |
| County Name and Time: | | | | M. Wilson 10:15a | | | | |
| (Check one) Telephone X | | | 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



| Operators CDL #, | / Evn Date | | Valid DOT | Mod Card | / Evn | Date | | Accide | nt Danart t | 4 | | |
|---|----------------------------|--|-------------------------------|--------------------------------|----------------|--|-----------|------------------------------|--|------------------------------|---------------------------|------------------|
| | 06/23 | | Yes 🗆 | No | 6. | -11-3 | 20 | PF | | 1600 | 8000 | 104 |
| Accident Date Month Day Yea | Day of We | ek Time | of Accident | # of Veh | icles | Smar | tDrive T | riggered | Scen | e Photos | Substa | nce Abuse Tested |
| 11 16 18 | | / | 008 | (| | | Yes | No | Yes | □ No | | Yes No |
| 2 | | MPANY | VEHICLE | 1 | | | | Marin 1 | OTHER | PARTY | | |
| Operator Name (Exactly | | (Se) | -1 - 1 | , | | П Ve | hicle 2 | □ Bicyclis | t □ Pede | strian □ Fiv | red Ohier | t DPax Fall |
| Kod Address (Include Numbe | | CINI | COX | | | 10-10-10-10-10-10-10-10-10-10-10-10-10-1 | S SHOP | d On License) | Litede | Strian Line | cu Objec | L Graxian |
| 5 9/2 5 | AINT M | ORitz | 30 | 3 | | Name (Exacu | AS FIIILE | d Off Licerise) | | | | |
| City or Town Emple H | | State | 30 Zip 207 | 48 | | Address (Incli | de Numbe | r & Street) | | Apt# | | |
| Employee ID# | Date of Hire | 18 | Student Driver | | | City or Town | | State | / | Zip | | |
| 38994 # of Cards # 0 | of Occupants | #Seated | # Ctondina | | | Defe of Blak | 1.0 | | D: 4: /: | 11 | | |
| # of Caros # 0 | 3 | # Seated | # Standing | > | | Date of Birth | Sex | | Driver's/Lice | / // | ate | # of Occupants |
| Bus ID# Plate # | - | State Vahicle | Year / Make | ~ | | Insurance Co | | M D F Policy#& Exp | | No / | | |
| 161 68 | 4952 | MD | Year/Make 2009 | 5 | | | | | / | | | |
| Vehicle Type | | Route # & Run # | 21 | | | Name (Exact) | As Printe | d Registration) | | | | |
| VIN 15668 | | 2100 | 957 | | | Address (Inclu | de Numbe | r & Street) | | Apt# | | |
| 1 0 | 2115 | Policy # & Expiratio | n Date | 7.1 | 19 | City or Town | | State | | Zip | | |
| old Republic | | M WTB | 2/24 | 8 | | Plate# | State | Voca 9 M | -1 | I Makida t | - | 1 0 . |
| Address/Street on which | accident occurred | Policy # & Expiration MUTB ation of Accident | 200 | 2 | | ridle # | Sizite | rear & M | ake of Vehicle | Vehicle * | Type | Color |
| At intersection with | acoident occurred | | | | | VIN | | | | | | 1 |
| ☐ Not at intersection | Feet | (N)S F W of | | | | Telephone # | | | | | | |
| | ☐ Off Road | | | | | Telephone II | | | | | | |
| At Bus Stop? ☐ Yes | | | ☐ Far Stop ☐ | Mid-Block s | ton | | | | | | | |
| | Pa Contract | | | | | nental Conditi | ons | | | | | |
| Weather | Surface | | Traffic Contro | | | | | Roadway - # | | Roadway Ch | | CS |
| ☐ Clear ☐ Cloudy | Dry Dwet | | ☐ Stop Sign ☐ Yield Sign | | aylight awn | | | ☐ Undivided | | Straight ar | | |
| ☐ Raining ☐ Snowing | □ Icy □ Snow | | ☐ Traffic Sign ☐ Flagman | | | d - Unlighted | | ☐ Asphalt ☐ Concrete | | ☐ Straight at ☐ Curve and | Hillcrest | |
| ☐ Foggy ☐ Other | ☐ Other | | Uncontrolle | | | d - Lighted | | ☐ Gravel | | ☐ Curve and | Grade | |
| Li Otilei | | Pre Acciden | nt Movement | | | | | □ Other | | ☐ Curve at H | lilicrest | |
| V1 V2/OV | V1 | 1 V2/OV | it movement | V1 | V2/0\ | / | | Unusual Roa | | | | |
| Going Straigh | | | s Stop | | | | | ☐ Holes / De | ep Rut | | | |
| ☐ ☐ Making right to ☐ ☐ Making right o | | | Bus Stop stopping in traff | ic 🗆 | □P | hanging Lane assing | 5 | ☐ Obstruction☐ Construction☐ | on / repair zon | е | | |
| ☐ ☐ Making left tur☐ ☐ making left on | n 🗀 | ☐ Stopped in | | | D B | lerging acking | | ☐ Loose mat | | | | |
| □ □ Making U Turr | | | bject in road | | | ther | | ☐ Other | | | | |
| Vehicle Lights | Turn S | ignals | Posted Spee | . 1 | | mated Speed | | Direction o | of Travel | Acci | dent / Coll | ision With |
| No 1 ☑ On □ Off | | Turn On | Vehicle 1 5 | mph | Vehicl | e1 40 | mph | Vehicl | | Other Motor | Vehicle | |
| No 2 □ On □ Off | No 1 ☐ Righ No 1 Four | nt Turn On r Ways On | Vehicle 2 5 | mph | Vehicle | e2 45 | mph | APS E | W | ☐ Bicyclist☐ Rail Train | | |
| | No 2 ☐ Left | Turn On | | | | | | Vehicle | at all the same of | ☐ Fixed Object☐ Pedestrian | t | |
| 53 | No 2 □ Righ | t Tum On Ways On | | | | | | (N)S E | W | ☐ Animal | | |
| | 1102 11001 | 11410 011 | | Pede | strian / | Bicyclist Act | on | | | | | |
| ☐ Crossing With Signal ☐ Crossing - No Signal | or Crosswalk | | | | | ng Highway Wi inst Highway N | | | | ☐ Pusi | hing / Work | ing On Vehicle |
| ☐ Crossing Against Sign ☐ Crossing - No Signal/ | nal | k | | merging Fro | m in Fro | ont of or Behin | d Parked | Care A | | | king In Roa In Roadway | |
| ☐ Going To / From Stop | | n. | | laying In Ro Setting On / 0 | | cle Other Than | Bus | 1 | | □ Othe | | |
| | | | | | | | | | | C | PP F 20 | 7/2015 |

| | Vehicle Accide | nt Report | Figure 192 has been | 10 | transde |
|---|---|--|--|--------------------------------|--|
| | | | AR# | | |
| ☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Tum ☐ Left Tum ☐ 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 Department Respond Officer Name (Badge / ID #) Precinct # | 1111 | |
| Type of Tr With Pax Without Pax Fixed Route ☐ Fixed Rou Charter ☐ Charter ☐ Para Transit ☐ Para Trans | Business Trip te □ Errand □ Non Rev move sit □ Maintenance | Vehicle 1 Towed By: Vehicle 2 Towed By: Vehicle 2 Towed By: Open to the 202 Vehicle 1 Towed By: Vehicle 1 Towed By: Vehicle 2 Towed By: Vehicle 3 Towed By: Vehicle 4 Towed By: Vehicle 2 Towed By: Vehicle 3 Towed By: Vehicle 4 Towed By: Vehicle 4 Towed By: Vehicle 4 Towed By: Vehicle 5 Towed By: Vehicle 5 Towed By: Vehicle 6 Towed By: Vehicle 6 Towed By: Vehicle 6 Towed By: Vehicle 6 Towed By: Vehicle 7 Towed By: Vehicle 6 Towed By: Vehicle 7 Towed By: Vehicle 7 Towed By: Vehicle 6 Towed By: Vehicle 7 Towed By: Vehicle 6 Towed By: Vehicle 7 Towed By: Vehicle 7 Towed By: Vehicle 6 Towed By: Vehicle 7 Towed By: Vehicle 7 Towed By: Vehicle 8 Towed By: Vehicle 9 To | Rodney Clint when A Rivers side 2) Li Lut Sta | A TO TO TO WAS H GRAY CA | endeling Amry bus |
| escription of Damage hicle 1 is ALWAYS Your Vehicle. Articulated Bus Shu Name of Witness / Injured | nttle Vehicle | Minimal ☐ Moderate Place an X on the exact p Bus 1 → Ing Injury? Type of Injury | point of first impact on your vehicle an | d the other vehicle. Circle ar | eas of other damage. Car Transported By Unit |
| pervisor on Scene? | es 🗆 No S | iupervisor Name (Print) | Robert & | REEN | |



EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: | Accident | |
|-----------------------------------|------------------------------------|---------------------------------|
| | (Workers Comp # Issued by Sedgwick |) |
| Name | Birth Date | Hire Date |
| KODNEY Clin | T COX 10 1041 7 | 7-10-18 |
| | | |
| Driver's License# C-Z00- | 744-119-770 | |
| Employee Number 309 | 196 | |
| DOT CARD VALID? Yes or NO (II | F NO, PLEASE EXPLAIN WHY): | |
| | | |
| | | |
| | · | |
| HOME ADDRESS: 5912 SA. | NT MORITZ DR , | Apt 303 |
| | | |
| CITY TEMPLE Hills | STATE MD | 71P CODE 20748 |
| | | |
| HOME PHONE NUMBER | DAY TIME NUMBER | EMPLOYEE STATUS (please circle) |
| | 240 8382925 | |
| | 7 | FOLL TIME OR PART TIME |
| S THE OPERATOR ON OVER TIME? | GENDER MARTIAL STATUS | ALLIMBED OF DEDEAUD AND |
| Yes / No / Unknown | Mor F M & W D | NUMBER OF DEPENDANTS |
| res / Out / Otiknowii | MS W D | |
| | | |
| SHIFT START TIME / END SHIFT TIME | | |
| 62/ AMD PM/_/ | AM or PM | |

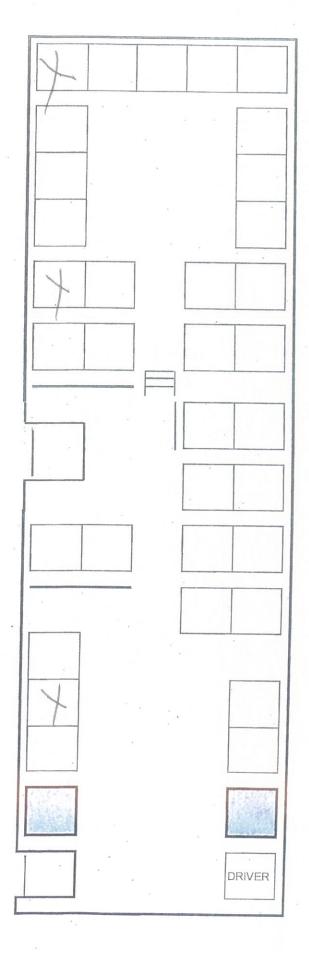
^{*}This **COMPLETED** document **MUST** be included in **ALL** Accident/Incident/Workers Comp Files*

Operator Incident Report



| Today's Date: 11/16/18 Time: 10:29 |
|---|
| Operator Name: Rodrey Cox Vehicle # 63 (6) Route # 2102 |
| 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: 1116/18 Time Occurred: 1016 Do not have actual date or time |
| Date Reported: Time Reported: This is a late report |
| Location of Incident handover of 200 and Mt huberting way |
| Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat # |
| |
| Explain what happened: Iwas riding down 200 to wind P.G.C. |
| and a woman in a toyota Comy Came out |
| her lone and hit the side of the bus side |
| · Suspeal. I pulled over the pulled over tok if |
| energhoids was ok and lett. I got to. |
| nember Manyland OSGO gray Camry 13 on 10 |
| year. |
| · · · · · · · · · · · · · · · · · · · |
| |
| |
| |
| |
| |
| |
| |
| perator Signature: Date Submitted: |

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://-16-18 Time: 1008 | - |
|--------------------------|-----|
| Location: Route 202 | |
| Driver: Rodney Clint | CLX |
| Supervisor | |



Prince George's County Police

District II, Bowie Station

Officer Marier #4155

601 Crain Hwy SW Upper Marlboro, MD 20774 301-390-2100

Prince George's County Police District II, Bowie Station

PP18/11600000804



| (Check one) | Accident | Х | Incident | | time of supervisor arrival 7:14pm | | | | | |
|---|--|--------------------|------------------|--------------------|-----------------------------------|------------------------------|----------------|--|--|--|
| Date of Oc | currence: 11/26/2018 | | Time of Occu | | currence: | 7:05pm | | | | |
| Weather: | Rain | Day of the | Day of the Week: | | Monday | | N | | | |
| | | | | | | | | | | |
| Location (Cross Stre | Location (Cross Street and Town) 23th avenue and lewisdale drive | | | | | | | | | |
| | | | | | | | | | | |
| Route Impact: | | 1 missed pull | | | | | | | | |
| Employee Name: | | keith crockett | | | | | | | | |
| | | | | | | | | | | |
| Run# | 18 | 52 | Bus# | 626 | 528 | Tag# | LG94088 | | | |
| | | | | | | | | | | |
| What happened (Be Specific and Brief): | Specific and | | | | | | | | | |
| Injuries (if any): | None | | | | | | | | | |
| Vehicle Damage | | | drive | rside mirror crack | ed | | | | | |
| (Check all t | hat apply) | Police | Υ | Ambulance | N | Tow | N | | | |
| | | -/AL -L -L T // | v (n.). | | | | | | | |
| was the C | perator sent for D | rug/Alconol Test (| Y/N): | | | N . | | | | |
| Not | ified (Indicate nam | e and time) GM: | | | kevin Jay | @7:12pm | | | | |
| | | | | | | | | | | |
| Supervisor | Ogun | dana | AGM | kevin Jay (| @7:12pm | Main | Zaw Zaw@7:09pm | | | |
| A | | Dalam James | 07.14 | | Diamatahan | 1 . | N. Ingleson | | | |
| Asst. Safe | ety wigr. | Robyn Jones | @7:14pm | | Dispatcher | | D.Jackson | | | |
| County Name | e and Time: | | | M.Wilson | 7:14pm | | | | | |
| (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 | | | | | | | | | | |

Vehicle Accident Report



| Operators CDL#/ | Exp Date | Valid DOT Med Card / Ex | p Date / 2 | | Accide | nt Report # PO | 1911010 | 000-1735 | |
|--|---|---|-----------------------------------|-----------------------------------|---------------------------|--------------------------------------|---|-------------------|--|
| C-623-465 | | of Accident # of Vehicles | | 1 7 2 0 SmartDrive Triggered Scen | | | pe Photos Substance Abuse Tested | | |
| Accident Date Month Day Year | | | | . / | | | | Yes to No | |
| 11/26/18 | MONDAY 7:0 | 13PM 2 | LEI Y | | | | | Tes privo | |
| | COMPANY | VEHICLE 1 | | / | | OTHER PAR | TY | | |
| Operator Name (Exactly As | T KELTH RI | CCAPM | D Veh | icle 2 | ☐ Bicyclist | t □ Pedestrian | ☐ Fixed Obje | ct DPax Fall | |
| Address (Include Number & | & Street) | Apt# | Name (Exactly | As Printed Or | License) | | COURT CASE STREET | | |
| 6579 Pen | nyslvania Ave | 103 | | | | | D 1 | 7 1 | |
| City or Town | Height MD | ^{Zip} 20747 | Address (Includ | le Number & | Street) | 10 INFO | RAPELATIO | | |
| Employee ID# | Date of Filte | Student Driver? Y (N) | City or Town | | State | | Zip | | |
| 30930 | 001212011 | I was w | Data of Dist | T Carr | | Driver's License | Lic. State | # of Occupants | |
| # of Cards # of | Occupants #Seated | # Standing | Date of Birth | Sex | | | DC. State | # 01 Occupants | |
| Bus ID# Plate # | State Vehicle | Year / Make | Insurance Co | | Olicy#&Exp | □Yes □No Date | | | |
| | 4088 MD 20 | 100 | | | | | | | |
| Vehicle Type | Route # & Run # | 10.50 | Name (Exactly | As Printed Re | egistration) | | | | |
| GULLIC | 18#1 | | Address (Inclu | de Number & | Street) | | Apt# | | |
| 15GG | B2711B1178 | | | | | | 70 | | |
| Insurance Co | Policy # & Expiratio | 21268 7/1/2019 | City or Town | | State | | Zip | | |
| ULD REP | Location of Accident | 21200 111/01 | Plate # | State | Year & M | lake of Vehicle | Vehicle Type | Color | |
| Address/Street on which a | | 30 AVENUE | | | | | | | |
| At intersection with | LEWISDALE | DRIVE | VIN | | | | | | |
| | Feet N S E W of | | Telephone # | Telephone # | | | | | |
| On Roadway | ☐ Off Roadway | | | | | | | | |
| At Bus Stop? Yes I | □ No (if yes) □ Near Stop | ☐ Far Stop ☐ Mid-Block stop | | | | | | | |
| | | Enviro | nmental Conditi | | | | | 21 | |
| Weather | Surface | Traffic Control Light ☐ Stop Sign ☐ Daylig | ht | | Roadway - 3 | | Straight and Level | stics | |
| ☐ Cloudy | □Wet | ☐ Yield Sign ☐ Dawn ☐ Traffic Signal ☐ Dusk | | | ☑ Undivided ☐ Asphalt | | Straight and Grade Straight at Hillcrest | | |
| ☐ Raining ☐ Snowing | □ lcy □ Snow | ☐ Flagman ☐ Dark I | Road - Unlighted | | ☐ Concrete | | Curve and Level | | |
| ☐ Foggy ☐ Other | ☐ Other | ☐ Uncentrolled ☐ Dark F | Road - Lighted | | ☐ Gravel ☐ Other | | Curve and Grade Curve at Hillcrest | | |
| | Pre Accide | nt Movement | | | InusuatRo | ad Conditions | | | |
| V1 V2/OV | V1 V21 0V | V1 V2 | /OV | 1 | No Unus | ual Conditions | | | |
| Going Straight | | | 1 Changing Lane | 1 000 | ☐ Holes / De☐ Obstruction | | | | |
| ☐ ☐ Making right tu ☐ ☐ Making right or | n red 🔲 🗖 Slowing o | r stopping in traffic | Passing Merging | | | ion / repair zone Iterial on road | | | |
| ☐ ☐ Making left turn☐ ☐ making left on | | II traile | 1 Backing | 1 | ☐ Reduced | | | | |
| ☐ ☐ Making U Turn | ☐ ☐ Avoided o | object in road | Other | | ☐ Other | | | | |
| Vehicle Lights | Turn Signals | _ : | Estimated Speed | Limit | Direction | | / | ollision With | |
| No 1 ☑ On ☐ Off | No 1 ☐ Left Turn On No 1 ☐ Bight Turn On | Vehicle 1 25 mph Ve | hicle 1 | mph | Vehic | 67 | Other Motor Vehicle Bicyclist | | |
| No 2 Don □ Off | No 1 M Four Ways On | Vehicle 2 25 mph Ve | hicle 2 / O | mph | | | Rail Train | | |
| | No 2 ☐ Left Turn On | | | | Vehic N S | EW DF | Fixed Object Pedestrian | | |
| | No 2 ☐ Right Tum On No 2 ☐ Four Ways On | | | | N G | | Animal | | |
| 100 March 122 March 120 Ma | 1.1 | | an / Bicyclist Ac | | | | | | |
| ☐ Crossing With Signal ☐ Crossing - No Signal | | ☐ Riding / Walking☐ Riding / Walking☐ | Against Highway | With Traffic | | | | orking On Vehicle | |
| ☐ Crossing Against Sign ☐ Crossing - No Signal/ | nal V | | in Front of or Behind Parked Cars | | | | | | |
| ☐ Going To / From Stop | ped Bus | ☐ Getting On / Off | /ehicle Other Tha | n Bus | | | □ Other | | |
| | | | | | | | SPP F.2 | 0 7/2015 | |

| | Vehicle Acciden | t Report | Trans | isdev |
|---|------------------------------|--|--|-------------|
| Backing Sideswipe T-Bone Right Turn Left Turn Bus Rear Ends Vehicle Vehicle Rear Ends Bus Wheelchair Lift Operation Roll Away (Not Secured) | | ☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal | Police Investigated? Yes DNo Police Department Responding DISTRICT Officer Name (Badge / ID#) TROMMAN #9 Precinct # Report # PP18112.6 C Citations / Arrests Domarator 1 D Vehicle 2 D Bicyclist D | 0000-173 |
| /ith_Pax Without F VFixed Route ☐ Fixed F ☐ Charter ☐ Charte ☐ Para Transit ☐ Para T | Route Errand Non Rev move | Vehicle 1 Towed By: Vehicle 2 Towed By: | N/A To N/A | _ |
| Langley dropping the ct part. The Injuries | transit giff of | | 3rd Avenue, While | Lit Hom |
| Description of Damage Sehicle 1 is ALWAYS Your Velocities Articulated Bus Name of Witness / Inj | Shuttle Vehicle | Place an X on the exact p Bus 1 alming Injury? Type of Injury | oint of first impact on your vehicle and the other vehicle. Circle areas of other blue 2 Truck | |
| A Superior on Soons? | □ Yes □ No | Supervisor Name (Print | A TAYO OGWDANA' | |
| Supervisor on Scene? Supervisor's Signature | | Unit Number | Supervisor / Manager Reviewing | F.20 7/2015 |

. .



EMPLOYEE INFORMATION

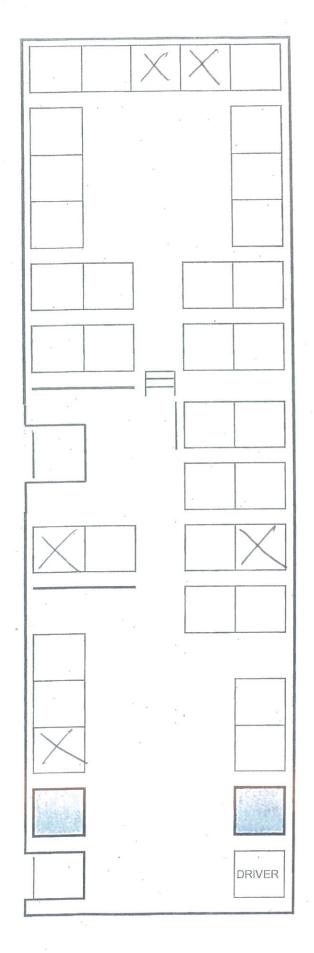
| Accident/Incident/Workers Comp#: | DENT |
|--|--------------------------------------|
| (Workers Co | mp#Issued by Sedgwick) |
| Name Keith Crockett | Birth Date |
| | |
| Driver's License# <u>C-623</u> 165-738-49 | 15 |
| Employee Number 36936 | |
| DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN | WHY): |
| | |
| | |
| HOME ADDRESS: 6579- Pennsylva | Nia Ale APT - 103 |
| CITY District ideight STATE | M) ZIP CODE 20747 |
| HOME PHONE NUMBER DAY TIME NUM | 1BER EMPLOYEE STATUS (please circle) |
| 202-679-4173 87me | FULL TIME OR PART TIME |
| IS THE OPERATOR ON OVER TIME? GENDER | MARTIAL STATUS NUMBER OF DEPENDANTS |
| Yes /(No)/ Unknown Mor F | M(s)W D |
| *SHIFT START TIME / END SHIFT TIME* | |
| 11:55 AMORPMY 9 AMOR | PM) |

Operator Incident Report



SPP F.8 Rev 5/2015

| Today's Date: 11-26-18 Time: 7:40 PM |
|--|
| Operator Name: Kesth Crockett Vehicle # 62628 Route # 1802 R |
| 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) TACKSON |
| I did not report the incident immediately because: |
| Did a SQM respond to this incident? No Ves (SQM Name) |
| Date Incident Occurred: 11-26-18 Time Occurred: 7:302 Do not have actual date or time |
| Date Reported: 11-26-(8 Time Reported: 7.03 |
| Location of Incident 33-AVE / Lewislate DR. |
| Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat # |
| Explain what happened: On 11-26-18 AT 7 PM I was on 23 AVE AND Lewisdale DR. AS I Pull TO THE Bus Stop. TO Drop off A passenger, A Black Dulie Truck, side swipe THE Driver Side Mirror, AS I was Droping off A passenge THE Truck Mever Stop And Made A right Turn on University Boulevard, AT THE Time All of THE OTHER PASSENGERS Were Sitting down, There were S-6 passenger On The Bus, And There were NO In Juries |
| Operator Signature: Kock Cocket Date Submitted: 11-26-18 |



BUS DIAGRAM

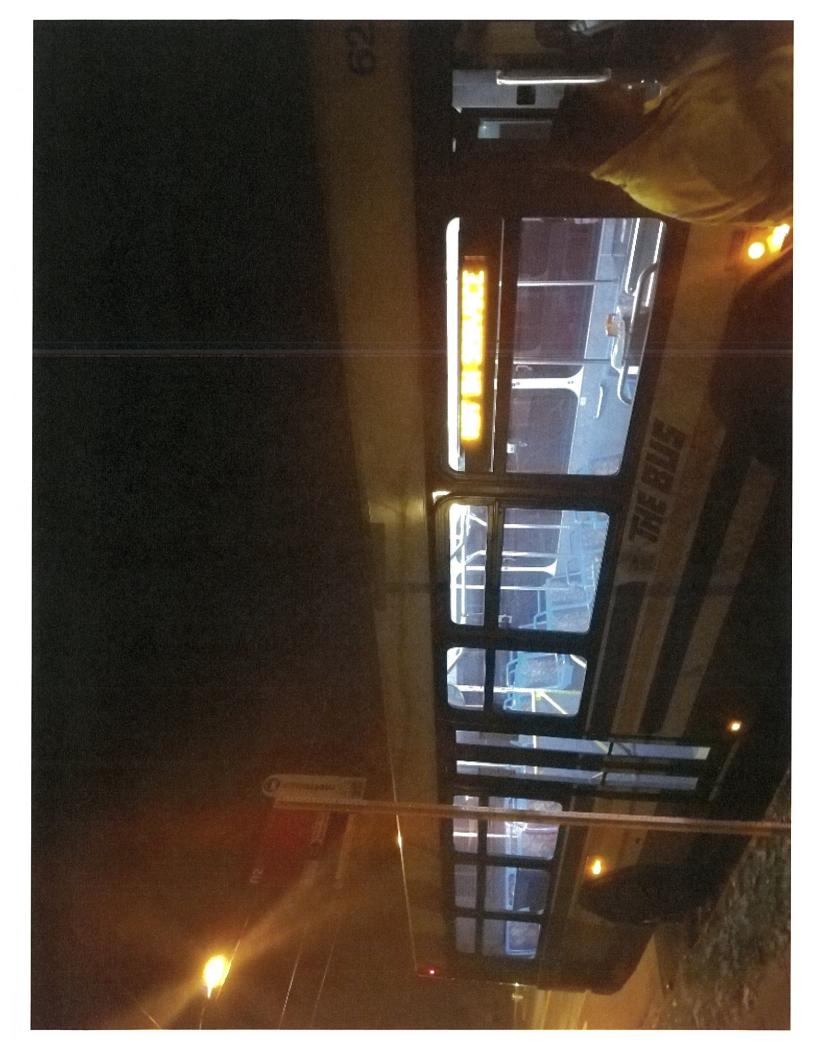
If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

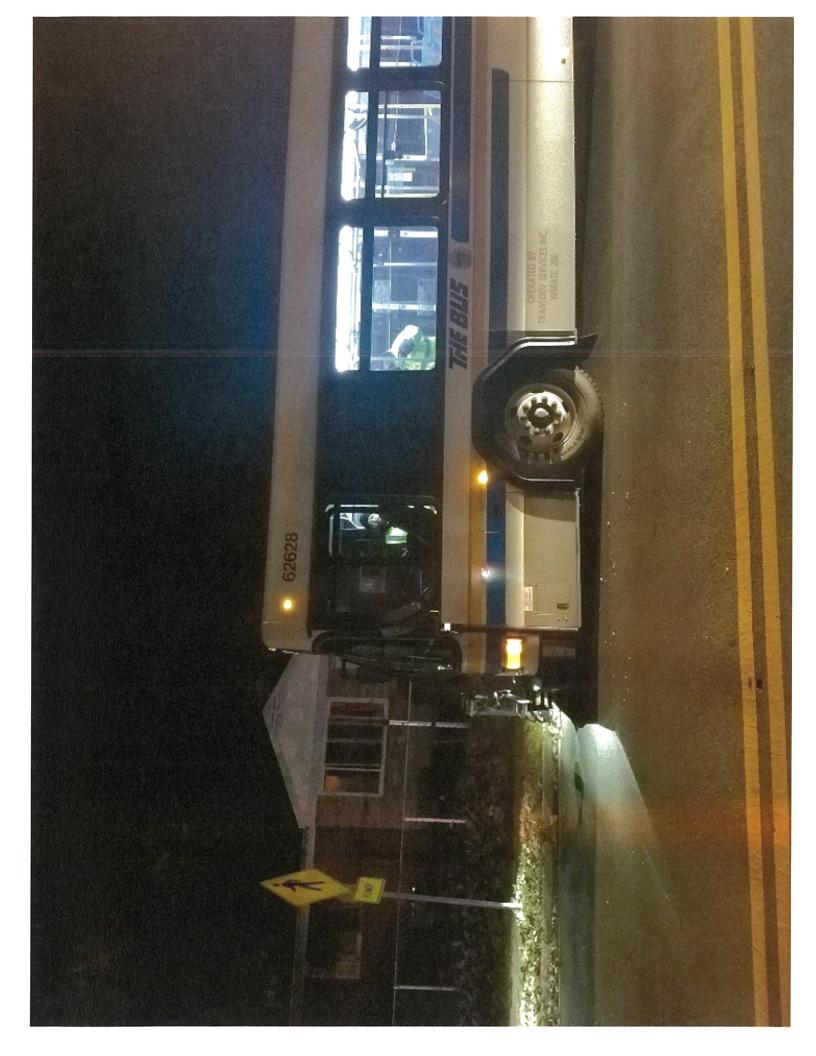
Mark an (X) in the position
of the injured passenger (if one).
*If more than one, number passengers.
(Record names with corresponding number on
Accident Involvement Passenger List
when complete

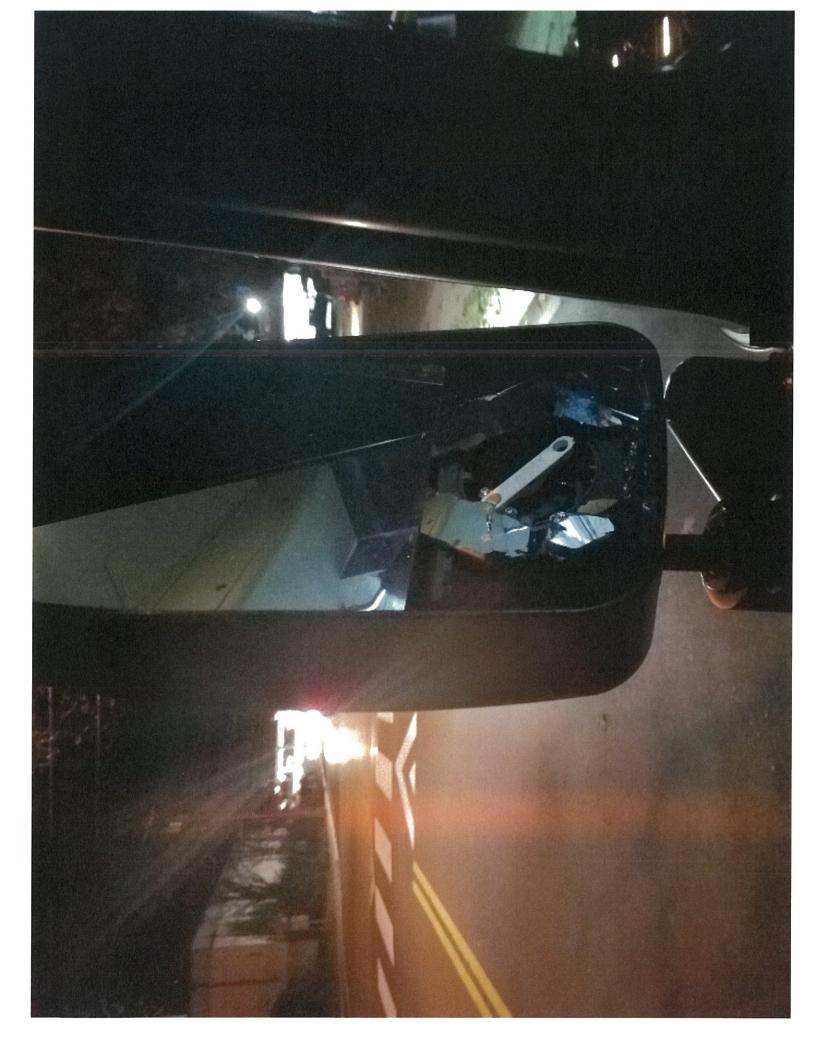
Complete and turn in with accident forms ASAP.

Thank You!

| Date: 11/26/18 Time: 7:03Pm | |
|---------------------------------|---|
| Location: 23RD AVE LE WISDAZE D | R |
| Driver: CROCKETT KEITH. | |
| Supervisor: TAYO DGWDANA | |









| Date#: 11/26/18 Time: 7:03PM Run: 1852 |
|---|
| Operator #: KEITH CROCKETT Division: 0124 Vehicle: 62628 |
| Supervisor: TAYO OGWDANA |
| Location: 23PD AVE & LEWIS DACE DRIVE, MD. Address or Cross Street City & State |
| Address or Cross Street City & State |
| Description of Event: |
| Operator Keith Crockett was heading to |
| Operator Keith Crockett was heading to Langley Transit centre while at a bus- stop on 23RD Ave & Lewisdale drive dropping |
| on 23RD Ave & Lewisdale drive dropping |
| off one patron when a black-duty |
| truck bit the bottow part of the mirror |
| breaking it. |
| The truck did not stop. No injuries |
| reported. |
| 8931120 |
| |
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| |
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| |
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| |
| |
| |
| |
| |
| |
| Supervisor Signature: |



| (Check one) | Accident | | Incident | х | Time Supervisor Arrived : 6:08 PM | | :08 PM | | | |
|---|--|---------------------|------------|--------------|-----------------------------------|------------|--|--|--|--|
| Date of O | Occurrence: 5/1/2019 Time of | | Time of Oc | currence: | 5:41 PM | | | | | |
| Weather: | Clear | Day of the Week: | | Wedr | esday | DHD (Y/N): | .] N | | | |
| | | | | | | | | | | |
| Location (Cross Stre | Location (Cross Street and Town) Central Avenue @ Morgan Boulevard, Capital Heights, Maryland | | | | | | | | | |
| | | | | | | | | | | |
| Route Impact: | One missed pull | | | | | | | | | |
| | | | | | | | | | | |
| Employee Name: | | | | Lyford Banks | | | | | | |
| Run# |] 22 | 252 | Bus# | 632 | 203 | Tag# | LG92008 | | | |
| | | | | | | 1 4811 | E652000 | | | |
| What happened (Be Specific and Brief): | cific and | | | | | | | | | |
| | | | | | | | | | | |
| Injuries (if any): | None | | | | | | | | | |
| Vehicle Damage | | | | None | | | | | | |
| (Check all t | hat apply) | Police | N | Ambulance | Y | Tow | N | | | |
| | | | | Anibulance | | 1000 | | | | |
| Was the C | perator sent for D | rug/Alcohol Test (Y | ′/N): | | | N | Market State Control of the St | | | |
| | | | | | | | | | | |
| Not | ified (Indicate nam | e and time) GM: | | | J. Modlin | @ 6:00 PM | | | | |
| Supervisor | D. Bu | utler | AGM | M. James (| D 5:56PM | Maint | Donald @ 6:04PM | | | |
| | | | | | | | | | | |
| Safety Su | pervisor | <u>S. Ford @ 6</u> | 5:01 PM | | Dispatcher | Morni | ing/ Campbell | | | |
| | | | | | | | | | | |
| County Name and Time: | | 1 | | M. Wilson | @ 5:59 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



| Today's Date: 5/1/2019 Time: 1741 | |
|--|-----------------|
| Operator Name: Ly for d Banks Vehicle # 63203 Route # 2252 | - |
| THE PROPERTY OF THE PROPERTY O | |
| 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) Dispatch Sup. | B411 |
| did not report the incident immediately because: | |
| Old a SQM respond to this incident? No Yes (SQM Name) | |
| Date Incident Occurred: $\frac{5/1/2019}{1000}$ Time Occurred: $\frac{174/1}{1000}$ Do not have actual date or time | |
| Date Reported: $5/1/2019$ Time Reported: $174/$ \square This is a late report | |
| ocation of Incident Central Ave. And Morgan Blvd | — |
| Complete a separate Incident Report for each passenger affected by this event. | ,W |
| Passenger Name: Noah Brown Passenger ID/Seat # 15th Left Side Fa | cpn |
| | |
| Explain what happened: The Bus on route, came to a full stop | |
| and heard a thump and someone say ouch. I engaged | |
| my parking brake and four way flashers. I turned | |
| to the passengers and asked what happened. The mother | |
| of the child stated that her son fell and hurt himse | off. |
| Immediately notified Base and was directed to secure | |
| my bus and give base a phone call. | |
| | |
| | _ |
| | - |
| | - . |
| | - |
| | |
| | :::: |
| | ·: |
| 11/10/1 | |
| perator Signature: Jah N BaA Date Submitted: 5/1/2019 SPP FR Rev 5/2015 | |



SUPERVISOR'S INCIDENT REPORT

| | Date#: 511119 Time: $6.08 pn$ Run: 2252 |
|---|---|
| | Division 0494 |
| | Supervisor: Deonte Butty |
| | Location: Law A Morgan Blud and Central Aug Capital High Address or Cross Street City & State |
| | Description of Event: Dit about 5740 pm Operator Banks was |
| | traveling on Central Ave when Operator Banks came to a |
| | stop the patron whom was sitting in the seats on the left |
| | in the Front of the buswith another patron who had his |
| | Knees in the seat looking out the window fell forward in |
| | between two seats and hit his right side underneath |
| | his right arm. The boy yelled which made the |
| | operator stop the bus and see what was going on. |
| | De Once he realized the boy fell operator called dispo |
| | and states he was informed to can an ambulance. |
| | Ambulance arrived on the scene at lild pm and |
| | the boy said he was fine and had no injuries. The |
| | ambulance then left. |
| - | |
| _ | . / |
| - | * . |
| _ | |
| - | • |
| | |
| S | Supervisor Signature: Don Bull |

Macher Gorham Cmother 240-845-4515 (Son) Noah Brown (5)
Bight ARMPIT (Side)

Breonna Austin (w) 202-262-1872

Tonyo Clark (w)

Note: Upon my stop Abrugity
Passenger fell backwards
between seats. Fight
Side Arm pit strikeing
Arm rest as he fell To



| (Check one) | Accident | | Incident | х | Time Supervisor Arrived : 8:42 AM | | 42 AM | | |
|---|---|---------------------|-----------|--------------------|-----------------------------------|------------|---------------------|--|--|
| Date of O | Occurrence: 5/7/2 | | 5/7/2019 | Time of Oc | | currence: | 8:33 AM | | |
| Weather: | Clear | Day of the Week: | | Tue | Tuesday | | l N | | |
| | Clear Day of the Week: Tuesday DHD (Y/N): N | | | | | | | | |
| Location (Cross Street and Town) Goodluck Road & Sora Lane, Riverdale Maryland | | | | | | | | | |
| | | | | | | | | | |
| Route Impact: | | | Т | wo missed pulls | | | | | |
| | | | | | | | | | |
| Employee Name: | | | | Kim Shelton | | | | | |
| Run# |] 14 | 102 | Bus# | 631 | 167 | Tag# | LG85852 | | |
| | | | | | | | | | |
| What happened (Be Specific and Brief): | Specific and | | | | | | | | |
| Injuries (if any): | njuries (if any): Passenger claiming chest pain. | | | | | | | | |
| | | | | | | | | | |
| Vehicle Damage | | | | None | NAME OF TAXABLE PARTY. | | | | |
| (Check all t | hat apply) | Police |] N [| Ambulance | Υ | Tow | N | | |
| | | | | | | | | | |
| Was the C | Operator sent for D | rug/Alcohol Test (\ | //N): | | | N | | | |
| NI. | :::: / | | | | L NA-allia | 0.0.42.414 | | | |
| INO | ified (Indicate nam | ie and time) Givi: | | | J. Modiin | @ 8:42 AM | | | |
| Supervisor | R. Gi | reen | AGM | B. Riyad @ | 8:39 AM | Maint | Ray @ 8:59 AM | | |
| | | | | | | | | | |
| Safety Su | pervisor | B. Dunham !@ | @ 8:38 AM | | Dispatcher | V.Tay | /lor/ D. Terry | | |
| | | | | | | | | | |
| County Name and Time: | | | | M. Wilson @8:40 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: 5/7/9 Time: |
| 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: 5 7 19 Time Occurred: 8.33 A Do not have actual date or time Date Reported: 5 7 19 Time 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 # |
| Complained of clest pains stated he was how clest pains a possible heart attack. He notified by Paul Dale tigh School. I pulled every an notified dispatch. The passinger stated he has a pace maker and it was skipping beach to go to hospital. He was transported to train stated by Supervisore |
| |
| |
| perator Signature: Kin Shelton Date Submitted: 5/7/19 |

| Transdev supervisor's incident report |
|---|
| Date#: $5/7/19$ Time: $5.33 \Omega \text{m}$ Run: |
| Operator #: Kim Shelfon Division: 0124 Vehicle: |
| Supervisor: YOBERI CIFEED |
| Location: PARK DAGE High School College PARK M. |
| Address or Cross Street City & State |
| Description of Event: ON 5-7-19 I RESponded to Bo |
| |

Operator Kim Shelton who had a Elderly man on Her bus complaining to he was Having Severe Chest Pains He was treated by Fire & Rescur Ems And Released

Run: 1461

Supervisor Signature:



| (Check one) | Accident | | Incident X Time Supervisor Arrived: 8:17 AM | | | | | | |
|---|---|-----------------|---|------------------|---------------------|------------|---------------------|--|--|
| Date of O | ccurrence: | | 5/10/2019 | | Time of Occurrence: | | | | |
| Weather: | Clear | Day of the | e Week: | Friday | | DHD (Y/N): | N | | |
| | | | | | | | | | |
| Location (Cross Stre | treet and Town) Bishop Mill Road & Village Drive Upper Marlboro, Maryland | | | | | | | | |
| | | | | | | | | | |
| Route Impact: | | 20 Minute Delay | | | | | | | |
| Employee Name: | Cheryl Cubberbatch | | | | | | | | |
| Employee Name. | | | K E CHI | eryr Cubberbatch | | | | | |
| Run# | 53 | 301 | Bus# | 63159 | | Tag# | LG84957 | | |
| | | | | | | | | | |
| What happened (Be Specific and Brief): | Operator stated a passenger wasw threating her waving her hands in her face a nd screaming at her. She requested supervisor to come to assist her with the passenger. I called the police but before I can get through two questions with the police the operator stated the passenger departed the bus. Supervisor stayed on the scene to make sure the passenger did not board the bus. | | | | | | | | |
| Injuries (if any): | None | | | | | | | | |
| Vehicle Damage | None | | | | | | | | |
| (Check all ti | that apply) | | | | | N | | | |
| | | | | | | | | | |
| Was the C | Was the Operator sent for Drug/Alcohol Test (Y/N): | | | | | | | | |
| Not | ified (Indicate nam | e and time) GM: | | | N | /A | | | |
| | | | | | | | | | |
| Supervisor | R. Green AGM | | N/ | N/A Maint | | | | | |
| | | | | | | | · · · · <u> </u> | | |
| Safety | Ivigr. | | | | Dispatcher | V. Tay | lor/ D. Terry | | |
| County Name | e and Time: | | | | | | | | |
| (Check | | | 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



| The state of the s |
|--|
| Today's Date: 3/10/19 Time: 9.41 |
| Operator Name: CUmberboitCN Vehicle # 03159 Route # 5301 |
| Report Submitted to: Supervisor 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? 405 Reported to Command: (Name) |
| I did not report the incident immediately because: |
| Did a SQM respond to this incident? No ZYes (SQM Name) |
| Date Incident Occurred: 5/10/19 Time Occurred: 8.109 Do not have actual date or time |
| Date Reported: 5/10/19 Time Reported: 6.110 m This is a late report |
| Date Reported: Sign Time Reported: 8.119 This is a late report Location of Incident Clarifield Willage in Work |
| Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat # |
| Explain what happened: |
| Passenger wasn't at the bus ship another lady hild |
| me she was coming I pilled up to the ship and waited |
| low how and she got on the bus yelling. I had her the |
| home fit the ship is 8:10. I was on the phone with |
| out how hand in my face. I asked not not to and |
| She asked me what am I going he do about it. |
| or weethe what your going to so souries. |
| |
| |
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| · · |
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| |
| Derator Signature: Date Submitted: SPP F.8 Rev 5/2015 |

| 10 | 7 |
|-------|----------|
| (The | transdev |
| | 6 60 660 |

SUPERVISOR'S INCIDENT REPORT

| Date#: 5-10-19 Time: | gy Am. | Run: | 0 / |
|--|---------------------------------------|------------------|----------|
| Operator # Cumberbatelt | | Vehicle: 63/5 | |
| Supervisor: Robert Green | protein <u>ona.</u> | , | |
| Supervisor: XO Superv | DR WEST | war marl | sono me |
| Location: Clair field + Village Address or Cross Street | DIC COLL | City & State | |
| | = October | 1 to bus 631. | 54 |
| operator Cumberbotatt c | who stated | that she wa. | <u>خ</u> |
| being threaten by | 2 female f | PASSENGER . UPON | my |
| Openator Cumberbates Copenator Cumberbates Cumberbates Cumberbates Cumberbates Cumberbates Copenator Cumberbates C | PASSENGER | hand departed | +he |
| bus and Area. | | | |
| in the second se | | | |
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| | | | |
| Supervisor Signature: | | | |



| (Check one) | Accident | | Incident | X Time Supervisor Arrived: 9:00 AM | | | 0 AM | |
|--|---|---|--------------|------------------------------------|-----|------------------|------------------------|--|
| Date of O | ccurrence: | surrence: 5/13/201 | | Time of Oc | | currence: | 8:52 AM | |
| Weather: | Clear | Day of the Week: | | Monday | | DHD (Y/N): | N | |
| | | | | | | | | |
| Location (Cross Stre | tion (Cross Street and Town) Temple Hill Road. Temple Hills Maryland | | | | | | | |
| | | | | | | | | |
| Route Impact: | 10 Minute Delay | | | | | | | |
| Employee Name: | Lisa Wilson | | | | | | | |
| and the second second | LISA WIISOTI | | | | | | | |
| Run# | 30 | 001 | Bus# | 632 | 213 | Tag# | LG92213 | |
| | | | | | | | | |
| | | d that a paasenger v spatched to that lo | | | | | | |
| What happened | | | | ted passenger to | | | | |
| (Be Specific and Brief): | | | | | | | | |
| Briery. | | | | | | | | |
| DESCRIPTION OF BEAUTY | | | NORSH ENGLES | | | CARGO CONTRACTOR | SA TANDENCE CONTRACTOR | |
| Injuries (if any): | None | | | | | | | |
| | | | | | | | | |
| Vehicle Damage | | | | None | | | | |
| (Check all t | hat apply) | Police | N | Ambulance | N | Tow | N | |
| | | | 7,511,910,91 | | | | | |
| Was the (| Operator sent for D | rug/Alcohol Test (Y | //N): | | | N | | |
| N. H. J. | | | | | 4 | | | |
| Notified (Indicate name and time) GM: J. Modlin (vm) @ 9:00 AM | | | | | | | | |
| Supervisor | K. Al | ston | AGM | | | Maint | | |
| | | | | | | | | |
| Safety | Mgr. | lgr. Dispatcher V. Taylor/1 | | or/ M. Proctor | | | | |
| G A N | d Ti | | | | | | | |
| | County Name and Time: (Check one) Telephone | | | In Person | | (Must be d | done within 1 hour) | |
| Check | Olley | тегерионе | | III I EISON | | | | |
| | | | | | | | | |
| Please note the details of this incident | , | | | | | | | |
| will change when the | | | | | | | | |
| Supervisor Arrives | | | | | | | | |

| Operator Incident Report |
|--|
| |
| Today's Date: 513 2019 Time: 8:50Am |
| Operator Name: Josa · Wilson Vehicle # 163213 Route # 3001 |
| 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? 48 Reported to Command: (Name) Aspatch |
| I did not report the incident immediately because: |
| Did a SQM respond to this incident? No Yes (SQM Name) |
| Date Incident Occurred: 613009 Time Occurred: 850A- Do not have actual date or time |
| Date Reported: 5 13 2019 Time Reported: 8:5/Am This is a late report: |
| Location of Incident Temple Hills Rd. (Screetion of Branch Are.) |
| Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat # |
| |
| Explain what happened: Passenger was asked a Chinton fringe to keep music |
| John, he tuned if John then however when students got |
| down, he tuned if down then however when students got onto the bus and other riders it suddenly got loud again; I once arouncement that electronic devices needs to |
| down, he tuned if down then however when students got onto the bus and other riders it suddenly got loud again; I once around made the amountement that electronic devices needs to be used with head phone please". by that time the students in |
| John, he turned if Lown then however when students got onto the bus and other riders it suddenly got loud again; I once main made the aunouncement that electronic devices needs to be used with head phone please, by that time the students in which I thought the music was coming from, got off the bug however |
| John, he turned if John then however when students got onto the bus and other riders it suddenly got loud again; I once around with head phone please, by that time the students in which I thought the music was coming from, got off the bus however the loudness was still there; I made the announcement again. |
| down, he turned if down then however when students got onto the bus and other riders it suddenly got loud again; I once argain made the aunouncement that electronic devices needs to be used with head phone please, by that time the students in which I thought the music was coming from, got off the bus however the loudness was still there; I made the announcement again and it was made cleare that it was the same young man that |
| down, he turned if down then however when students got onto the bus and other riders it suddenly got loud again; I once argain made the aunouncement that electronic devices needs to be used with head phone please, by that time the students in which I thought the music was coming from, got off the bus however the loudness was still there; I wade the announcement again and it was made cleare that it was the same young man that I inteally asked to turn down the music perpended that he did not |
| down, he turned if Jour then however when students got onto the bus and other riders it suddenly got loud again; I once amain made the aunouncement that electronic devices needs to be used with headphone please, by that time the students in which I thought the music was coming from, got off the bus however the loudness was still there; I wade the announcement again and it was made cleare that it was the same young men that I intuity asked to turn down the music responded that he did not have head phones and that he was watching videas and not listening |
| down, he turned if down they however when students got onto the bus and other riders it suddenly got loud again; I once argain made the aurouncement that electronic devices needs to be used with head phone please, by that time the students in which I thought the music was coming from, got off the bus however the loudness was still there; I made the announcement again and it was made cleare that it was the same young men that I intuity asked to turn down the music responded that he did not have head phones and that he was watching videas and not listening to music and that I should buy him some head phones if I wanted |
| down he turned if Lown they however when students got onto the bus and other riders it suddenly got loud again; I once around made the ampuncement that electronic devices needs to be used with head phone please; by that time the students in which I thought the music was coming from got off the bus however the loudness was still there; I wade the ampuncement again and it was made cleare that it was the same young men that I intuity asked to turn down the music respinded that he did not have head phones and that he was watching videas and not listening to music and that I should buy him some head phones if I wanted him to use them otherwise leave him the F alone and doked for |
| donn, he turned if Lown they however when students got onto the bus and other viders it suddenly got loud again; I once aracin made the aunouncement that electronic devices reads to be used with head phone please, by that time the students in which I thought the music was coming from, got off the bus however the loudness was still there; I wade the announcement again and it was made clease that it was the same young men that I intuity asked to turn down the music responded that he did not have head phones and that he was watching videas and not hatening to music and that I should buy him some head phones if I wanted him to use them otherwise leave him the F alone and drive the Fing bus it was then I called dispatch and asked for |
| donn, he turned if Lown they however when students got onto the bus and other viders it suddenly got loud again; I once aracin made the aunouncement that electronic devices reads to be used with head phone please, by that time the students in which I thought the music was coming from, got off the bus however the loudness was still there; I wade the announcement again and it was made clease that it was the same young men that I intuity asked to turn down the music responded that he did not have head phones and that he was watching videas and not hatening to music and that I should buy him some head phones if I wanted him to use them otherwise leave him the F alone and drive the Fing bus it was then I called dispatch and asked for |
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| Transdev supervisor's incident report |
|--|
| Date#: $3/3/19$ Time: $8/52444$ Run: $300/$ |
| Operator #: 214 W/Son Division: 0124 Vehicle: 632/3 |
| Supervisor: Lejin Alston |
| Location: CHAIR WILL Reset Land Mary factor |
| Address or Cross Street City & State |
| Description of Event: Passcard was playing Music resulting on |
| Bus, Passences was Asked to flan his Music |
| with earphone, Cossense, referse to do So. |
| of Bansported Passences to Nachen Kon Station |
| |
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| \sim |
| A Allah |
| Supervisor Signature: # ### WAD TO TO TO THE SUPERVISOR SIGNATURE OF THE SUPERVISOR SI |



| (Check one) | Accident | | Incident | | | | |
|---|---|--------------|------------------|------------------|------------|---------------------|---------|
| Date of O | ccurrence: | | 5/17/2019 | | Time of Oc | currence: | 3:30 PM |
| Weather: | Clear Day of the Week: | | Friday | | DHD (Y/N): | 1 N | |
| 基本的基本的基础 | | | | | | | |
| Location (Cross Stre | et and Town) | Boc | k Rd and Wolf St | Temple Hills Mai | ryland | | |
| | | | | | | | |
| Route Impact: | 45 Minute delay | | | | | | |
| Fundame Name | Daviella Welliau | | | | | | |
| Employee Name: | Danielle Walker | | | | | | |
| Run# | 35 | 52 | Bus# | 632 | 209 | Tag# | LG92102 |
| | | | | | | | |
| What happened (Be Specific and Brief): | Operator stated that a patron struck her in the back of the head while exiting the bus. There were 4 patrons on board the bus. No injuries to report at this time. Police were dispatched to the scene as well as a supervisor. | | | | | | |
| Injuries (if any): | None | | | | | | |
| Vehicle Damage | None | | | | | | |
| (Check all th | that apply) | | | | N | | |
| | | | | | | | |
| Was the Operator sent for Drug/Alcohol Test (Y/N): | | | | | | | |
| Not | Notified (Indicate name and time) GM: J. Modlin @ 3:56 PM | | | | | | |
| | | | | | | | |
| Supervisor | D. Jac | kson | AGM | Kevin Jay @ | 9 3:55 PM | Maint | N/a |
| | | Dallia and O | 4.04 PM | | Di Li | | |
| Safety Train | ning ivigr. | Bellinger @ | 4:01 PW | | Dispatcher | | ampbell |
| County Name | and Time: | | | M. Wilson | @ 3:57 PM | | |
| (Check one) Telephone | | | In Person | х | (Must be | done within 1 hour) | |
| | | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | |

Operator Incident Report (Continuation Report)



| Today's Date: 5/17/19 Time: 16:22 | |
|--|---|
| Operator Name: Danielle Welker Vehicle# 63209 Route # 3552 | |
| A TOTAL CONTROL OF THE PROPERTY OF THE PROPERT | |
| bus | |
| At 15:30 while at the stop in Front of the | |
| technology Center on Bock Rd a young female | |
| 1. Ms horners my the other passengers, Chrsma, yelling, | |
| and landoned loughly at them I asked her to Stop | , |
| or get off the bus She then started calling | |
| a Kitch DD + pulled over To the bus stop | |
| on Bock Rd and Wolf St. She Sat on | |
| the lous after I asked her to get off 80 I | |
| Called Mto base on the rado. While trying | |
| to ask base for a supervisor she walked | |
| down acted as if she was finowing | |
| something in the toush atubred a founded of | |
| inclus Raphy's and hit me of the ruch | |
| of my head twice. She then Walked off | |
| the bas but before I could close the door | |
| She came back on the bus grubbed Something | 9 |
| From behind my seat and tried to hit | ľ |
| me on the head agame I put my arm up to | |
| block how took of my seat-best and before | · |
| I Could get up she ran Off the bus again and ran down wolf St. | |
| and ran down wolf St. | |
| | |
| Young african american temali dark 5km w/ a dark | |
| red wig black & Shirt and dark green pants wearm | 9 |
| black & white adidas Sandals. | 8 |

Operator Signature: Date Submitted: 5 17 19



SUPERVISOR'S INCIDENT REPORT

| Date#: 5-17-19 Time: 3:30 PM Run: 3552 |
|--|
| Operator #: D. WAIKER Division: 0124 Vehicle: 63209 |
| Supervisor: D. JACKSON |
| Location: BOCK RD FT. WASLING JOHN MD |
| Address or Cross Street . City & State Description of Event: T FRRIVED ON the SCENE |
| t. |
| At 3:51 pm, AND the OPERATOR STATED |
| that A PATRON WAS BEING LOUD, AND |
| the bus AND being distrespect Ful to |
| Other patrons. OPERATOR ROK the pratron |
| to get OFF the bus. As the patron was |
| At the trash can on the bus she threw |
| Some NEWS PAPERS At the OPERATOR, FILSO |
| As the patron was setting of the bus. |
| 07ERATUR WAS Shutting the doors the |
| Patron get back on the bus, AND |
| Reach believed the operatures chain, and |
| Struck the operator with Something. OPERATOR |
| Don't know what it was. Also the patron |
| NAS GONE WhEN I got ON the SCENE. |
| There ARE NO INJURIES to REPORT At |
| This time. Oterator continue in service. |
| |

Supervisor Signature: Duel Jaulso



| (Check one) | Accident | | Incident | X Time Supervisor Arrived: 7:48 AM | | | | | | |
|--|---|-----------------------|-----------|--|------------------|--------------|---|--|--|--|
| Date of O | ccurrence: | | 5/21/2019 | | Time of Oc | 7:39 AM | | | | |
| Weather: | Clear | Day of the Week: | | Tue | sday | DHD (Y/N): | N | | | |
| | | | | | | | | | | |
| Location (Cross Stre | eet and Town) | | Donnell D | rive @ Pennsylva | nia Avenue - For | estville, MD | | | | |
| | 。 第二章 1918年 - 19 | | | | | | | | | |
| Route Impact: | | o Alphaean Centraline | | 1 - Missed Pull | | | | | | |
| Employee Name: | | James Baker | | | | | | | | |
| | | | | | | | | | | |
| Run# | 20 | 002 | Bus# | 621 | .42 | Tag# | LG81822 | | | |
| | | | | | | | | | | |
| | | | | | | | efused boarding and dispatched to assist. | | | |
| What happened | | | | | | | ir. Strategic operator | | | |
| (Be Specific and Brief): | 0 500 50 00 00 00 00 00 00 00 00 00 00 0 | | | ntinued in service | | | | | | |
| Briery. | | | | | | | | | | |
| | | | | | | | | | | |
| Injuries (if any): | | None | | | | | | | | |
| | | NOTE | | | | | | | | |
| Vehicle Damage | | | Passenge | r side glass is sha | ttered | | | | | |
| (Check all t | hat apply) | Police | Y | Ambulance | N | Tow | N | | | |
| | Royal Control | | | | | | | | | |
| Was the C | perator sent for D | rug/Alcohol Test (Y | //N): | | | N | | | | |
| Not | ified (Indicate nam | o and time) GM: | | | | | | | | |
| | ineu (muicate nam | e and time; Givi. | | | | de 3625320 | | | | |
| Supervisor M. Pro | | octor | AGM | R. Bandak @ | 7:43 Am | Maint | Ray @ 7:43 AM | | | |
| | | | | | | | | | | |
| Safety Mgr. | | B. Dunham @ | 7:39 AM | | Dispatcher | V. Taylor | | | | |
| County Name | e and Time: | | | M Wilson | 7.44 AM | | | | | |
| County Name and Time: (Check one) | | Telephone | X | M. Wilson @ 7:44 AM In Person (Must be done within 1 hour) | | | | | | |
| | | | | | | | | | | |
| Please note the | | | | | | | | | | |
| details of this incident | | | | | | | | | | |
| will change when the Supervisor Arrives | | | | | | | | | | |
| | | | | | | | | | | |



SUPERVISOR'S INCIDENT REPORT

| Date#: 5-21-19 Time: | 73 Am. | Run: 2002 |
|--|-----------------------|-------------------|
| Operator #: James Baker | Division: <u>0124</u> | Vehicle: 63142 |
| Supervisor: M. Proctor | | |
| Supervisor: | Pannoulana | Avenue Forestiall |
| Location: Donne / Drive (and Address or Cross Street | 1emisylvania | Ity & State |
| Description of Event: Operator S. | fated that | a male patron |
| attemped to board t | he bus at a | a un authorized |
| stop. Operator ref | used board | ing and the |
| male Struck the 7 | bassenger Sic | le window with |
| his hand causing | g the wine | Now to crack. |
| Taccired at 7:48 | an and co | ntrolled the |
| location of the in | ocident the | e vehical was |
| driven back to a | base Per | Supervison |
| Investigation, Tpatron | ns on-board | 100 10 Just 185 |
| · · · · · · · · · · · · · · · · · · · | , | |
| claimed, bus return | | |
| Strategic operator | Continued | in Service. |
| | #0 2 | |
| | | |
| | | |
| | - | |
| | | |
| | | |
| | | |
| | | , |
| Supervisor Signature: Dall C | 0/2 1 | 27 |
| Supervisor Signature: | | |

Operator Incident Report 8:50 pm Time: Today's Date: Route # 20 Operator Name:_ Safety Dept. Report Submitted to: Supervisor Dispatch Passenger Incident Passenger Injury Vehicle Damage Check One: Passenger Accident No Damage Vehicle Incident Report Other Passenger Complaint Reported to Command: (Name) Was the incident reported immediately? W I did not report the incident immediately because: Did a SQM respond to this incident? No- Yes (SQM Name)_____ Date Incident Occurred: 5-21-19 Time Occurred: 7 36 AM 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:

CASE NUMBER

PP 19-0029628

PRINCE GEORGE'S COUNTY POLICE

7600 BARLOWE RD HYATTSVILLE MD 20785 office: 301-772-49 Non-Emergen 301-352-12

BURBANK#4002
Police Officer First Class

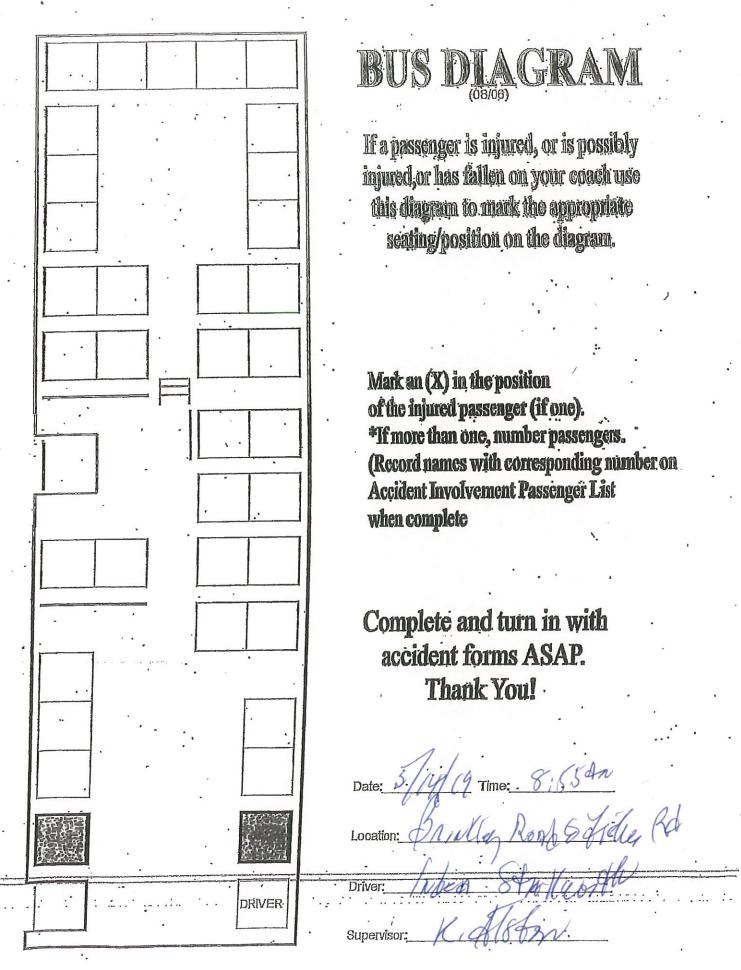
http://www.princegeorgescountymd.gov



| (Check one) | Accident | X | Incident | Department | Time Superviso | or Arrived: 9: | 10 AM | | |
|--------------------------|--|---------------------|-----------------|---------------------|--|---------------------|------------------------------|--|--|
| Date of Occurrence: | | • | 5/14/2019 | | | Time of Occurrence: | | | |
| Weather: | Clear Day | | e Week: | Tuo. | Tuesday | | | | |
| weather. | Clear | Day of the | e week: | Tue | suay | DHD (Y/N) | : N | | |
| Location /Curso Stu | ant and Taumi | | Dutable | | -1 1 121 | | | | |
| Location (Cross Str | eet and Town) | | втіпкіеў | road @ fisher roa | ad ,temple Hills | Maryland. | | | |
| Route Impact: | | 1 Missed Pull | | | | | | | |
| | | | | | | | | | |
| Employee Name: | | | | Indea Stallworth | | | | | |
| Run# | 7 30 | 501 | Bus# | T 631 | 63168 | | LG92049 | | |
| | | | Busin Services | | | Tag# | 2032043 | | |
| | while sitting @ | a bus stop on Bri | nkley road Vehi | cle #1 was hit in t | he rear by a pas | sing vehicles | right side mirror. | | |
| What hannened | | | | | | | | | |
| (Be Specific and | What happened (Be Specific and Brief): | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Injuries (if any): | | None | | | | | | | |
| Vehicle Damage | ehicle Damage Scratch on rear of the bus | | | | | | | | |
| venicle banage | | | Scratt | chonreal of the t | Jus | | Contract Contract Act | | |
| (Check all | (Check all that apply) | | Y | Ambulance | N | Tow | N | | |
| | | | | | | | | | |
| Was the | Operator sent for D | rug/Alcohol Test (\ | Y/N): | | | | | | |
| No | tified (Indicate nam | e and time) GM: | | | J. Modlin | @ 8:59 AM | | | |
| | | | | | | | | | |
| Supervisor | K.Al: | ston | AGM | R.Bandak @ | 9 8:56 AM | Maint | Ray @ 8:55PM | | |
| | | | | | | | | | |
| Safety Tra | ining Mgr. | B. Dunham (| @8:57 AM | | Dispatcher | V. Tay | lor/M.Proctor | | |
| County Nam | e and Time: | | | M. Wilson | @ 8·57AM | | | | |
| (Check one) | | Telephone | X | | | | (Must be done within 1 hour) | | |
| | | | | | | | | | |
| Please note the | | | | | | | | | |
| details of this incident | | | | | the bus Tow N J. Modlin @ 8:59 AM ak @ 8:56 AM Maint Ray @ 8:55PM Dispatcher V. Taylor/M.Proctor son @ 8:57AM | | | | |
| will change when the | | | | | | | | | |
| Supervisor Arrives | | | | | | | | | |



| Operators CDL#1 | Exp Date | Valid DOT Med Car | d / Exp : | Date | | .Ac | cident Reports | ÷ | | • | |
|--|---|---|-------------------------|--|--|---------------|--------------------|--|---|----------------|--|
| 133 | 4358/1/350/ | 21 LEYes □ No Time of Accident # of Ve | hicles | Smarti | Drive T | riggered | Scer | e Photo | s Substan | ce Abuse Teste | |
| Accident Date Month, Day Year | | | | | | □Yes | | No D | Yes □ No | | |
| 15/14/19 | 1 1 1 2 2 1 | 9:50a 1 | - 725 7 . 3 | क्षाप्त स्ट्राहरू | - | राष्ट्र अस्ति | OTHER | | (3), 10, 10, 10, 10 | na suyeet e | |
| The state of the s | | VEHIOLE Y | <u> </u> | | | | | | • | | |
| Operator Name (Exactly A | C' 1 11 | worth. | | ĖVeľ | icie Z | M Bjo | ydişt 🗀 Pedi | eşirlən | li fined Object | t @Pax Fall | |
| Address (Include Number | & Street) | Apt# | | Name (Exectly | As Printe | d On Licens | в) | | | | |
| | 315454.51 | E AS62 | | | | | <u></u> | | 1 VPIII | <u></u> | |
| CittorTown | St | C 2002 | 0 | Address (Inclu | de Numb | er & 5(rees) | | | | ApI# | |
| Employee ID# | Date of Hire | Sludent Driver? Y/N | | City or Town | | € | Slafe | • | Zip | | |
| 30929 | (337) | #Slanding | | Date of Birth | Sex | | Driversil | cense | Lio,Siate | #of Occupanis | |
| #of Cards #of | FOccupania #Seate# | . 14-Okulokiñ | | | | M D F | ∐Yes | TiNo | | | |
| T. Int. I Walnut | · Sale | Vehicle Year / Make , | | Іпвигалсе Со | | | & Exp Date | HI40 | <u></u> | <u>,,L</u> | |
| Bus 10# Plate# 63 168 68 | 74969 MD | 2008 Low Y/ | 60182 | Name (Exect) | i de Drini | od Rometrali | (m) | | | | |
| Vehicle Type | Roule#&F | ^{wi#} 350 | 1 | Maille fevere | Luer im | en Molinan | e.u | | | | |
| VIN 2 100 | or | 1'04 | | Address (incli | idə Numb | er &Street) | | | Apl# | | |
| 15668 | 21/28/679 | 195 Agirallop Qale 1/ | , · | CilyorTown | | <u>-</u> | State | | Zip | • | |
| Insurance Co | whice MI | 21 B 2126 16 | 14 | | | | | | | | |
| _010-169 | Launiion of Acc | | / / | Plato# | Slate | Ye | ar & Make of Vehic | e | Vehicle Type | Color | |
| Address/Street on which a | accident occurred | | | VIN | <u>L</u> | | | · | <u></u> | | |
| At intersection viili | 21 | | _ | | | | ···· | | | | |
| 🗆 Not at Intersection | Fee(A S E | W of | ******* | Telephone# | | | | | | | |
| ☐ On Roadway | ☐ Off Roadway | | Paristana | | | | | • | | | |
| At Bus Stop? 口 Yes I | □No (ifyes) □ Near | Slop. II FarStop IIMid-Bloo | Kemb | nenfal Gondit | | | | | | | |
| | Surface. | | <u>environi</u> laht | HENNAL GOVERN | 10112 | Roady | vav-# of Lanes | | dway Characterist | ics | |
| Weather Clear | <u>Surface</u> III Diỳ | 🗆 Stop Sign 🔻 🗆 | I Daylight | ; | | □ Divi | ded livided | | iraightand Levei Iraightand Grade | | |
| ☐ Cloudy | □Wet □ lcy | | I Dawn I Dusk | | | ∐ Asp | halt | □Si | iraightat Hillcrest | ι | |
| ☐ Raining ☐ Snowing | □ Snow | □ Flagman □ | Dark Ro | ad-Unlighted | | ☐ Con | crete | | urve and Level Irve and Grade | | |
| □ Foggy □ Other | ☐ Olher | . 🗆 Uncontrolled 🗆 🗀 Other | Daikko | ad-Lighled | | | | | inva at Hillcrest | | |
| LI UHAH | PreA | ccident Movement | • | | | Unicere | al Road Gonditio | ns | | | |
| V1 V2/OV | V1 V2/OV | | /1 V2/0 | и . | | □ No1 | Unusual Condilior | | | *** | |
| ☐ ☐ Going Straight | | 口 Holes/Deep Rut 口 Obstaction in road | | | | | | | | | |
| 口口 Making right turn 口口 Enlering Bus Stop 口口 | | | | Passing Gonstaction / repair zo Merging GLoose material on road | | | | one · • | : | | |
| п п Мaking leit fum | | Backing II Reduced road width | | | | | | | | | |
| 🔲 🖺 making left on i | | ked jectin road j Ided objectin road | 1 110 |)lher | | □ Oihe | r . | | | | |
| ☐ ☐ Making UTum Vehicle Lights | Tum Signals | Posted Speed Limit | Esti | mated Speed) | Limit | Direc | fon of Travel | T | <u>Accident / Colli</u> | sion With | |
| No 1 □ On □ Off | No 1 🗆 Left Turn On | Vehicle 1mph | Vehici | e11 | riqır | 1 | /ehicle 1 | | r Molor Vehicle | • | |
| | No i Right Tum On | | Vehich | a.o .r | nph | N | SEW | ☐ Bioyo | | | |
| №2口On口Off | No 1 ☐ Four Ways On | Vehicle 2mph | A CHIP | , | t | v | ehiole 2 | □ Fixed | l Object | | |
| | No 2 II Left Tem On No 2 II Right Tum On | | | | | N | S-E-W | ☐ Pede -El-Anima | | | |
| | No 2 Li Rour Ways On | | <u> </u> | | | | | | | | |
| | | | | Bi <mark>šýclisť Ačtič</mark> a Hiohwav Will | | | | _ | Timesan italian ita italian ita | a On Voltata | |
| Li Operation The Dignal on Change with | | | | | ig Highway With Traffic Inst Highway With Traffic | | | · II Pushing / Working On Vehicle II Working In Roadway | | | |
| T Cossing Against Signal Li Emerging Front in Flori | | | | | ront of or Behind Parked Cars 🔲 Not In Roadway | | | | | | |
| 口 Crossing - No Signal/Marked Crosswalk 日 Playing In Road 日 Crossing - No Signal/Marked Crosswalk 日 Playing In Road 日 Crossing - No Signal/Marked Crosswalk 日 Control of Contro | | | | | | | | | | | |



Transdev EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: | • | | |
|---|--------------------------------|--|-----|
| Work was not described in the second of the | rkers Comp#Issued by Sedgwick) | | |
| Name | Birth Date | Hire Date | |
| Stallwortz. | 11,9,83 | July 31st, | 201 |
| | | . (| |
| Driver's License# 1334339 | <u> </u> | | |
| Employee Number 30929 | - | | |
| DOT CARD VALID? Yes or NO (IF NO, PLEASE E | EXPLAIN WHY): | | |
| | | | |
| • | | | • |
| HOME ADDRESS: 2861.3(St | St. SE | | |
| CITY- MACHINGTON S | STATE DC ZIF | CODE | |
| HOMEPHONE NUMBER DAYTIME 2/787-0475 | | IPLOYEE STATUS (please circle) LITIME OR PART TIME | . • |
| IS THE OPERATOR ON OVER TIME? GENDER Yes / (No) / Unknown M of F | martial status nui | MBER OF DEPENDANTS | |
| *SHIFT START TIME/END SHIFT TIME* 5 \ 5 \ AMO' PM / N / A . AP | Vi or PM | | |
| | | | |

Operator Incident Report



Date Submitted: 5/14/

Operator Incident Report (Continuation Report)



| Today's Date: 5/14/19 Time: 9/012a Operator Name: 570/Worth Vehicle # 63/68 Route # 350/ |
|---|
| Operator Name: STOLLWOMN Vehicle # 63168 Route # 536 |
| Put On speaker, he asked if everything Was fore with the, I explained I had to want for a superisson if that her wirror was off, he said don't warry about her wirror has it's fust amorror, then he told her to leave is not warry about it, I asked for her contact in the warry about it, I asked for her contact in the speed for her contact in the speed for the feel of the pall to retrieve her is then see left. |
| |
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| |
| |
| |
| |
| Operator Signature: S. Hallo H. Date Submitted: 8/14/9 |

Welvess Transdev

Operator Incident Report (Continuation Report)

| ay's Date: | Harri (| Time: | | |
|------------------------------------|---------|----------|---------|--|
| ay's Date: Nathanie Name: Nathanie | Harris | Vehicle# | Route # | |

| I was standing at the bus stop asking the operator when the next bus would arrive. I neard a POP sound at the outside |
|--|
| the morrator when the next by s would |
| acrive. I neard a POP sound at the outside |
| coar of the bus. I thought some one had thrown |
| an shipet at the Bus. upon further investigation |
| I noticed car parts on the ground at the rear of |
| the bus. A woman driving a white vehicle (car) |
| struck the bus with her passenger side inthing |
| the left rear of the bus, losing her side view |
| mirror. The driver of said vehicle came back |
| cear of the bys. I thought some one had thrown an object at the Bus. upon further investigation I noticed car parts on the ground at the rear of the bys. A woman driving a white vehicle (car) struck the bus with her passenger side hithing the fest rear of the bys. Iosing her side view mirror. The driver of said vehicle came back aftered the preces of her mirror gave the bus aperator limited information and consequently lest the scene before the bus driver's supervisor |
| aperator limited information and consequently |
| hest the scene before the bus arrived on scene. |
| and proper authorities arrived on scene. |
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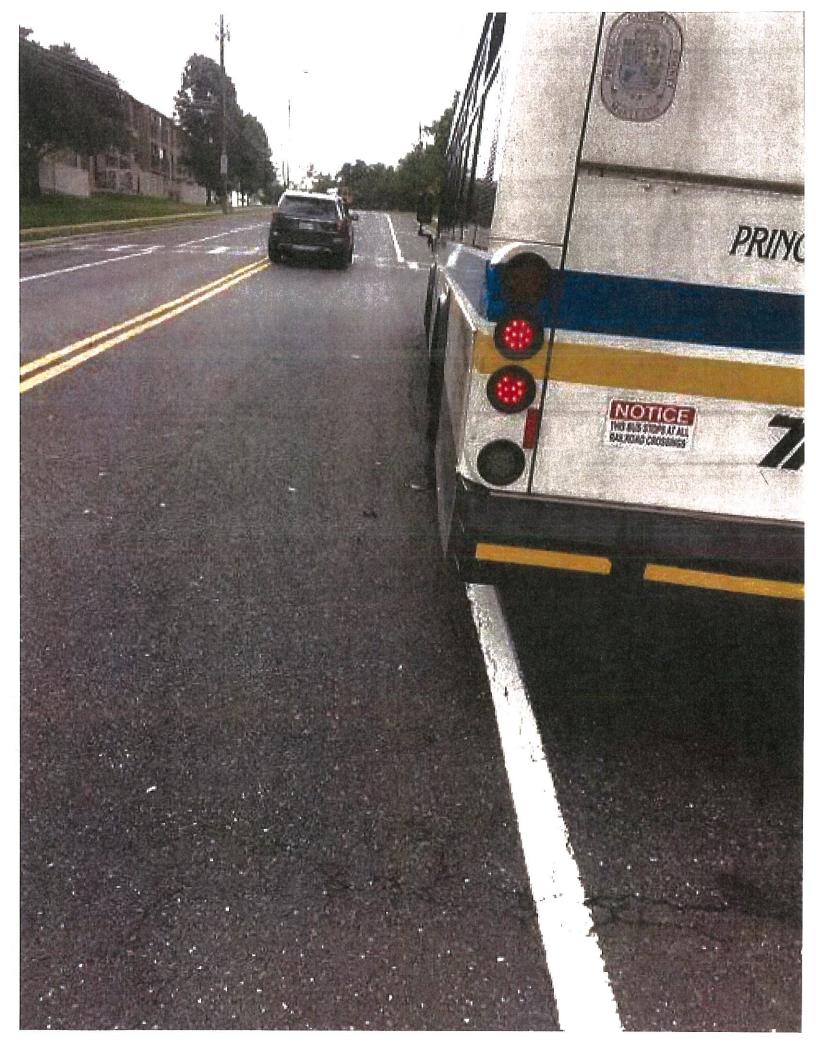
Transdev supervisor's incident report

| Date#: 5/14/19 | ime: 8:50 | <u> </u> | Run: 350 |
|--|--------------|------------|-------------|
| Operator #: I. Stallworth | | | |
| Supervisor: Alston | | | |
| Location: Brinkley Rd Address or Cros | | | HIL MD |
| | | | |
| Description of Event: When I | arrived at | bus 63168 | Operator |
| Stallworth said the dr | river of whi | cle 2 left | the Scene. |
| Operator also stated | | | |
| moving when a car | | | |
| making Contact with | the rear | leftside o | f the bus |
| with her right side | | | |
| _ | | 171110. | 171002 1119 |
| the mirror off. | | · | |
| | | | |
| | | | |
| | a a | | |
| | | | , 1 |
| PARAMETER 100 100 100 100 100 100 100 100 100 10 | • | | |
| | (* | | |
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| | | | • |
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| | | | |
| | | | |
| | | | |
| • | | | |
| Sunervisor Signature: | Usla | | |

PP 1905 1400000 675 Cpl Geln Mausen # 3652 301-749-4961





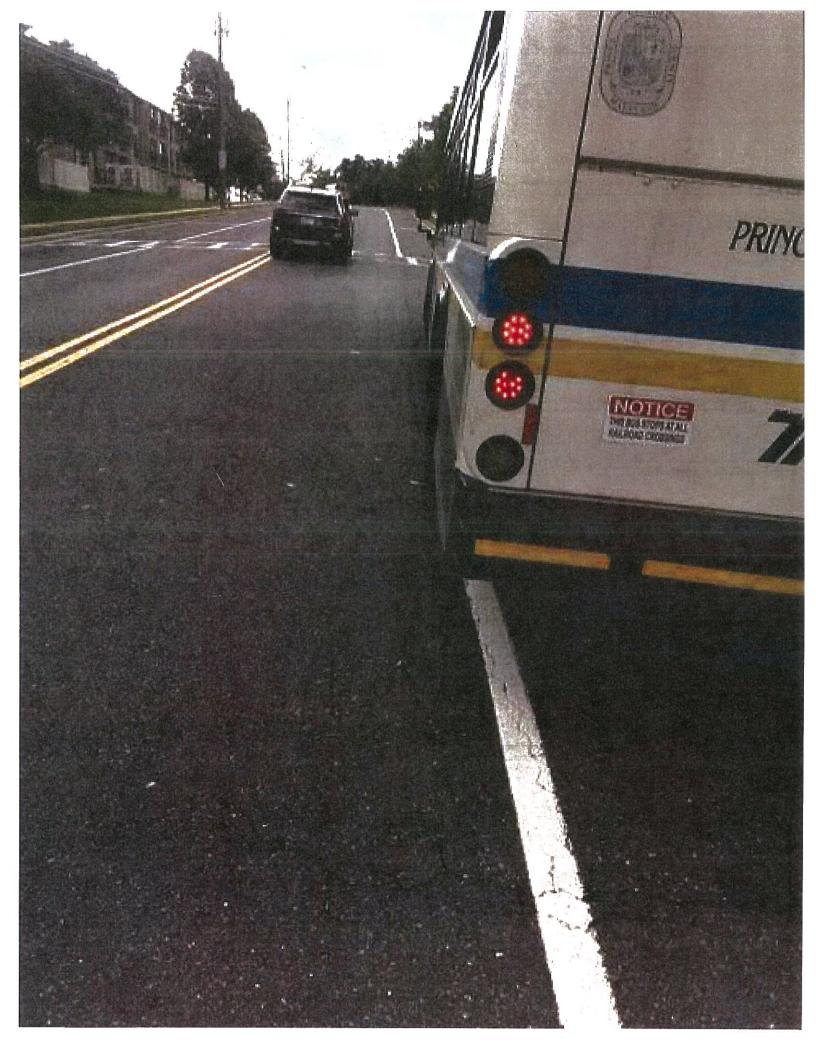
















Safety & Training Department

| (Check one) | Accident | Х | Incident | e je sala sa | Time Superviso | | 39 AM |
|---|----------------------|---------------------|------------------|--------------------|-----------------------|----------------|---|
| Date of O | ccurrence: 5/16/2019 | | Time of Occurren | | currence: | 8:10 AM | |
| Weather: | Cloudy | Day of the Week: | | Thur | sday | DHD (Y/N): | N |
| | | | | | | | |
| Location (Cross Stre | et and Town) | | Goddard Space | e Flight Center Ma | ain Gate Green | belt, Marylaı | nd |
| | | | | | | | |
| Route Impact: | | | 3(| 0 - Minute Delay | | | |
| Employee Name: | | | | Danielle Walker | | | |
| Employee Numer | | | | | | | |
| Run# | 15 | 91 | Bus# | 631 | .46 | Tag# | LG81823 |
| | | | | | | | |
| | Vehicel #1 came in | nto contact with Ve | hicle #2 rear bu | mper while pulling | g up to a bus sto | op at the traf | fic light at Nasa Front cene. No damage to |
| What happened | | | | | | | aiming injury to the |
| (Be Specific and | | back where at firs | | | | | |
| Brief): | | | | | | | |
| | | | | | | | |
| Injuries (if any): | | | | None | | | |
| injuries (ii any): | None | | | | | | |
| Vehicle Damage Vehicle #1 none, Vehicle #2 scratches back bumper. | | | | | | | |
| | | | | | | | |
| (Check all t | hat apply) | Police | Υ | Ambulance | N | Tow | N |
| Was the O | Operator sent for D | rug/Alcohol Test (\ | Y/N): | | | N | |
| | | | | | | | |
| No | tified (Indicate nam | e and time) GM: | | | J. Modlin | @8:21 AM | |
| Supervisor | B. Ogu | ndoko | AGM | R. Bandak (| ക 8∙22 AM | Maint | Ray @ 8:23 AM |
| Supervisor | B. Ogu | liueko | Adivi | N. Baridak (| S 0.22 AIVI | TVIGITE | |
| Safety Trai | ning Mgr. | B. Dunham @ | 9 8:18 AM | | Dispatcher | V.Tay | lor/ M.Proctor |
| La Metal Control | | | | | | | |
| County Name and Time: | | M. Wilson @ 8:20 AM | | | | | |
| (Check one) Telephone X | | In Person | | (Must be | e 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 Accid | dent Report# |
|--|---|
| 1M 476 135 585 2-90 Pres II No | dent Report # D 190516000005 Scene Photos Substance Abuse Tested |
| Accident Date Day of Week Time of Accident 44 of Ventices | |
| Month Day Year Alexandra | MYes INO IYes INO |
| 8.20 | OTHER PARTY |
| BANKA A REMINISTER A 18 COMPANYA LA ARMIGER A 18 CALLER | |
| Operator Name (Expelly As Printed On License) | dist Dedesidan Dificed Object Dear Fall |
| Janville Walker | |
| Address (Leglard Number & Street) | |
| Address (Include Mumber & Street) | Apt# |
| GilyorTown Warlows Ms 20772 8010 Great | sell Stefin Powery |
| Con Con Start Start | ale Zp |
| Greenbury Greenbury | 7000 |
| #of Cards #of Cocupanis #Saated #Standing Date of Birth Sex | Billion and the second |
| 10 10 H 12/20/69 IMBF | Myes 14110 |
| State Vehicle Year I Make Insurance Co Polliny # B | 4417056837 |
| 12146 ND 2007/ Called Section | |
| Vehicle Type - Route # & Route | ny |
| Venicie Type Gacally Address (Include Number & Street) | Api# |
| | <u> </u> |
| UN USGCB291871112864 City or Town | Slale Zip |
| 01d 0-00dd 1 MMTB 212-68 | |
| I Plaint I Sign I Ye | ark Make of Vehicle Vehicle Type Tik Color |
| Address/Street on Which accident occurred CI Pricars Greens of 6017002 ml 2 | 01/ 111012 37000 |
| Atinlessection with Ciprina Rie Greatset up VIN COG 41 | KBXHF 152601 |
| Veillesten 18 | |
| I NotatinjersectionFeet N S is V VI | |
| ∃ On Roadway ☐ Off Roadway | • |
| At Bus Stop? II Yes II No (If yes) II Near Stop. II Far Stop II Mid-Block stop | |
| Environmental Conditions | av-il of Lanes Roadway Characteristics |
| Weather Surface Halle Clay Halle Clay | ried Efficient Lovel |
| ☐ Glean ☐ Undi | |
| T Painter 11 lev 12 Traffic Signal 11 Dusk 12 Aspt. | helt Shaightat Hillorest crete Screen Curve and Level |
| I Snowing Lishow II Isonifolied I Dark Road - Lighled II Grav | rel El Curve and Grade . |
| 日 Foggy . 口 Other . 口 Other | or II Curve al Hillcrest |
| | Road Conditions |
| VI VZ/OV · II No U | Inusual Conditions |
| | o/Deep Ruf Huckon in road |
| 口 D Making right turn 口 口 Entering Bus Stop 日 Passing 口 Const | hudion / repair zone |
| To Clonned in Iraffin | emalerial on road ced road width |
| T Derkert | |
| | • |
| 口 I Making U Turm 口 口 Avoided object in road | ion of Travel Accident / Collision With |
| ☐ ☐ Making UTum ☐ ☐ Avoided object in road Vehicle Lights Turn Signals Posted Speed Limit Estimated Speed Limit Directly | ion of Travel Accident / Collision With |
| I Making UTum | ehicle 1 ET Other Motor Vehicle . |
| I Making UTum | ehicle 1 ZTÖlher Motor Vehicle . S E W Bioyolist I Reil Trein |
| □ □ Making UTum □ □ □ Avoided object in road Vehicle Lights Turn Signals Posted Speed Limit Estimated Speed Limit Directly No 1 □ I left Turn On Vehicle 1 3.5 mph Vehicle 1 3.5 mph Vehicle 1 3.5 mph Vehicle 2 3.5 mph Vehicle 2 3.5 mph Vehicle 2 3.5 mph | ehicle 1 ZTÖlher Motor Vehicle . S E W Bioyclist II Rail Train II Fixed Object |
| Discrete Discrete | ehicle 1 ZOther Motor Vehicle SEW Bioyolist DRail Train |
| United Lights Tum Signals Vehicle Lights Tum Signals Posted Speed Limit Vehicle 1 35 mph Vehicle 1 35 mph Vehicle 1 35 mph Vehicle 2 35 mph | ehicle 1 ZTÖlher Motor Vehicle S E W Bioyclist |
| Discrete Discrete | ehicle 1 S E W Bioyolist |
| Discontinuo | ehicle 1 S E W Bioyolist |
| District Control of the Control of | ehicle 1 S E W Bioyolist |

| Véhicle Accident | Report | CONCLUSION CONTRACTOR AND | | Vehicley |
|--|--|---|--|--|
| ☐ Backing ☐ Passing ☐ Merging ☐ Head On ☐ Head On ☐ Bus Right Mirror ☐ Bus Right Mirror ☐ Bus Rear Ends Bus ☐ Bus Door Operation ☐ Sudden Stop ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Type of Trip With Pax ☐ Business Trip ☐ Fixed Roule ☐ Errand | ☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal Violations | AR# | B. Mos Report# PP196 for1 UVehicle 2 U | |
| ☐ Charler ☐ Charler ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance Accident Description | Vehicle 2 Towed By: | PA | To | |
| Velucle 1 (6) the read Con 2 because 6 | made (| Uttle d | emoge of stipp | to Valuade |
| Description of Damage NO—Company Vehicle I | | □ Major Other Ve | the other vehicle, Circle | To and the second secon |
| Articulated Bus Shuttle Vehicle Name of Witness / Injured Age Claimin | Bus 1 Ing Infury? Type of Infury Clair | Bus 2 ned Injured Transported To | Truck Other Transported To | Gar → Transported By Unit# |
| Supervisor on Scene? IT Yes IT No Supervisor's Signature | pervisor Name (Print): | Zerbarkstæ - C _Supervisor/ManagerR | deviewing Bu | of John |

| \cdot . |
|---|
| Operator/linedent/Report |
| Today's Date: 5-16-19 Time: 8:45 Operator Name: Danielle. Walker Vehicle # 63146 Route # 1591 |
| Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident: Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint: No Damage Vehicle Incident Report Office Was the incident reported immediately? Yes Reported to Command: (Name) Dispatch Sup. Reported to Command: |
| Did a SQM respond to this incident? No Myes (SQM Name) Supervisor LCQ Date Incident Occurred: 5-16-19 Time Occurred: 8:10 Do not have actual date or time Date Reported: 5-16-19 Time Reported: 8:12 This is a late report Location of Incident Green but Pa & Godd and Reported Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat# Explain what: happened: |
| white at the light on greenbelt Rd of Goodard R my frost cooled off the brake and the bus Made Contact with the Car in front of the bus. |
| |
| |

Date Submitted:

5-16-19

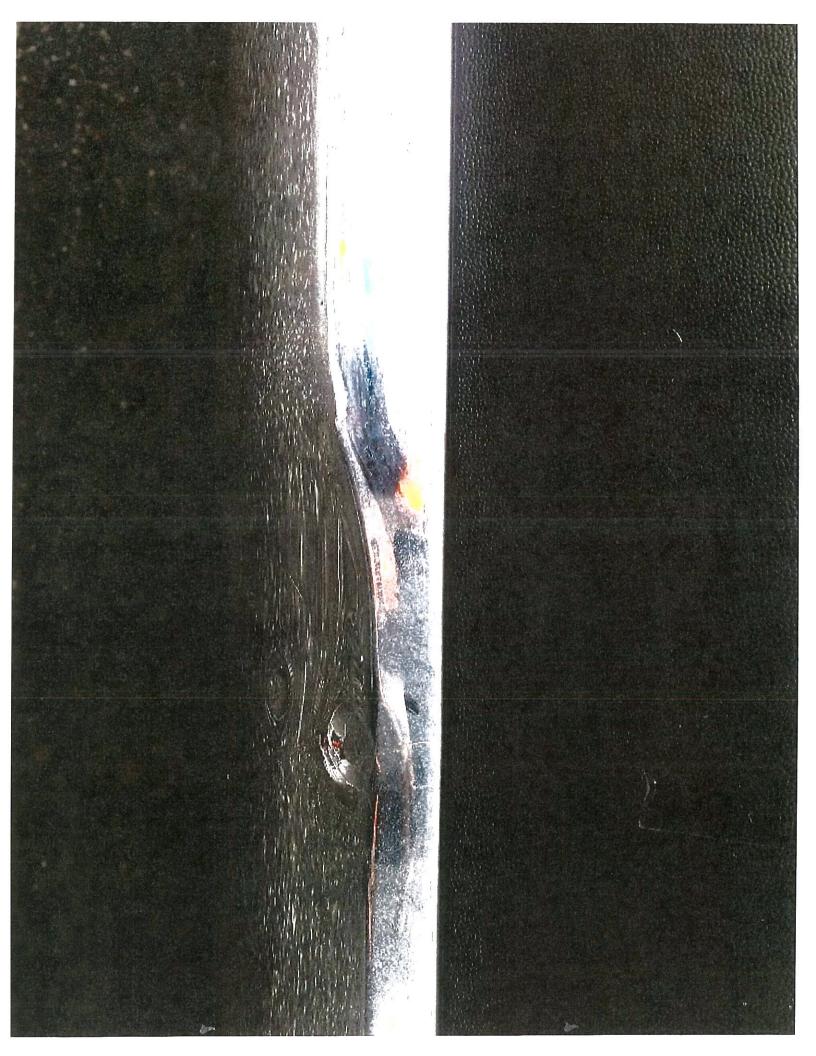
Consider EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#:_ | | | | |
|--|-----------------------|------------------------------|--|---------------------------------------|
| e em seo traduction i | Workers C | omp#Issued by Sedgwick) | | |
| Name | | Birth Date | Hire Date | ٠ |
| Danville | Walker | 04/14/1993 | July 1,2 | 2018 |
| Driver's License# (1) 47 | 6135585 | 5290. | | |
| Employee Number | - | | • | |
| DOT CARD VALID? Yes or NO | (if no, please explai | in Why): | | |
| • | · | | • | |
| | | • | | <i>I</i> • |
| HOME ADDRESS: 1260 | 9. Trun | Mull Dry | le_ | · · · · · · · · · · · · · · · · · · · |
| CITY - Upper Ma | TIPOTO STATE | MD | ZIP CODE <u>20772</u> | |
| HOME PHONE NUMBER | DAYTIME NUM | S 1 2 1 2 2 2 2 2 | EMPLOYEE STATUS (please could be seen controlled on PART 1 | |
| IS THE OPERATOR ON OVER TIME? Yes / No / Unknown | GENDER M o(F) | MARTIÀLSTATUS N M S W D . | UMBER OF DEPENDANTS | |
| *SHIFT START TIME/END SHIFT TI | ME* | | · | • |
| \$ 5:75 AM PM/ | 1.1.15 AM or P. | N) | | |
| | | | | |

| 739 | | |
|-----|----------|--|
| | transdev | |

SUPERVISOR'S INCIDENT REPORT

| Date#: 5/16/19 Time: 8:45 au | Run: 1591 |
|--|--|
| Oppositor to Damelle Walker Division: 0124 | Vehicle: 63/96. |
| Supervisor: Babalda Opulana | |
| Location: Greenbert Proce Coddora | noul |
| i Jana and Proce Stroke | City of Care |
| Description of Event: Under the contract of the contra | Many 18 -5010 |
| Opartor Danielle Waller was | heading on Bus 63046; |
| at the Infaisation of Greatiset | road/ Goddard vood |
| Bus 63146 made Contact | with Mecades Bonz |
| GLC 300 Whate in color with | Mayland Togt 6 CT 7002 |
| in the Near | |
| Velimere 2 Su | stansed a numer |
| dont and stracted in the | - www. Wall |
| | e and the second |
| No donnage to the Bus as | |
| on bott parties claimed. | |
| . Their were 10 Dalu | we on the Buys 63(4 |
| no cumis clamed cerrapy | |
| de Lemma Corrogad. | |
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Safety & Training Department

| (Check one) | Accident | Х | Incident | | Time Superviso | or Arrived: 5: | 30PM | |
|---|------------------------------|---------------------|-----------|------------------|--------------------------|----------------|------------------------------------|--|
| Date of O | ccurrence: | | 5/24/2019 | | Time of Occurrence: 4:53 | | 4:53PM | |
| Weather: | Clear | Day of the Week: | |] Fri | day | DHD (Y/N): | N | |
| | | | | | | | | |
| Location (Cross Stre | eet and Town) | | 42 | nd & Emerson Str | eet , Hyattsville | MD. | | |
| | | | | | | | | |
| Route Impact: | | 30 Min Delay | | | | | | |
| Employee Name: | Employee Name: Keith Cypress | | | | | | | |
| Employee Hamel | | | | Keitii eypress | | | | |
| Run# | 13 | 52 | Bus# | 626 | 552 | Tag# | LG94280 | |
| | | | | | | | | |
| What happened (Be Specific and Brief): | Be Specific and | | | | | | | |
| Injuries (if any): | | | | None | | | Production of the National Control | |
| Vehicle Damage | | | | None | | | | |
| (Check all t | hat apply) | Police | Y | Ambulance | N | Tow | N | |
| | | | | | | | | |
| Was the C | Operator sent for Di | rug/Alcohol Test (\ | //N): | | | N | | |
| Not | tified (Indicate nam | e and time) GM: | | | K lav @ | 4:59PM | | |
| | inea (mareate nam | e and time, divis | | | Kisay @ | 1,001 101 | | |
| Supervisor | D.Bo | ykins | AGM | M.James (| @4:53PM | Maint | Zaw@5:01PM | |
| | | | | | | | | |
| Safety Trai | ning Mgr. | Bellinger @ | 5:00pm | | Dispatcher | R. | Campbell | |
| County Name | e and Time: | | | M. Wilson | @ 5:00PM | | | |
| (Check | | Telephone | Adamin's | In Person | x | (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 | Yes □ No | d / Exp l | Date 11 - 29 - | Accide | nt Report# | 000 191 | O. | |
|--|---|-----------------------------------|-------------------------|---|-------------------------|--------------------------------|---|-----------------------------------|--------------|
| Accident Date | Day of Week | Time of Accident # of Veh | nicles | SmartDrive | Triggered | Scene | Photos | Substance. | Abuse Tested |
| Month Day Year $05-24-19$ | Friday | 51138 2 | | ☐ Yes | □ No | X Yes | □ No | ☐ Yes | B □ No |
| | COMPAN | Y VEHICLE 1 | 1 177 | | | OTHER | PARTY | | |
| Operator Name (Exactly A | 500 | | | □ Vehicle 2 | □ Bicýciis | t □ Pedes | trian 📮 Fb | ed Object | □Pax Fall |
| Address (Include Number | CYPIPE EStraph | 5'5 Apl# | | Name (Exectly As Print | ed On License) | | | | |
| , | zyllogicz Wago | 1 | | Nelson | Martine | <u> 2 6</u> | 9172ale | 2 | |
| City or Town | SI | ale Zip | | Address (Include Numb | er & Street) | 1 | Apt# | | |
| Chellenho Employee ID# | 767) / C(+ f | VCL 20623 Sludent Driver? Y(N) | | 1709 Kee | . State | i | Zip | | |
| 31033 | | 0 | | | <u>e M</u> . | | | <u>0783</u> | 75 |
| | Occupants #Sealed | #Slanding | | Date of Birth Sex | | Driver's Licer | JA | E . | of Occupants |
| Bus ID# Plate # | 3 3 State | Vehicle Year / Make | | <i>06-</i> 24~ <i>7</i> 5] <u>г</u> Insurance Co | Policy#& Exp | | No f* | 9 | |
| 62652 LG 9 | 4280 Md | GILLI | G | | | | | | |
| Vehicle Type | Roule#&I | Run,# | | Name (Exactly As Print | | ~~ (× . | | · _ | |
| 13V> | 13 | <u> / 1352</u> | | Address (Include Numb | | | 7 7 € (2 € Apt# | | |
| | 110 1181264 | / | | 1709 Kee | okee 5 | <u> </u> | | | |
| Insurance Co | Policy#&I | Expiration Date 212(0 g 07-01 | - 10 | City or Town Ft-49 Hovi | State | Md | Zip | 2078 | 3 |
| old Republ | Location of Ac | cident | | Plate# State | , Year & N | ake of Vehicle | Vehicle | Type C | Color |
| Address/Street on which a | coldent occurred 4044 | VDT. 3 | _ | 51282051 M | 9 12 F | ord | Vo | n (| white |
| At intersection with <u>E</u> | Merson D | <u> </u> | _ | IFTVEQ | FW7C | DROL | 839 | | |
|)zi-Not at Intersection | | w or Engerson | | Telephone# | - V0 / | <i>> () () ()</i> | | | |
| D Qn Roadway | ☐ Off Roadway | | | | | | | | |
| At Bus Stop? ☐ Yes Æ | Q̃No (ifyes) □ Nea | r Stop □ Far Stop □ Mid-Block | stop | WAHRING TO THE | | | <u></u> | | |
| | | · | | ental Conditions | Roadway - | H of Lange | Roadway C | haracteristics | |
| <u>Weather</u> ⊡'Clear | <u>Surface</u> ∰∕Dry | ☐ Stop Sign | g <u>ht</u> Daylight | | ☐ Divided | | 的Straight a | and Level | |
| ☐ Cloudy ☐ Raining | ⊡Wet □ lcy | | Dawn Dusk | | ☑ Undivide □ Asphalt | | □ Straight a □ Straight a | at Hillcrest | |
| ☐ Snowing | ☐ Snow ☐ Olher | | | ıd Unlighted ıd - Lighted | ☐ Concrete ☐ Grave! | | .to Curve an □ Curve an | d Level d Grade | |
| ☐ Foggy ☐ Olher | | □ Other | | | ☐ Olher | | ☐ Curve at | Hillcrest | |
| | Pre / | Accident Movement | | | | ad Conditions | | | |
| V1 V2/OV | V1 V2/OV | - | 1 V2/O | V | ☐ Holes / D | ual Condilions eep Rut | | | |
| 回 回 Going Straight □ □ Making right to | ım 🗀 🗆 En | itering Bus Stop - r | | Changing Lanes Passing | ☐ Obstructi | on in road ion / repair zor | iB | | |
| ☐ ☐ Making right or ☐ ☐ Making left turn | n red □□□Sk | owing or stopping in traitic | אם כ | /lerging | | terial on road | | | |
| ☐ ☐ making left on | red 🗆 🗆 Pa | arlead . | | Backing Other | ☐ Other | IDAU WIUIII | | | |
| ☐ ☐ Making U Turn Vehicle Lights | Turn Signals | Posted Speed Limit | Est | mated Speed Limit | Direction | of Travel | Ac | cident / Collisio | n With |
| | No 1 ☐ Left Turn On | 25 | | le 1 Q O mph | Vehi | ole 1 | الله الله الله الله الله الله الله الله | or Vehicle | |
| 1 . | No 1 🔲 Rìght Tum Oi | | | le 2 <u>Q O</u> mph | (NS | E W | ☐ Bicyclist ☐ Rail Train | | |
| No2 □ On D Off | No 1 ☐ Four Ways O | A Acutos y (x m) Hibit | AGHE | ю с <u>ст. с</u> при | Vehi | | ☐ Fixed Obje | | |
| | No 2 ☐ Left Turn On No 2 ☐ Right Turn Or | n | | | N(S) | E W | □ Animal | 1 | |
| | No 2 ☐ Four Ways O | n l | destrian | / Bicyclist Action | | | | | |
| ☐ Crossing With Signal | | □ Riding / W | alking Ale | ong Highway With Traf | fic | | □ Pt | shing / Working | On Vehicle |
| ☐ Crossing - No Signal☐ Crossing Against Sign | nal | ☐ Emerging : | From in F | ainst Highway With Tr ront of or Behind Park | anio ed Cars | | □W | orking in Roadw. ot in Roadway | |
| ☐ Crossing - No Signal/ ☐ Going To / From Stop | Marked Crosswalk | 🗀 Playing In | Road | nicle Other Than Bus | | | | | |
| Li Going To / Tion Stop | ,pod 1000 | | | | | | | SPP F.20 7/ | /2015 |

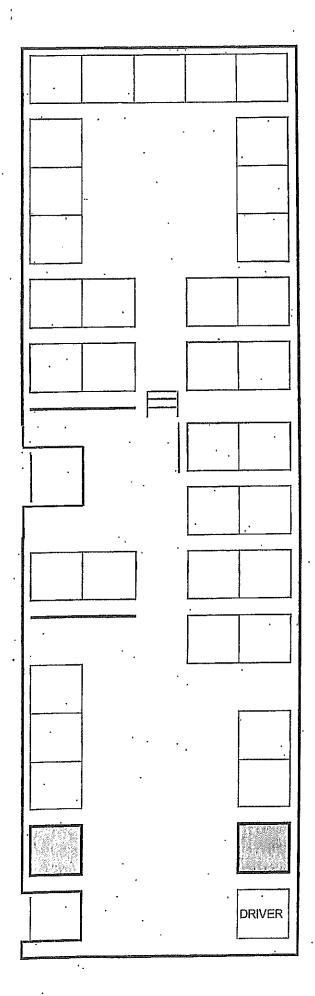
| day and house being being the second positions. | and the state of t | Vehicle Acciden | f Report | tensely. |
|---|--|---|--|--|
| A Company of the second | | | No. and Committee of Committee of States and Committee of States of Committee of States of State | AR# |
| ☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends V ☐ Vehicle Rear End ☐ Wheelchair Lift O ☐ Roll Away (Not S | s Bus peration | ☐ 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? the No Police Department Responding P.G. Cross S Officer Name (Badge / ID#) 1087 / Salinas Precinct # 10.1 Report # P1905 240000 1910 Citations / Arrests Department Departme |
| | Type of Tri | <u>a</u> | Aloranous | |
| With Pax ṭ3. Fixed Route ☐ Charter ☐ Para Transit | Without Pax ☐ Fixed Rout ☐ Charter ☐ Para Trans | □ Non Rev move | Vehicle 1 Towed By: Vehicle 2 Towed By: | To |
| Accident Description | l . | | | |
| Bus (with vo no da | oalo55 ehicle mage | 2-while tro 2, G2652 visible: | weling North made contact | bound on 40th pl. made confoct. |
| · | | | | |
| | | | | • |
| Description of Da Vehicle 1 is ALWA\ Articulated Bus Name of | /S Your Vehicle | huttle Vehicle | Place an X on the exact pole Bus 1 | Major Other Vehicle ☑ Minimal ☐ Moderate ☐ Major Int of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 |
| Supervisor on S | | | Supervisor Name (Print): Unit Number | Don Boykin Supervisor/Manager Reviewing Sul Danhom |

SPP F.20 7/2015

Operator Incident Report (Continuation Report)



| Today's Date: | 5-24-19. | Time: 575-0, | |
|-------------------|--------------------|--|------------------|
| Operator Name: | Keith Cypin | Vehicle # 6 2 8 5 2 | Route# /3 |
| • | | man and the second seco | |
| | | | |
| The -100 10 5 15 | heated North o | Acceptance | rommy 10th |
| 1900 | When a wither | in hit my And | ADAK Tag H |
| FON DES | 50 10051. | | -1 |
| | | (10 0/ =-/ . | 114.4 |
| Tuas | heated Worth on | 40 /L When A | White Pan |
| with u | vide Mivoriors | D Was going & | outh and 1 |
| my M | ivviors. First the | e Van Stopp 12 | en it mou |
| on Cour | a, and Park on ? | the corner, I b | top Tight Th |
| and cal | 1 Dispatch | 1. | |
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| • | | | |
| | 2.410 | Date Submitted | 5-24-19 |
| rator Signature:_ | · Much Cypren | pare Submitted | SPP F.8 Rev 5/20 |



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: 5:24-2019 Time: , 5:15pm

Location: 40th pl, @ Emerson St,

Driver: Kelth Cypress

Supervisor: Don Bay Kin.



Transdev Supervisor's incident report

| Operator #: heith Cypress Division: 0124 Vehicle: 62625 Supervisor: Don. Boykin Location: 40th Pl. @ Emerson Street Hyattsville Mol. Address or Cross Street City & State Description of Event: Bus 62652 while doing the 1352 block was traveling northbound on 40th Pl. When Wehicle 2 passed by in the opposite direction made contact with bus 62652 drivers side mirror. There was no damage to 62652, Three |
|---|
| Supervisor: Don. Boykin Location: 40th Pl. @ Emerson Street Hyattsville Mcl. Address or Cross Street City & State Description of Event: Bus 62652 while doing the 1352 block was traveling northbound on 40th Pl. When dehicle 2 passed by in the apposite direction made contact with bus 62652 drivers side mirror. There was no damage to 62652, Three |
| Location: 40th Pl. @ Emerson Street Address or Cross Street Description of Event: Bus 62652 while doing the 1352 block was traveling northbound on 40th Pl. When dehicle 2 passed by in the apposite direction made contact with bus 62652 Arivers side mirror. There was no damage to 62652, Three |
| traveling northbound on 40th Pl. When the delicle 2 passed by in the opposite direction made contact with bus 62652 drivers side mirror. There was no damage to 62652, Three |
| traveling northbound on 40th Pl. When the delicle 2 passed by in the opposite direction made contact with bus 62652 drivers side mirror. There was no damage to 62652, Three |
| in the apposite direction made contact with bus 62652 drivers side mirror. There was no damage to 62652, Three |
| drivers side mirror. There was no damage to 62652, Three |
| CHIVELS |
| passengers on board. No injuries claim. |
| passengers on addiction injuries ciari |
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POST-ACCIDENT DRUG AND ALCOHOL TESTING DECISION MAKER FORM

The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Parts 655) requires that safety-sensitive employees involved in a vehicle accident (as defined below) submit to tests for alcohol misuse and prohibited drug use as soon as possible following the accident. 49 CFR Part 655 also requires the testing of any other safety-sensitive employee whose performance could have contributed to the accident, as determined by the manager or supervisor at the scene using the best information available at the time of the decision.

| Accident Information: |
|--|
| Date of Accident:AM/PM |
| Employee Name: Employee ID #: |
| Decision Questions: |
| Was it an FTA-defined accident (49 CFR Part 655.4)? |
| Was there a human fatality? Yes No (if <u>Yes</u>, a DOT/FTA Post-Accident test is required) |
| If there was no fatality, ask the following questions: |
| Has any individual suffered a bodily injury and immediately received medical treatment away from the scene of the accident? Yes No |
| Was there a disabling damage to the company vehicle (if bus, electric bus, van, or automobile) or any other vehicle as a result of the occurrence and the vehicle was transported away from the scene by a tow truck or other vehicle? YesNo |
| 3. Was the vehicle (if rail car, trolley car, trolley bus, or vessel) removed from operation? Yes No |
| If you answer <u>YES</u> to <u>any</u> of these three questions, a DOT/FTA Post-Accident test is required <u>unless</u> you also answer <u>YES</u> to the following question |
| Can you determine, using the best information available at the time of the decision, that the employee's performance can be completely discounted as a contributing factor to the accident? Yes No |
| (Any reason for NOT conducting a Post-Accident test after you've answered YES to questions 1, 2 or 3 MUST be documented) |
| |
| |
| |
| |
| Transport/Collection Site Information: |
| Collection site location: |
| Transported by: Time transported:AM/PM |
| Our seems Supervisory |

Notification of Drug/Alcohol Testing



| Employee: | Notified: |
|---|---|
| Date: | Arrival Time at Clinic: |
| • | Departure from Clinic: |
| Consistent with Tr Federal Transit Administr | ansdev's Drug and Alcohol Testing Policy and in accordance with ation regulations, you are being requested to submit to testing as follow |
| Type of Test: | Drug |
| (Be advised that all Post Accident tes | sting must include both drug and alcohol tests.) |
| Testing Circumstances: | |
| Random | Reasonable Suspicion |
| Post-Accident | Return-to-Duty |
| ☐ Follow-up | ☐ Pre-Employment |
| Check the one that applies) Observed Ur | nobserved |
| and/or the failure or refusal to su | al Transit Administration Regulation [49 CFR parts 655]. A confirmed positive result ibmit to this test will disqualify you from the performance of safety-sensitive functions t you to disciplinary action as outlined by company policy and/or the Collective |
| Employee Signature: | Date: |
| upervisor Signature: | Date: |



EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: | | |
|---|------------------------------|--|
| | (Workers Comp # Issued by Se | edgwick) |
| Name | Birth Date | Hire Date |
| Keith Cypress | 9,26 | 11965 12-10-18 |
| Driver's License# C-162 - 4 Employee Number 3103 | | |
| DOT CARD VALID? (Yes) or NO (IF | NO, PLEASE EXPLAIN WHY): | |
| 11-29-19 | | |
| • | | |
| HOME ADDRESS: 10319 1 | | |
| HOME PHONE NUMBER るの1-9フターの46(| DAY TIME NUMBER | EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME |
| | GENDER MARTIAL STA | |
| *SHIFT START TIME / END SHIFT TIME | | |

^{*}This COMPLETED document MUST be included in ALL Accident/Incident/Workers Comp Files*



Safety & Training Department

| (Check one) | Accident X Incident Time Supervisor Arrived: 4:50P | | 50PM | | | | |
|--|--|--|---|---------------------------------------|-------------|----------------------|-------------------------|
| Date of O | ccurrence: | | 5/29/2019 | | Time of Occ | | 4:30PM |
| Weather: | Clear | Day of the | e Week: | Wedn | Wednesday | | : Y |
| | Clear Day of the Week: Wednesday DHD (Y/N): Y | | | | | | |
| Location (Cross Street and Town) Ritchie Road @ Darcy Road, Forestville, Maryland | | | | | | Maryland | |
| PROPERTY OF THE PARTY OF THE PA | | | | | | | |
| Route Impact: | | None | | | | | |
| Employee Name: | Tanila Decay | | | | | | |
| Employee Name: | | | | Tanika Posey | | | |
| Run# | 21 | 191 | Bus# | 631 | .62 | Tag# | LG84953 |
| | | | | | | | |
| | And the second of the second o | | | | | | rear of Vehicle (1) and |
| What happened | left the scene. St | to a principle of the commence | | he operator retui | | | oard. There were no |
| (Be Specific and | | | | | • | | |
| Brief): | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Injuries (if any): | | | | None | | | SESSION CONTRACTOR |
| Vehicle Damage | | | Damage t | o the right rear b | umper | | |
| | | | | | | | |
| (Check all t | hat apply) | Police | Υ | Ambulance | N | Tow | N |
| Was the O | Operator sent for D | rug/Alcohol Test () | Y/N): | | | N | |
| | | | | | | | |
| Not | tified (Indicate nam | e and time) GM: | | | J. Modlin | @ 4:36PM | |
| Supervisor | D. Bi | utler | AGM | Kevin Jay @ 4:37PM Maint Donald @ 5:0 | | | Donald @ 5:00PM |
| | | | | | | | |
| Safety Trai | ning Mgr. | S. Ford @ | 4:36PM | | Dispatcher | R | . Campbell |
| | | | | | | | |
| County Name and Time: | | V | M. Wilson @ 4:36PM (VM) In Person (Must be done within 1 hour) | | | a dema within 1 hand | |
| (Check | one) | Telephone | Х | In Person | | (Must be | e done within 1 hour) |
| | | | | | | | |
| Please note the details of this incident | | | | | | | |
| will change when the | | | | | | | |
| Supervisor Arrives | | | | | | | |

Contains dev

EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: | Accident | |
|--|--------------------------------------|---|
| | (Workers Comp#issued by Sedgwick) | • |
| Name Tanika Posey | Bîrth Date 6 , 13 , 19 | 86 9/7/2012 |
| Driver's License# P - 200 - 75 Employee Number 306 | 5-843-442 | |
| DOT CARD VALID? (Yes) or NO (IF I | NO, PLEASE EXPLAIN WHY): | |
| | | |
| HOME ADDRESS: SYAT. | Morris Ale Apt | <u>y</u> |
| CITY Camp Springs | STATE M.D | ZIP CODE |
| HOME PHONE NUMBER | DAY TIME NUMBER 201-505-3376 | EMPLOYEE STATUS (please cîrcle) 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* | AM or PM) | |

Tele Accident Report

| | 197 | | 1 0 - Irlan | t Report# | | 1. |
|--|---|---|---------------------------------|------------------|---|---------------------------------------|
| Operators CDL # / Exp Date 6/13/20 P-300 - 785-893 | Valid DOT Med Card / Exp | Date) }-() | Acciden | tvehottu | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| Accident Date Day of Week Time | of Accident # of Vehicles | SmarlDrive Tr | iggered | Scene Photo | s Substanc | e Abuse Tested, |
| Month Day Year | 1:20 0 | □ Yes 1 | ZINO | IP/Yes □ | No DY | es IJANo |
| May A por lust by | VEHICLE I | Markey | er er en | OTHER PART | v divini | |
| Operator Name (Exectly As Printed On License) | A see | il Vehicle 2 | in Diesieliel | · · | 디 fixed Object | Ó Pax Fall |
| Touten Many | Bell. | | | FIT E. ORGONISTE | | · |
| Address (Include Number & Street) 5425 YVV | CAEADUH COMA 4 | Name (Exactly As Printer | d Off License) | | | |
| Cityor Town State | Zip (1) | Address (Include Numbe | er & Street) | | Api# | |
| Surtand Mi | | | Siale | | Zip | |
| Limitera ID46 Dale of Hite | Student Driver? Y(N) | City or Town | 500 | | | |
| 30079 DW131981 #of Cards #of Occupanis #Sealad | #Standing | Date of Birth Sex | | Driver's License | Lip, Siate | #of Occupants |
| NA WA | W 18 | | IM DF | □Yes □No | <u> </u> | |
| Distor Fracer | le Year / Make | Insurance Co | Policy#&Exp1 | Dale | | |
| BILLY LLGYY95.3 MD 2. Roule#& Runi | 008 (211/15 | Name (Exactly As Prints |) ed Registration) | | | |
| Vehicle Type Oil Bus Rough & Rolling | 71 | • | | | Apl# | |
| VIN | N 7 9 9 89 . | Address (Include Numb | er & Streetj | | Hyur | |
| Insurandes Co O Policy#& Expire | alion Date | City or Town | State | | Zip | |
| Old Rouble MW | 11) 2120 | - I orus | 1 36-0-9 14 | ake of Vehicle | Vehide Type | Cojor |
| Logation of Actification of Ac | | Plate# State | A leading | We at severe | 101800-137- | Rurgund |
| Addless/pitest on which addicate hours | 1 | VIN | <u> </u> | ı | · · · · · · · · · · · · · · · · · · · | , , , |
| At Intersection with RITCAIR R | <u></u> | Telephone# | | | | |
| ☐ NotatinlessectionFeet NSEW | of | tenshinina. | | | | |
| On Roadway | TIT-Cion TiMid Dissivation | | | • | | |
| At Bus Stop? 디 Yes 디 No (If yes) 디 Near Sto | p. El FarStop ElMid-Blockstop | mental Conditions | | | | |
| Weather Surfice | Traffic Control Light | • | Rondway- | | ndway Characteristic | <u>18</u> |
| i⊒ Clear i⊒ Diy | 口 Stop Sign | ŧ | ⊡Divided □ Undivided | | Siraighland Level Siraighland Grade | |
| ☐ Cloudy ☐ Wef. ☐ Reining ☐ Icy | ☐ Traffic Signal ☐ Dusk | and Unlighted | □ Asphalt □ Concrele | | Straightat Hillcrest Curve and Level | 1 |
| ☐ Snowing ☐ Snow ☐ Foggy ☐ Olher | ☐ Unconfrolled ☐ Dark Ro | oad-Unlighted oad-Lighted | ☐ Gravel | | Curve and Grade Curve at Hillcrest | |
| ☐ Other . | ☐ Other | | Other | | MAR STUTTOLOGY | |
| | <u>ent Movement</u> · V1 V2/0 | | Unusual Roa | | | |
| V1 V2/OV V1 V2/OV V1 V2/OV | • | , | ☐ Holes / De | ep Rut | | •• |
| □ □ Making right lurn □ □ □ Enlering | Bus Stop | Changing Lanes · Passing . | 口 Obstruction 口 Construction | n / repair zone | | |
| 口口 Making right on red 回 日 Slowing 日 Making left ium 日 日 Slopper | intranic or ma | Verging Backing | □ Loose male | | • | |
| ☐ ☐ making left on red ☐ ☐ Parked | | Olher | ☐ Other | | | |
| ☐ ☐ Making U Tum ☐ ☐ Avoided Vehicle/Lights Tum Signals | | mafed Speed Limit | <u>Direction o</u> | FTravel | Accident/Collis | ion With |
| | Vehicle 1 70 mph Vehic | le 1 5_mph | , Vehicle | | er Molor Vehicle | • ; |
| No 1 El Right Tum On | 10 | 2 1 | (n) s e | W ☐ Bioy ☐ Rail | | |
| No 2 □ On □ Off No 1 回 Four Ways On | Vehicle 2 2() mph Vehicl | 10 m 10 m 10 m | Vehicle | ←7 77 | d Object | |
| No 2 El Left Turn On No 2 El Right Tour On | | | (N)-S-E | -W | | |
| No 2 _ I Four Ways On | Dorlockfor ! | Bicýclist Action : | | 1 | | |
| ☐ Crossing With Signal | □ Ridina / Walking Alon | g Highway With Traffic | | | ☐ Pushing / Working | |
| ☐ Grossing -No Signal or Crosswalk ☐ Grossing Against Signal | ☐ Riding / Walking Aga. ☐ Emerging From in Fro | inst Highway With Traffi ont of or Behind Parked | c Cars | | II Workiny In Roadw II Not1n Roadway | |
| ☐ Grossing Against Signal Mariced Consewalk | ☐ Playing in Road | | * | | ∏ Olher | |

| Vehicle/Acciden | i Repolit | websans () Transaley |
|--|---|---|
| Technology of the Control of the Con | | AR# |
| ☐ Backing ☐ Passing ☐ Merging ☐ Merging ☐ Merging ☐ Head On ☐ Head On ☐ Bus Right Mirror ☐ Bus Left Mirror ☐ Bus Left Mirror ☐ Bus Para Ends Vehicle ☐ Bus Door Operation ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Olf Roadway | ☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal | Police Investigated? III Yes II No Police Department Responding District 3 Officer Name (Badge / ID#) Hauf Precinct# Report# 190529000 1537 Citations / Arrests II Operator 1 III Vehicle 2 III Bidyelist II Pedestrian |
| Typa of Tilp | Violations | |
| With Pax With out Pax II Business Trip II Fixed Route II Frand II Charler II Charler II Non Rev move II Para Transit II Para Transit II Maintenance | Vehicle 1 Towed By: | |
| Accident Description Car rear ended op Rit-chie Rd. The who bus the burger claraged in the fro at this time. | ere's Minor | Tar CONTINUED going straight I dange to the right rear of dinthe year. Car # I was are no injuries to report dispatched to the scene. |
| | | |
| | | |
| Description of Damage Company Vehicle I | ⊐ Minimal ⊐ Moderate | 디 Major Other Vehicle 디 Minimal 디 Moderale 디 Major |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Name of Witness / Injured Age Claimi | Place an X on the exact point Bus 1 Bus 1 | of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car Truck Car med Injured Transported To Other Transported To Transported By Unit # |
| | 3,2-3,3-3,-3,-3,-3,-3,-3,-3,-3,-3,-3,-3,-3, | |
| , | | |
| | | |
| | | |
| Supervisor on Scene? . 🗵 Yes : 🗆 No Su | pervisor Name (Print): | Depate Huffer |
| Supervisor's Signature 100 | Unit Number | Supervisor / Manager Reviewing Sud Duffillm |

| , , , , , , , , , , , , , , , , , , , | | |
|---------------------------------------|--------|---|
| | | 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: 5/29/19 Time: 9:20 |
| | | Location: 7800 Darcy Rd |
| Andreas Secretarians of First | DRIVER | Driver: [40] What I Self. Supervisor: Den At But |

| Operator Indidenti Repolit |
|---|
| Today's Date: 05 29 19 Time: 4. PQ Route # D171 Operator Name: 405 CQ Vehicle # 162 Route # D171 |
| 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) Chrocol I did not report the incident immediately because: Did a SQM respond to this incident? No Syes (SQM Name) Do not have actual date or time Date Incident Occurred: D5 29 19 Time Reported: This is a late report Location of Incident Reported: Reported: CQ, |
| Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat# |
| Explain what happened: I was perwented Back to Base avour of the I was marriage a very furen on so I through off DE Ritchne Road: I had now Pous in position So what no one could come peround he as I Was hurning. In the midst of ne treming at 4 sman, a Durqued (what look live an which or cadillate) Van into the Back of my Fous And torre The Back bumper Right Bale Aparts I |
| |

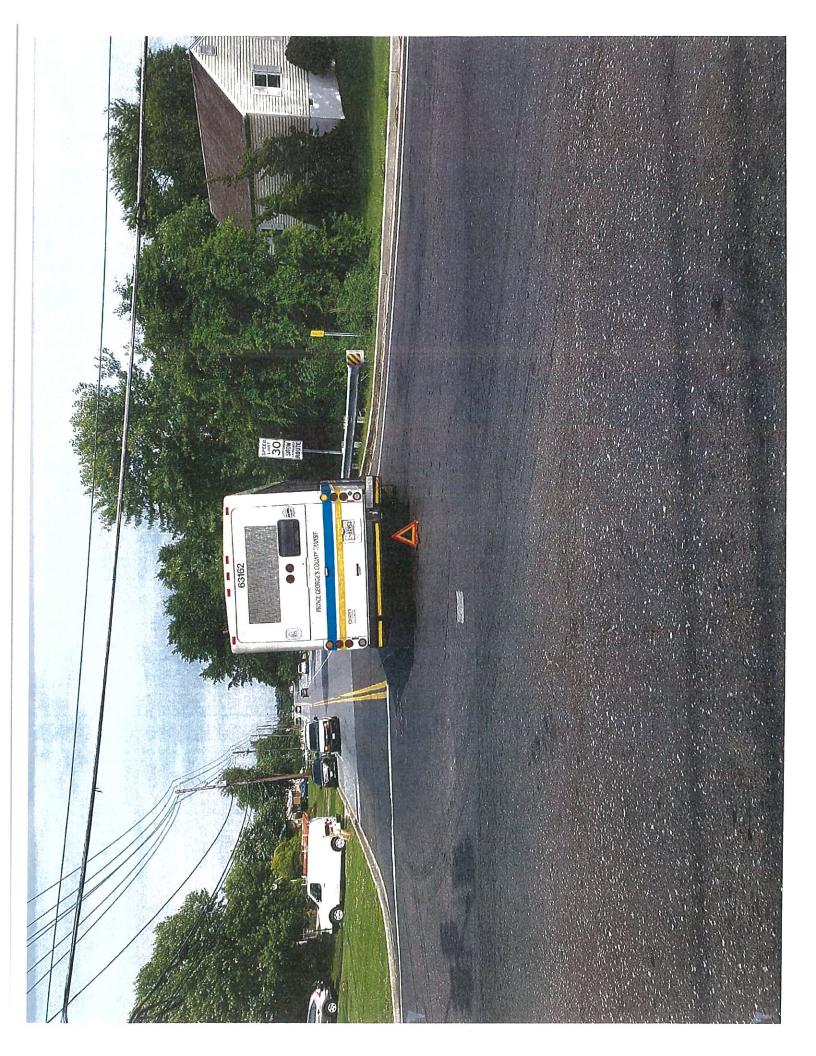
DE 129/16

| Cotonsden supervisor's incident report |
|---|
| Date#: $\frac{5/39/3019}{17/1}$ Time: $\frac{9:55}{17/1}$ Run: $\frac{2)7/1}{17/1}$ |
| Operator #: 306)-9 Division: 0124 Vehicle: 63/6 |
| Donate Kitter |
| Location: JADO D'Grey Rd Capital Heights M.D. Address or Cross Street City & State |
| Description of Event: Operator Posey was making a letterum onto |
| D'arcy Rd from Ritchie: While making her furna |
| burguedy sedan was trying to go around the bus and |
| Struck the bus in the rear, the collision created damage |
| to the right rear of the bus. also dange was done to the |
| front of Vehicle 2. Vehicle 2- sped off and left the |
| scene. There are no injuries to report at this time. |
| Police and I was dispatched to the scene. |
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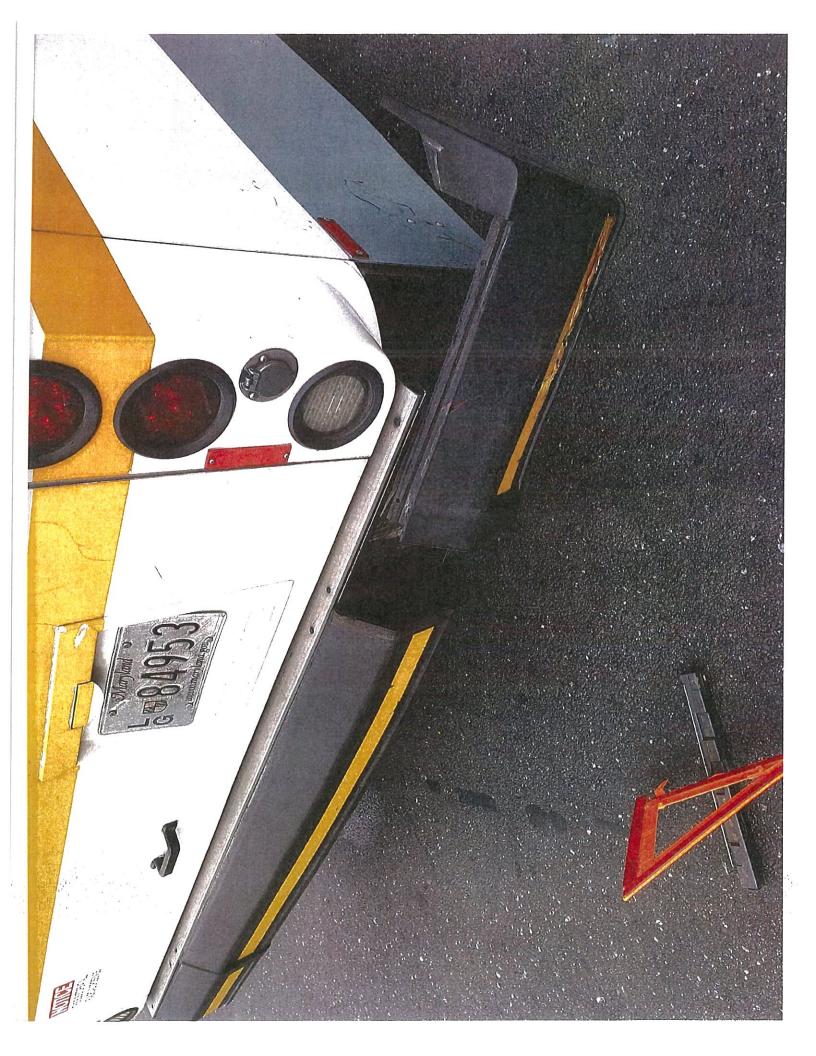
| C'Uronsden supervisor's incident report |
|--|
| Date#: $\frac{5}{29}$ $\frac{3}{100}$ Time: $\frac{9.55}{100}$ Run: $\frac{2}{100}$ |
| Operator #: 30629 Division: 0124 Vehicle: 62/62 |
| Donate Butter |
| Location: 7900 D'arcy Rd College Heights M.D. Address or Cross Street. City & State |
| Address or Cross Street |
| Description of Event: Operator Posey was making a letterin onto |
| D'arcy Rd From Ritchie. While making her furn a |
| turnedly seden was trying to go around the bus and |
| Struck the bus in the rear. The collision created damage |
| to the right rear of the bus. also dange was done to the |
| front of Vehicle 2. Vehicle 2- sped off and Left the |
| scene. There are no injuries to report at this time. |
| Police and I was dispatched to the scene. |
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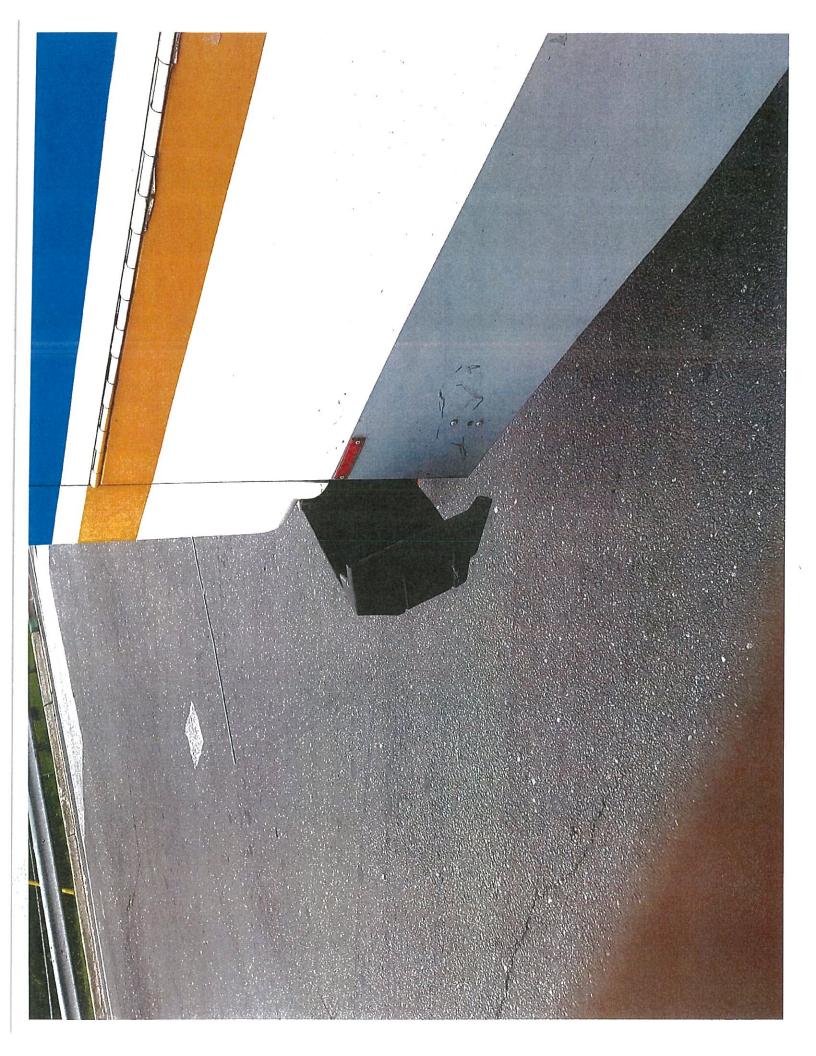
Cont Bullis















| (Check one) | Accident | X | Incident | | Time Supervise | or Arrived: 7 | :13 PM |
|---|---|---------------------|-----------|---|----------------|--------------------------|---------------------|
| Date of Occi | urrence: | | 5/31/2019 | | Time of Oc | currence: 6:45 PM | |
| Weather: | Clear | Day of the | e Week: | Fric | day | DHD (Y/N) | : N |
| BOOK TO THE REAL PROPERTY. | | | | | | | |
| Location (Cross Street a | nd Town) | | Woodyard | Road & Marlboro | Pike, Upper Ma | rlboro, Mary | land |
| | | | | | | | |
| Route Impact: | | 45 Minute delay | | | | | |
| Employee Name: | Charmeise Jackson | | | | | | |
| Run# | 20 | 07 | Bus# | 632 | LG92101 | | |
| | | | | | | | |
| What happened (Be Specific and Brief): | Vehicle (1) made contact with Vehicle (2) rear while making a left turn onto Woodyard Road. Supervisor and Police was dispatched to the location. Vehicle (2) left the scene before the Supervisor and Police arrived on the scene. There were (3) patrons on board. There were no injuries reported. The operator returned to the yard with the bus. | | | | | | |
| | | | | | | | |
| Injuries (if any): | | | | None | | | |
| Vehicle Damage | | | | None | | | |
| | | | | | | | |
| (Check all tha | t apply) | Police | Y | Ambulance | N | Tow | N |
| Was the Ope | erator sent for Drug | g/Alcohol Test (Y/I | N): | , | | N | |
| | | | | | | | |
| Notifi | ed (Indicate name | and time) GM: | | J. Modlin @ 6:59 PM | | | |
| | | | | | | | |
| Supervisor | D. Bo | ykin | AGM | Kevin Jay @ | 7:12 PM | Maint | Donald @ 6:58:00 PM |
| | | | | | | | |
| Safety Traini | ng Mgr. | Shirlette Ford | @ 6:58 PM | | Dispatcher | | D. Butler |
| 2 L N | A Time | | | NA Mileon | @ 7:07 DN4 | | |
| County Name a | | Telephone | x | M. Wilson @ 7:07 PM X In Person (Must be done with | | t be done within 1 hour) | |
| (Check of | ie) | relephone | X | in reison | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | |

Consider EMPLOYEE INFORMATION

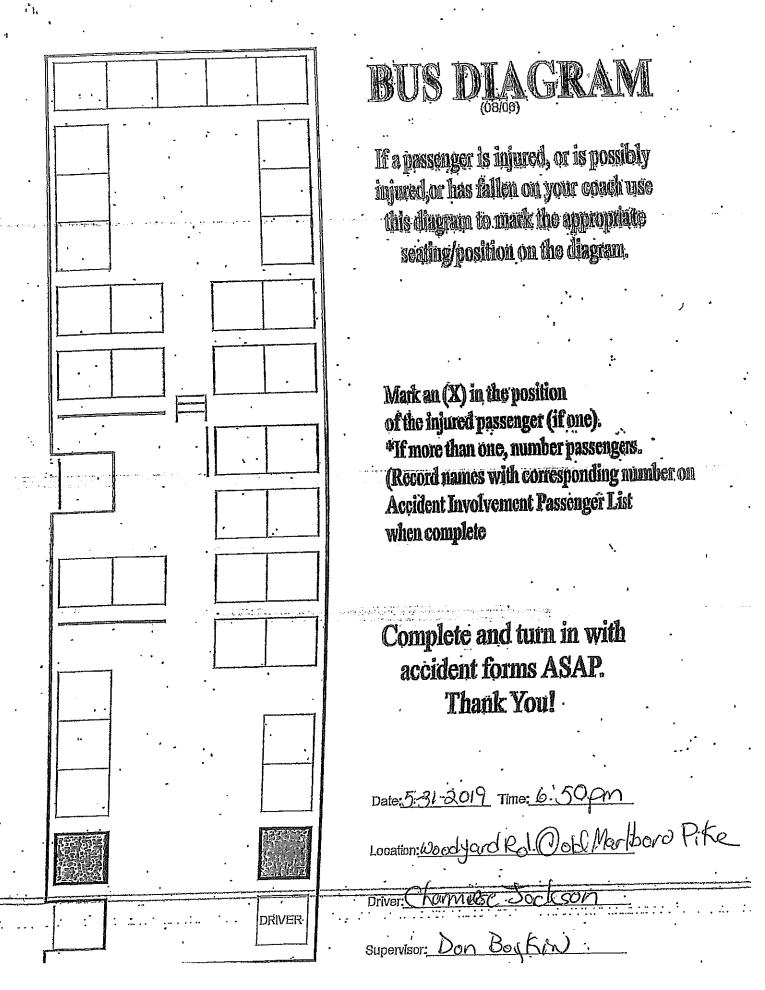
| Accident/Incident/Workers Comp#: | | |
|---|----------------------------------|-----------------------------------|
| · · · · · · · · · · · · · · · · · · · | Workers Comp#issued by Sedgwick) | |
| Name | Birth Date | Hire Date |
| (MARMOISO JACKSON | · // //3/190 | 6) 10/2018 |
| Guing to the | | |
| Driver's License# <u>1731714</u> | • | |
| Employee Number 31025 | | , |
| DOT CARD VALIDE YES OF NO (IF NO, PLEAS | SE EXPLAIN WHY): | |
| . , | . • | |
| | | , |
| | | |
| HOME ADDRESS: 438 NEWTON F | 1NW | |
| CITY LUASHINGTON | STATE JC- | ZIP CODE 20010 |
| HOME PHONE NUMBER DAY TI | ME NUMBER | . EMPLOYEE STATUS (please cîrcle) |
| |) 830-853/ | |
| DL) 8062011 (WI |) 000 030 | FULLTIME OR PART TIME |
| | | |
| IS THE OPERATOR ON OVER TIME? GENDER | | NUMBER OF DEPENDANTS |
| Yes / No / Unknown Wor F | MS N D | . <u> </u> |
| | , | |
| *SHIFT START TIME/ END SHIFT TIME* | • | |
| الكالم المريد وصد | AM or PM 703 PM | |
| | * | |



| | -wd (Eva D | lafe. | | Accidet | nt Report# | | •. |
|---|--|-----------------------------------|-------------|--------------------------|---------------------------------------|---|-----------------------|
| Operators CDL#/Exp Date /- 3-2 Verti DOT Med Ca | eju v.⊑xp D <i>EXI</i> | | DE | PPIG | 0631000 | 02043 | - Alexan Toptod |
| - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | ehicles | SmartD | rive Tri | ggered | Scene Phot | tos Supstanu | e Abuse Tested |
| Month Day Year 5 10,50 | \supset | ЦYe | es E | 1 Na | El Yes . I | INO ITY | es 🗆 No |
| 5-31-2019 Triclay 18:50 0 | | शुक्त न्यस्य | | · 1 · 1 · 1 · 1 | OTHER PAR | W. | tener transfer to the |
| Descript Name (Exactly Ass Printed On License) | | i⊒Vehl | olė 2 | in Bleydle | Pedesidan | ci fixed Object | OPar Fall |
| Jackson Charmelse VOITE | | Name (Exactly / | 111 | 44.0 | | | |
| Address (Include Number & Street) | | • | | | | Apl# | <u></u> |
| City of Town | | Address (Includ | e Number | : & S(reet) | | When | |
| Washing to Dale of Hite Student Driver? Y/W | | City or Town | | Siale | | Zlp | |
| 7025 10-24-2018 | | Dale of Bhili | Sex | | Driver's License | Lio, State | #of Occupanis |
| #of Cards #of Occupants #Seated #Statement | | | | MDF | □Yes □No | | |
| Bus ID# Piale# State Vehicle Year / Make | · | Insurance Co | | Policy#&Eq | | • | |
| 16 92101 Nd 2010 G1CL1 | <u>'6, </u> | Nama (Pracilu | As Printe | d Registration) | | | |
| Vehicle Type Roule#& Run# | | | | | | | |
| 500 | • | Address (Inclu | de Numbi | er & Street) | | Api# | |
| VIN 15GG B 27114117812 Insurance Co Policy### Expiration Date | | City or Town | | Sía | le | Zip | - |
| 1018-10-611C MW 10210-00 | | | race. | l Mare? | Make of Vehicle | Vehica Type | Color |
| | | \Plate# | න්ක්පී | Tears | INVINED! Actions | 30,000 225- | |
| Address/Street on which excitent uses well and hord Pike | | VIN | <u> </u> | | • | | • |
| At intersection with | , | Telephone# | | | | | |
| II NotatinjersectionFeet N S E W of | | 15.02 | | | | | |
| ILION Roadway | llockstop | | | | • | | |
| At Bus Stop? Li Yes Li No (i Yes) Li Non Cop | Environ | mental Gondit | ions | | | | |
| Weather Surface Traffic Control | Light Light Daylight | ! | | Roadway Divided | <u> </u> | oadway.Characterist FStraightan.cl Level | <u>(CS</u> |
| Dict Hilling History | □ Dawn | • | | □ UndMd | ed | 1 Skaightand Grade 1 Skaightat Hillorest | ı |
| 口 Raining 口 ley 口 Raining 口 ley | □ Dusk □ Dark Ro | ad-Unlighted | | | e 🗆 | I Curve and Level | |
| ☐ Snowing ☐ Snowing ☐ Uncontrolled ☐ Uncontrolled | □ Dark Ro | ad-Lighled | | ☐ Gravel ☐ Olher | | Curve and Grade Curve at Hillcrest | |
| 口 Other | | | | Heumealto | oad Gonditions | | |
| | V1 V2/0 | V | | da No Unu | sual Condilions | | *** |
| T Coing Straight Aheard II II Exiting Bus Stop | | Changing Læne: | S • | ☐ Holes / L ☐ Obstact | ion in road | | |
| 口口Making right furm 口口Enlering Bus Slop | ㅁㅁㅁ | ^p assing | | Constitution | lion / repair zone alejial on road | | |
| Making left ium 🔲 🖂 Stopped in traffic | | vierging Racking | • | ☐ Reduced | | | |
| 日 日 making left on red 日 日 Parked 日 日 Making UTum 日 日 Avoided object in road | ппп | Her | | □ Other | • | | |
| Vehicle Lights Turn Signals Posted Speed Limi | it Esti | mafed Speed I | <u>lmit</u> | Direction | of Travel | Accident / Colli | <u>sion With</u> |
| No. 1 17 On 17 Off No. 1 AVLeft Turn On Vehicle 1 35 m | nph Vehic | 1e1 <u>5</u> r | nph | Vehic | - I | iher Molor Vehicle icyclist | • |
| No 1 D Right Tum On 35 | ph Vehici | _{в2} <u>/О</u> _п | npfi | и в | シ" IR | ail Train | |
| NOZ EL OII MA OII | | | | Vehip NS-F | 7 Jul 11 Pe | ixed Object edesirian | |
| No 2 II Left Turn On No 2 II Right Turn On | | | | N-8 | J D A | nimal | |
| No 2 LT Four Ways On | <u>l</u> Pedestrián I | Bicyclist Actic | in : | | | | |
| Transfing With Signal Riding / | Walking Alon | g Highway Will Inst Highway Wi | Traffic | | • | [] Pashing / Workin | g On Vehicle |
| | ~ Evon ju Ev Makkili Ağal | nstrigilway w Atofor Rebind | Parkeri t | Cars | | ☐ Working in Road ☐ Matta Baselwar | vay |

| | nt Report | Weight T. The Color |
|--|---|---|
| Consequence of the control of the co | | AR# |
| | | Police Investigated? Types II No |
| □ Backing □ Passing □ Merging □ Merging □ Merging □ Head On □ Hea | 디 Railroad Crossing 디 Hit Fixed Object 디 Hit Pedestrian 디 Hit Animal | Police Department Responding P.G. COUNTY Officer Name (Badge / ID#) Weblo #3993 Precinct# D.5 Report# PP 1905310000 201/3 Citations / Arrests © Operator 1 © Vehicle 2 © Bicyclist © Pedeshian |
| 口 Wheelchair Lift Operation 口 Roll Over 口 Roll Away (Not Secured) 口 Ran Off Roadway Type of Trib | Violations | |
| With Pax Without Pax II Business Trip Drixed Roule II Fixed Roule II Errand II Charler II Charler II Non Rev mov II Para Transit II Maintenance | ve Vehicle 1 Towed By: | |
| Accident Description | A: | |
| decided to make the | him wents | onto woodgard Rd. The traight ahead—then suddenly in front of the bus causing ercorner. Vehicle 2 lost the |
| scene: | <u> </u> | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Description of Damage Company Vehicle | ☑ Minimal ☐ Moderate | 디 Major Other Vehicle 디 Minimal 디 Moderate 디 Major |
| Description of Damage Company Velricle Vehicle 1 is ALWAYS Your Vehicle. Articolated Bus Shuttle Vehicle | | int of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Gar |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle → | Place an Xon the exact pol | int of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle | Place an X on the exact poi | int of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Image: Impured of Witness I Injured Age C | Place an X on the exact poi | int of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car |

Ban ... 1368 and Managar Dadowing (MM)



Operator Incident Report (Continuation Report) Today's Date: 3 Time:__ Operator Name(Date Submitted:

Operator Signature:

| TI | all arm o |
|-------|-----------|
| trons | OTEN |

SUPERVISOR'S INCIDENT REPORT

| Postotti 05/31/2019 Time: 18:50 Run: 2007 | |
|---|--------------|
| Date#: 05/3/ 501 1 me: 100 | . |
| Operator mentors and the control of | |
| Supervisor: Den Boykon. | |
| Supervisor: Don Dogano Roboto Mod Location: Mar Iboro Pike Dwoodgard Rd- Offer Mar Iboro Mod Address or Cross Street. City & State | |
| Bus 63208 operated by Charmerse Jachson on The | <u>_</u> |
| 2007 block was making a left turn on to Woodyard Rd., When | |
| 2007 block was making a terr torn on a laborate their | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| a detaily made a last second left turn in thont of the | |
| has and made contact with the bus right bumper con | <u>ve</u> r |
| Vehicle 2 did not remain at the scene | |
| Venicle of Chairm | |
| | |
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| | # i - |

PP1905310000 2043

POFC B WEBB #3993

DIST. II 6707 GROVETON DR. CLINTON MD 20735

301.856.3130



| (Check one) | Accident | | | | | 50 AM | | | | | | |
|---|---|---------------------|-----------|-------------------|------------------|-------------------|---------------------|--|--|--|--|--|
| Date of Oc | currence: 5/1/2019 | | 5/1/2019 | | Time of Oc | currence: 9:46 AM | | | | | | |
| Weather: | Clear | Day of the | e Week: | Wedn | esday | DHD (Y/N): | N | | | | | |
| | | | | | | | | | | | | |
| Location (Cross Stre | et and Town) | | Addison R | oad Metro Station | n, Capitol Heigh | ts Maryland | | | | | | |
| | | | | | | | | | | | | |
| Route Impact: | | 1 - Missed Pull | | | | | | | | | | |
| Employee Nomes | | Johnette Washington | | | | | | | | | | |
| Employee Name: | Joinnette wasnington | | | | | | | | | | | |
| Run# | 24 | 02 | Bus# | 631 | .92 | LG90121 | | | | | | |
| | | | | | | | | | | | | |
| What happened (Be Specific and Brief): | Operator stated while at the bus bay Vehicle #2 backed into Vehicle #1. 8 passengers on board at the time of the accident, 6 passengers departed the bus. 2 passengers stayed on the bus. The operator and 1 passenger was trasnported to P.G Hospital. Bus had to be towed. Supervisor, Police, Ambulance dispated to the scene. | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Injuries (if any): | Operator Back, 1 passenger | | | | | | | | | | | |
| Vehicle Damage | Left driver side body of the bus and left side window. | | | | | | | | | | | |
| (Check all that apply) Police | | Police | Y | Ambulance Y | | Tow | Υ | | | | | |
| Was the Operator sent for Drug/Alcohol Test (Y/N): | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Not | ified (Indicate nam | e and time) GM: | | | J. Modlin | @ 9:50 AM | | | | | | |
| Supervisor | K. Als | ston | AGM | Riyad@ 9 | 9:52 AM | Maint | O'neal @ 9:54 AM | | | | | |
| 6-6-1-00 | | | | | | V T- 1 | | | | | | |
| SaretyM | Manager B. Dunham@ 9:53 AM Dispatcher V. Taylor/ M. P | | | | | or/ IVI. Proctor | | | | | | |
| County Name | e and Time: | | | M. Wilson (| @ 7:50 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 | | | | | | | | | | | | |

38.9099.70

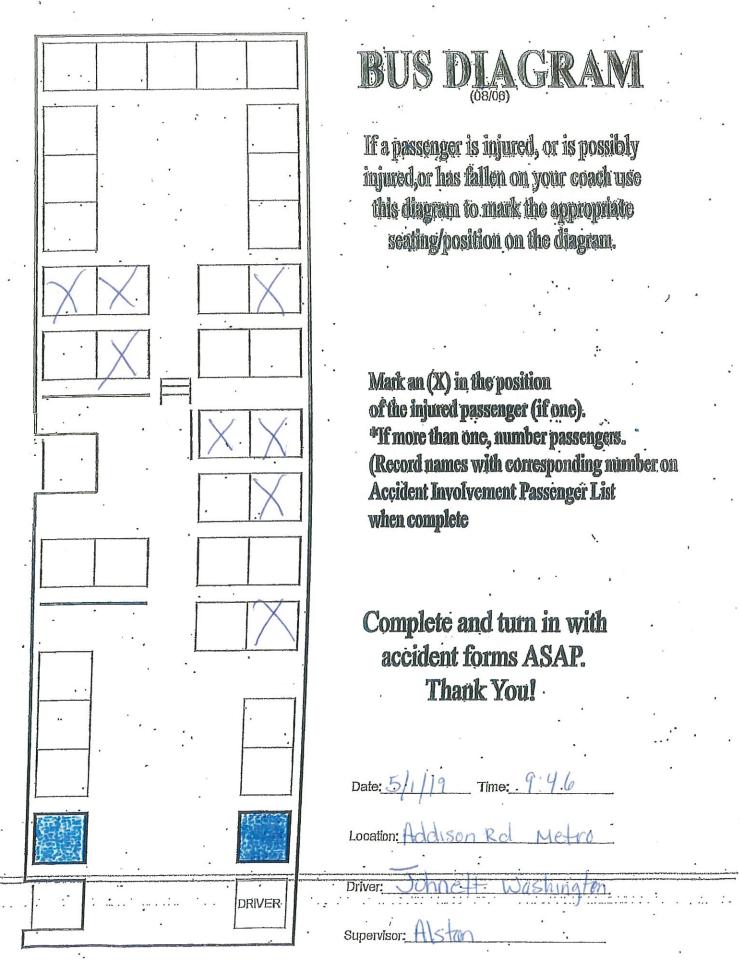
Long 100

Vehicle Accident Report



| Operators CDL# | Exp Date | Valid DOT | Med Card | / Exp Date | Accide | nt Report# | | | ٠, |
|--|---|--|---------------------------------|--|----------------------------|--------------------------|--------------------------------|-----------------------------------|-----------------------|
| W- | 252-428-/12- Day of Week | Time of Accident | | icles SmartDrive | | Scene | Photos | Substance | Abuse Tested |
| Accident Date Month Day Year | | | | | □ No | I Yes | □No | ДΥ∈ | es 🗆 No |
| 5/1/19 | Wednesday | 9:46 Am | 2 | | *** | | | | न प्रदेशकार्य । प्रत् |
| Operator Name (Exactly | COMPAN | A. AEHIGITA | | A A STATE OF THE S | | Marie A. M. Linds | TO AM MINISTER | | 1904 |
| Operator Name (Exactly) | on Johne | Ha Cel | elie | □ Vehicle | | Pedeși | Man OP | ed Object | DPaxFall |
| Address (Include Number | & Street) | Apt# . | | Namie (Exactly As Pri | nted On License) | | | 0 | • |
| | ens cir | slate Zip | | Address (Include Nur | nber & Street) | ey E | Aptil | æ. | |
| Bow 18 | 1 | 1D 2071 | 6 2 | 1409 5 | uthern | Ave | | 101 | |
| Employee ID# | Dale of Hire | Student Drive | | City or Town | Stale | 10 | | 0745 | |
| 31037 | of Occupants #Seated | #-Slanding | • | Date of Birth S | ex / | Driver's Licen | - | Slate | #of Occupants |
| #of Cards #o | 8 8 | | | 8/24/49 | MIDE | ElYes III | No No | O | |
| Diele II | State | Vehicle Year / Make | | Insurance Co | Policy#&Exp | Date | | | |
| 63192 LC | 10121 | n 1 | | # 18 Sch Name (Exactly As Pr | inted Registration) | | | | |
| Vehicle Type | Roule#8 | Run# | | WMATI | 4 | | | | |
| Bus | | - | | Address (Include Nu | mber & Street) | , | Apli | l . | |
| | 1 Pollerski | Expiration Date | | City or Town | State | · W | Zip | | |
| Insurance Co Repu | | 119 MW+6 | 2126 | | ton I |) (| | 2000 | 1 |
| | Location of A | ocident | 1 | Plate# Stat | e Year&! | Vake of Vehicle | | Type (S | Color . |
| Address/Street on which | accident occurred Add | uson Rd | Metr | 0 8/3735 E | | | | | |
| | | | | - SFYD | 5F513 | 36003 | 30158 | 3 | |
| 🗆 Not at intersection | Feet N S I | W of | | Telephone# | | | | | |
| ☐ On Roadway | ☐ Off Roadway | | | | | | | | |
| At Bus Stop? ☐ Yes | 디No (if yes) 디Nea | ar Stop. II Far Stop | | | | | | | |
| | Confess | Traffic Con | an and and | invironmental Conditions | Roadway- | of Lanes | Roadway 0 | inaracteristics | 3 |
| <u>Weather</u> □ Glear | Surface La Dry | M Stop Sign | 1 🔟 | Daylight | 디 Divided 디 Undivide | | ☐ Straighta ☐ Straighta | and Level | - |
| ☑ Cloudy ☑ Raining | □Wet □ Icy | ☐ Yield Sign ☐ Traffic Sig | gnal III | Dawn Dusk | ☐ Asphalt | | ☐ Straighta | t Hillcrest | 1. |
| ☐ Snowing | ☐ Snow ☐ Olher | ☐ Flagman ☐ Uncontrol | | Dark Road — Unlighted Dark Road - Lighted | ☐ Concrete ☐ Gravel | | ☐ Curve an | d Grade | |
| ロ Foggy ロ Other . | | ☐ Other | | | ☐ Other | | ☐ Curve at l | Hillcrest | |
| | <u>Pre.</u> | Accident Movement | | | | ad Conditions | | | |
| V1 V2/OV | V1 V2/O\ | | . V1 | V2/OV . | ☐ No Unusi ☐ Holes / De | ial Condilions ep Rut | | | ••• |
| ☐ ☐ Going Straigh | | iting Bus Stop tering Bus Stop | | | ☐ Obstructio | | | | |
| ロ ロ Making right o | nred 🗆 🗆 Slo | owing or stopping in tra opped in traffic | me 🏻 | ☐ Merging | ☐ Loose mat | erial on road | | | |
| ☐ ☐ Making left fun ☐ ☐ making left on | red 🗆 🗆 Pa | rked | 口口 | | ☐ Reduced i | oad widin | | | |
| ☐ ☐ Making U Turn | White Constant may be | oided object in road Posted Spe | ed I imit | Estimated Speed Limit | Direction o | fTravel | Acci | dent/Collisio | n With |
| Vehicle Lights | Tum Signals | | | | Vehicle | | Other Molor | | |
| No 1 D On D Off | No 1 🗹 Left Turn On No 1 🖂 Right Turn On | Vehicle 1 | mph | | N S E | w / [| I Bicyclist | VOING | |
| No 2 I On I Off | No 1 D Four Ways On | Vehicle 2 | mph | Vehicle 2mph | Vehicle | 1 | 1 Rail Train I Fixed Object | : | |
| - | No 2 II Left Turn On | | | and had been supply to grant and supply to the supply to t | N-S-E | - IN/ | Pedesirian Animal | | |
| | No 2 - El Right Tunr On No 2 - El Four Ways On | | | | <u> </u> | 1. | a ampai | | |
| M. O. and Dr. Wills Dinast | | F11 | | strián i Bicyclist Action Ing Along Highway With Traffi | 'c | | | t /1M |)-16-16-1 |
| ☐ Crossing With Signal ☐ Crossing - No Signal o | rCrosswalk | ПF | Riding / Walkin | ing Against Highway With Tra m in Front of or Behind Parke | ffic | | ☐ Work | ing / Working C ing In Roadway | |
| ☐ Crossing Against Signal ☐ Crossing - No Signal/M | Tarked Crosswalk | ПP | laying In Roa | ad | K nala | | | Roadway | |
| ☐ Crossing - No Signal/N | Parked Crosswalk | LI F | laying in Roa letting On / O | o Off Vehicle Other Than Bus | * | | ☐ Other | | 1 |

| Charter Char |
|--|
| Basking Passing Relifond Crossing Hist Excel Object Hist |
| □ Para Transit □ Para Transit □ Maintenance Vehicle 2 Toweld By: To |
| Accident Description |
| |
| |
| |
| , Description of Damage Company Vehicle 口 Minimal 口 Moderate 口 Major Other Vehicle 口 Minimal 口 Moderate 口 Major |
| 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 I 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): |





EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: | <u> </u> | |
|--|-----------------------------------|--|
| | (Workers Comp#Issued by Sedgwick) | |
| Name Solwelle " Washi | Birth Date 11 109 1 1993 | Hire Date |
| Driver's License# W-25 | 12-428-112-861 | * * |
| Employee Number | 51057 | • |
| DOT CARD VALID? Yes or NO | (IF NO, PLEASE EXPLAIN WHY): | |
| | | |
| | • | |
| HOME ADDRESS: 300 / | Afhens Circle | |
| CITY - BOWIE | STATEZ | IP CODE |
| HOME PHONE NUMBER 207-599-7915 | | MPLOYEE STATUS (please circle) JLL TIME OR PART TIME |
| IS THE OPERATOR ON OVER TIME? Yes / No / Unknown | GENDER MARTIAL STATUS NL | JMBER OF DEPENDANTS |
| *SHIFT START TIMIE/END SHIFT TI | ME* | • |
| 5:30 (AM or PM/ | 12:38_AM or PM | |
| And the second s | | The state of the s |



Supervisor Signature:

SUPERVISOR'S INCIDENT REPORT

| Date#: 5/1/19 Time: 9.46 AM Run: 2402 | |
|---|-------------|
| Operator #: Johnett washington Division: 0124 Vehicle: 43192 | |
| Supervisor: Alston | |
| Location: Address or Cross Street . Capital Heights My Address or Cross Street . City & State | <u>.</u> |
| Description of Event: Operator Stated She was behind the | |
| Metro bus at a stop sign. the metro bus made | |
| a left turn operator washington the pulled up to the | |
| Stop sign making a stop as she started to make | |
| ner left turn she noticed the metro bus backing | |
| up. the metro bus came into her lane making | |
| Contact with the front and side of bus 63192. | |
| | 0 |
| One passenger and the operator transported to PB Hospit | |
| | |
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| | |

From:

Ford, Shirlette

Sent:

Wednesday, May 01, 2019 8:27 PM

To:

Dunham, Bud

Cc:

Bellinger, Gary; Ford, Shirlette

Subject:

IMG_3318.jpeg



Sent from my iPhone

From:

Ford, Shirlette

Sent:

Wednesday, May 01, 2019 8:26 PM

To:

Dunham, Bud

Cc:

Ford, Shirlette; Bellinger, Gary

Subject:

IMG_0231.JPG



Sent from my iPhone

From:

Ford, Shirlette

Sent:

Wednesday, May 01, 2019 8:23 PM

To:

Dunham, Bud

Cc:

Ford, Shirlette; Bellinger, Gary IMG_0230.JPG

Subject:



Sent from my iPhone

From:

Ford, Shirlette

Sent:

Wednesday, May 01, 2019 8:22 PM Dunham, Bud

To:

Cc:

Ford, Shirlette

Subject:

IMG_0229.JPG



Sent from my iPhone

the Metro bus driver www. Looking when going in reverse www. Looking

The metro bus driver in revolutes wasn't

michel Hicks age 26/ 2404715646 December 2 19921 membricks 1369mail.com



Safety & Training Department

| (Check one) | Accident | Х | X Incident Time Supervisor Arrived: 5:07 PN | | | | | | | |
|---|---|-----------------------------------|--|-----------------|--|------------------|---------|--|--|--|
| Date of O | ccurrence: | | 5/7/2019 | | Time of Oc | currence: | 4:46 PM | | | |
| Weather: | Clear | Day of the | e Week: | Tue | sday | DHD (Y/N): | N | | | |
| | | | | | | | | | | |
| Location (Cross Stre | et and Town) | | Brinkle | y Road & Farmer | Road Camp Spri | ngs, MD | | | | |
| | | | | | | | | | | |
| Route Impact: | 20 - Minute Delay | | | | | | | | | |
| Employee Name: | Kevin Mason | | | | | | | | | |
| Employee Wante. | REVIII IVIDSOII | | | | | | | | | |
| Run# | 35 | 54 | Bus# | 626 | 544 | Tag# | LG94263 | | | |
| | | | | | | | | | | |
| What happened (Be Specific and Brief): | police were called and a supervisor was dispatched to the location. | | | | | | | | | |
| | | | S. A. S. A. S. | | 15 A 5 (2) (5) | | | | | |
| Injuries (if any): | None | | | | | | | | | |
| Vehicle Damage | None | | | | | | | | | |
| | | | | | | | | | | |
| (Check all that apply) | | Police | Y | Ambulance | N | Tow | N | | | |
| Was the C | perator sent for D | rug/Alcohol Test (\ | //N): | | N | | | | | |
| | | | | | L Mandlin C Auf A DAA | | | | | |
| Not | ified (Indicate nam | e and time) GM: | | | J. Modlin @ 4:54 PM | | | | | |
| Supervisor | D. Jac | ackson AGM K. Jay @ 4:52 PM Maint | | | | Donald @ 4:59 PM | | | | |
| Safety Trai | raining Mgr. G. Bellinger 4:58 PM Dispatcher R. Can | | | | | Campbell | | | | |
| | | | | | | 7.5 | | | | |
| County Name | | | | M. Wilson | @ 4:56 PM | | | | | |
| (Check | Telephone X I | | | | In Person (Must be done within 1 hour) | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | | |



| Accident/Incident/Workers Comp#: | | |
|--|-------------------------------------|---|
| | (Workers Comp # Issued by Sedgwick) | |
| Name | Birth Date | Hire Date |
| Kevin MASON | 1218165 | 4-4-16 |
| Driver's License# 3684 DOT CARD VALID? Yes or NO (IF | 4 | |
| | | |
| HOME ADDRESS: 10503 | Jih CT- | |
| CITY CHECTENHAM | STATE Md. | ZIP CODE 20623 |
| HOME PHONE NUMBER | DAY TIME NUMBER 301 STY-5768 | EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME |
| IS THE OPERATOR ON OVER TIME? Yes / No) Unknown | GENDER MARTIAL STATUS MOOF SWD | NUMBER OF DEPENDANTS |
| *SHIFT START TIME / END SHIFT TIM | | |

Vehicle Accident Report

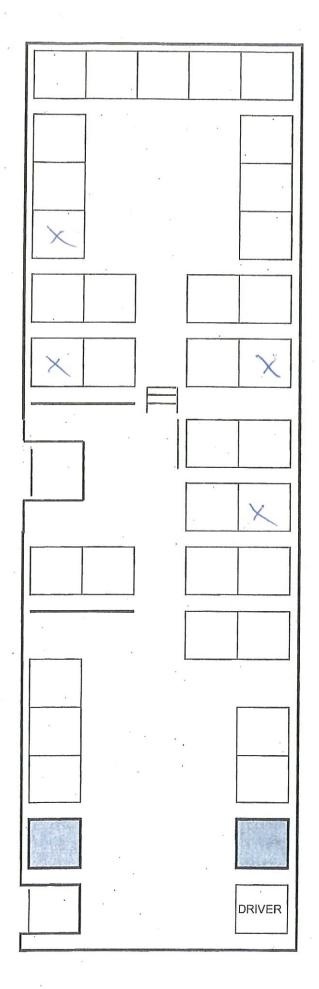


| Operators CDL #/ | | 2020 | Valid DOT ☑ Yes □ | Med Card | /Exp | Date - 202 | U | | ident Report # | 076 | 0001 | 765 |
|---|-------------------------|--------------|---------------------|----------------|--|---|-----------------------------------|---|----------------------------------|---------------------------------|----------------|---|
| Accident Date | Day of Week | Time | of Accident | | | | | | | e Photos Substance Abuse Tested | | |
| Month Day Year | | 4: | 30 PM | 2 | | ☐ Yes ☐ No ☐ Yes | | | | □ No □ Yes □ No | | |
| 05-1-201 | COMPA | | | | 12569 | 03/25/06/06 | otenia | A SPENSION OF | OTHER I | DARTY | | AZASISH SERIM |
| Operator Name (Exactly As | | UVI | VEHICLE | etics areas | 1 July 1 | | | | OTHER | ARTI | | |
| | | Ma | (0) | | | □ Ve | hicle 2 | ☐ Bicyc | list 🗆 Pedes | trian 🗆 F | ixed Object | □Pax Fall |
| KEVIN JOSEPH MASON Address (Include Number & Street) Address (Include Number & Street) | | | | | Name (Exact) | As Printe | d On License) | | | | | |
| 10503 3 | | | | | | | | • | | | | |
| City or Town | 0 | State | Zip | | | Address (Include Number & Street) Apt # | | | | | | |
| CheltenH | Pu | MD | 206 | | | | | | | | | |
| Employee ID# | Date of Hire | | Student Driver | YN | | City or Town State | | | е | Zip | | |
| 30844 | 4-4-2 | | | | | D : (B) | | | | | Ol-I- | 1 #-60 |
| # of Cards # of | Occupants # Seate | ed -\-\- | # Standing | | | Date of Birth | Sex | | Driver's Licen | se Lic. | State | # of Occupants |
| | | , | 6 | | | | | MDF | □Yes □ | No | \ | |
| Bus ID# Plate # L | -694263 State | | /ear / Make | | | Insurance Co | | Policy#&E | xp Date | 1 - | 1 | |
| Vehicle Type | | & Run# | 2.6.111 | | | Name (Exactly | Ac Drinter | Penistration | | - ' - | | |
| Bus | | 54 | | | | Ivalile (Exact) | AS FIIIILE | i Registration) | | | | |
| VIN |) \ | , , , | | | | Address (Inclu | de Numbe | r & Street) | | Apt | # | |
| 154 682712 | 111812 | 56 | | | | , | | | | 1 . | | |
| 1566BZ712 Insurance Co | Policy # | & Expiration | Date | | | City or Town | | Sta | ate | Zip | | |
| OID REPUBL | ic Mu | -SITE | 21268 | 7-1-20 | 110 | | | | | | | , |
| l | Location of | Accident | | | | Plate # | State | Year 8 | Make of Vehicle | Vehic | le Type | Color |
| Address/Street on which accident occurred BRINKIEY RD | | | | | | VIN | | | | | | |
| At intersection with FARMER RD | | | | | | | | | | | | |
| □ Not at intersection Feel N S E W of | | | | | Telephone# | | | | | | | |
| ☐ On Roadway ☐ Off Roadway | | | | | | | | | | | | |
| At Bus Stop? ☐ Yes ☐ No (if yes) ☐ Near Stop ☐ Far Stop ☐ Mid-Block stop | | | | | | | | | | WITE IN A SHARE WAS A SHARE WAS | | |
| Environi | | | | | vironr | nental Condit | ons | | | | | |
| Weather | Surface | | Traffic Contr | | | | | Roadway | - # of Lanes | | Characteristic | <u>es</u> |
| ☐ Clear ☐ Dry ☐ Stop Sign ☐ Daylight ☐ Cloudy ☐ Wet ☐ Yield Sign ☐ Dawn | | | , 0 | | | | d ded | ☐ Straight | and Level and Grade | | | |
| ☐ Cloudy ☐ Wet ☐ Yield Sign ☐ Dawn☐ Raining ☐ Icy ☐ Traffic Signal ☐ Dusk | | | | | | □ Asphal | lt | ☐ Straight | at Hillcrest | | | |
| ☐ Snowing ☐ Snow ☐ Flagman ☐ Dark Ro | | | | ad - Unlighted | | ☐ Concre | ete | ☐ Curve a | | | | |
| ☐ Foggy ☐ Other | ☐ Other | | ☐ Uncontroll☐ Other | ea LID | ark Ko | ad - Lighted | | ☐ Gravel ☐ ☐ Curve and Grade ☐ Other ☐ ☐ Curve at Hillcrest | | | | |
| | D | re Accider | | | | | | | | | | |
| Pre Accident Movement V1 V2/OV V1 V2/OV V1 V2/OV | | | | | V2/C |)\/ | | | Road Conditions usual Conditions | | | |
| Coine Ctraight Aband D D Eviling Dun Cton | | | | | ☐ Holes / Deep Rut | | | | | | | |
| Adeling sight turn | | | | | Changing Lanes ☐ Obstruction in road Passing ☐ Construction / repair zone | | | | | | | |
| ☐ ☐ Making right on red ☐ ☐ Slowing or stopping in traffic ☐ ☐ | | | | | Passing Merging | | | uction / repail 2011 material on road | е | | | |
| ☐ ☐ Making left turr | n 🗆 🗆 | Stopped in | n traffic | | | Backing | | ☐ Reduc | ed road width | | | |
| ☐ ☐ making left on ☐ ☐ Making U Turn | | | bject in road | | | Other | | ☐ Other | | | | |
| Vehicle Lights | Turn Signal | <u>s</u> | Posted Spe | ed Limit | Estimated Speed Limit Direction of Travel Acc | | | Accident / Collision With | | | | |
| No 1 ☑ On ☐ Off | No 1 □ Left Turn | On | Vehicle 1 | o mph | Vehi | icle 1 | mph Vehicle 1 □-Other Motor Vehic | | otor Vehicle | | | |
| COLUMN TRANSPORT AND THE SECOND | No 1 ☐ Right Tun | On On | | | | | N S E W ☐ Bicyclist | | | | | |
| No 2 ☐ On ☐ Off | No 1 ☐ Four Way | s On | Vehicle 2 _ | mph | Vehicle 2 mph ☐ Rail Trai | | | | | | | |
| | No 2 ☐ Left Turn | On | | | | | | 50000 | ehicle 2 S E W | ☐ Pedestri | | |
| | No 2 Right Turn | | | | | | | " | U L VV | ☐ Animal | | |
| | No 2 ☐ Four Way | 5 UII | | Ped | estria: | n / Bicyclist A | ction | | | | | *************************************** |
| ☐ Crossing With Signal | | | | Riding / Wal | king A | long Highway | Vith Traff | | | | Pushing / Mor | king On Vehicle |
| ☐ Crossing - No Signal | or Crosswalk | | | Riding / Wal | king A | gainst Highway | With Tra | ffic | | | Working In Ro | |
| ☐ Crossing Against Sign ☐ Crossing - No Signal/ | nai Marked Crosswalk | | | Emerging Fi | | Front of or Bel | iinu Parke | u Odis | | | Not In Roadwa | |
| ☐ Going To / From Stop | ped Bus | | | | | ehicle Other Th | an Bus | | | Ц | Other | |
| | | | | | | | | | | | SDD F 20 | 7/2015 |

Accident Type

AR# Police Investigated? ☐ Yes ☐ No ☐ Backing Passing ☐ Railroad Crossing Police Department Responding ☐ Sideswipe ☐ Merging ☐ Hit Fixed Object ☐ T-Bone ☐ Head On ☐ Hit Pedestrian Officer Name (Badge / ID #) A L - I) ☐ Right Turn ☐ Bus Right Mirror ☐ Hit Animal ☐ Bus Left Mirror ☐ Left Turn ☐ 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 ☐ Business Trip With Pax Prixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: ☐ Charter ☐ Charter ☐ Non Rev move ☐ Maintenance ☐ Para Transit ☐ Para Transit Vehicle 2 Towed By: Accident Description TIRC RUBBER REAR 30120 Company Vehicle ☐ Minimal ☐ Moderate □ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Major 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 Name of Witness / Injured Claiming Injury? Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # Age Supervisor Name (Print): Don RIJ JACKSON Supervisor on Scene? ☐ Yes ☐ No Unit Number ______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: 5 ~07 ~ 2019 Time: ~ 1 30 PM |
|------------------------------------|
| Location: BRINKICY RD |
| Driver: KEUIN MASON |
| Supervisor: D. JACKSON. |

Operator Incident Report



| Today's Date: 5-7-19 Time: 5-30 Au |
|--|
| Operator Name: Kevin Mason Vehicle # 699 Route # 3559 |
| Report Submitted to: Supervisor Sofety 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) Caupbell |
| I did not report the incident immediately because: |
| Did a SQM respond to this incident? No Yes (SQM Name) JACKSON |
| Date Incident Occurred: $5-7-19$ Time Occurred: $4:30$ Pay \Box Do not have actual date or time |
| Date Reported: $5-7-19$ Time Reported: $9:30PM$ This is a late report |
| Location of Incident BRILLY of FRENCE Role |
| Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat # |
| Explain what happened: ATTHE CORNEY OF BROWNLY + FRENCE Rd EAKS WAS MISSING ON THE DENING SIDE WHILE BORING IN THE MICROR + WANTING FOR THE TRACE TO PASS THROUGH I NOTICE of A CAR GRITING CLOSE A THON KNOW IT WAS GOING TO MAKE CONTACT. BUS WAS NOT MOVING |
| Operator Signature: Alle Masse Date Submitted: 57-19 |



Ttransdev supervisor's incident report

4:30 PM

| Date#: | 5.07.2019 | Time: | 5007,000 | Run: 3 5 5 4 |
|-----------|-----------------|----------------|-----------------------|-----------------|
| | # KEVIN MA | | Division: <u>0124</u> | Vehicle: 62644 |
| Supervis | or: D. JACKSO | N | | |
| Location | BRINKIEY | RD. | | CM, ElliH 319M3 |
| | Address o | r Cross Street | | City & State |
| Descripti | ion of Event: T | RRIVED | 3 At no | SCENE At 5:07 |
| PM | 3 At ONA, | OPERAT | OR STATED | While Dropping |
| OFF | A PATEUR | UAV | ELICLE MAD | E CONTACT |
| W | th the b | US. VE | hicle I WA | s At A bus |
| 5+01 | P bus No | + Movi | ng. When | VELICLE Z |
| | | | | WER SIDE REAP |
| +IR. | E RUBBER | FENDEN | that goes | BROUND the |
| TIR | 3 ABAT, 3. | WAS T | UO DAMAS | ot anol 3, |
| | | | | KEPT guing. |
| Als | 0 Ft + H | E +IM | e of the | INCIDENT tHERE |
| Wa | s 4 patro | NO 2M | u buren | at the time. |
| | | | | to REPORT |
| At | this. | time. | | |
| | | | | |
| | | | | |
| 40. | | | | |
| | | | | |
| | | | | |
| | | | | |
| Superviso | or Signature: | III Ja | Nsv | |



| (Check one) | Accident | Х | Incident | | Time Supervisor Arrived: 6:40 AM | | | | |
|--|--|---------------------|----------|---------------------------|----------------------------------|------------------------------|---------------------------|--|--|
| Date of O | ccurrence: | | 5/7/2019 | Time of Occurrence: | | | 6:20 AM | | |
| Weather: | Clear | Day of the | e Week: | Tuesday | | DHD (Y/N): | :] N | | |
| | | | | | | | THE STATE OF THE STATE OF | | |
| Location (Cross Stre | Cross Street and Town) Columbia Park Road @ Cabin Branch Drive - Cheverly, MD | | | | | | | | |
| | | | | A CALLED TO THE COLUMN | Brunen Brive | Sincretty, the | | | |
| Route Impact: | | 20 - Minute Delay | | | | | | | |
| | | | | | | | | | |
| Employee Name: | | | | Claudia Proctor | | | | | |
| Run# | 18 | 02 | Bus# | 1 626 | 28 | Tag# | LG94088 | | |
| | | | | | | , -8, | | | |
| What happened (Be Specific and Brief): | mirror/Operator continued in Service. | | | | | | | | |
| to be described as the second | | | | NI | | | | | |
| Injuries (if any): | | | | None | | | | | |
| Vehicle Damage | | | | None | | | | | |
| (Check all ti | ant apply) | Police | l y l | Ambulance | N | Tow | l N | | |
| (Check all ti | lat apply) | 1 Office | | Ambulance | | 1000 | | | |
| Was the C | perator sent for Di | rug/Alcohol Test (\ | //N): | | | N | | | |
| | | | | | | | | | |
| Not | ified (Indicate nam | e and time) GM: | | | J. Modlin | @ 6:35 AM | | | |
| Supervisor | B. Ogu | ndeko | AGM | R. Bandak @ 6:29 AM Maint | | Maint | Moses @ 6:28 AM | | |
| | | | | | | | | | |
| Safety Train | fety Training Mgr. B. Dunham @ 6:26 AM Dispatcher D. | | D. Terry | | | | | | |
| | | | | | | | | | |
| County Name and Time: (Check one) T | | Telephone | X | M. Wilson @ 6:30 AM | | (Must be done within 1 hour) | | | |
| A CONTRACTOR OF THE CONTRACTOR | | . c.cpiione | | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | |

Vehicle Accident Report



| | Valid DOT Med Card / Exp | Date | Apoldent | Report# | | (i' |
|--|---|--|----------------------------|---------------------------------|--|----------------|
| Operators CDL#/Exp Date | HYes II No | SmartDrive Trig | 1 11 | Scene Photo | Substance | Abuse Tested. |
| AGGILLENI DAG | f Accident # of Vehicles | | | | 250000000000000000000000000000000000000 | s Z No |
| Month Day Year . 6. | 19~ 2 | □ Yes Æ | 1 | | | SERVICE STREET |
| COMPANY | VEHICLE T | Med someone | | OTHER PART | | 200-1 |
| Degrator Name (Exactly As Printed On License) | | E Vehicle 2 | D Bleydisk | 🗖 Pedesidan | in Fluid Object | ElPax Fall |
| Clarida Pract | ~ , , , , , , , , , , , , , , , , , , , | Name (Exactly As Printed | On License) | 6000 | | |
| Address (Include Number & Street) | April . | Un | who | ^ | Apt# | |
| City or Town State | Zip | Address (Include Number | & S(reet) | | , input | |
| Employee ID# Date of Hire | Student Driver? KIN | City or Town | State | | Żĺp | |
| Employee ID# Dale of Hire | • | Date of Birth Sex | | Driver's License | Lic, Slate | #of Occupanis |
| #of Cards #of Occupants #Seated | #Slanding | Date of Pilat | | □Yes □No | | |
| Pow 174 Biglia ## Siglia Vehicla | Year/ Make | Insurance Co | M D F Policy#&Exp D |)ale | | |
| Bus 10# Plate# State Venice 62629 LG94088 M.D | 2011 | | 16-2-1-Park | | | |
| Vehicle Type Roule # & Run# | SA D | Name (Exactly As Printed | i Kedishanon) | una | Apl# | |
| Gwy 18/1 | 8.02 | Address (Include Number | r & Street) | | Apl# | |
| VIN 159982711B147813 Insurance Co Old Repulsive Design of Accident | 36. | City or Town | State | | Zíp | • |
| Insurance Co Policy #& Expiral N W T G | on Date 21268 | City of Town | | | | Colon |
| Location of Accident | Codsin | Plate# State | Year&M | ake of Vehicle | Vehicle Type | Color . |
| Address/Street on which accident occurred Column | whole Kower Brown | VIN | | | | |
| At intersection with Columbia Co | when Colones Seemed | | | Unan: | im | |
| ☐ NotatinjersectionFeet N S E W o | ſ | Telephone# | | | | |
| ☐ Off Roadway | | l in | Maron | · · | | |
| At Bus Stop? 디 Yes 티No (if yes) 디 Near Stop | □ Far Stop □ Mid-Block stop | nmental Conditions | | | | |
| Weather Surface | Traffic Control Light | | Roadway- | | oadway Characteristic Straightand Level | 25 |
| ☐ Clear ☐ Dry | ☐ Stop Sign ☐ Daylig☐ Yield Sign ☐ Dawn | | ☑ Divided ☐ Undivided | | Straightand Grade | 9 |
| ☐ Cloudy ☐ Wet☐ Raining ☐ Icy | ☑ Traffic Signal ☐ Dusk | Road Unlighted | ☐ Asphalt ☐ Concrete | | Straight at Hillcrest Curve and Level | , |
| ロ Snowing ロ Snow ロ Foggy ロ Other | ☐ Uncontrolled ☐ Dark F | Road - Lighted | ☐ Gravel ☐ Other | | Curve and Grade Curve at Hillcrest | |
| □ Other . | □ Olher | | T | | | |
| and Amilan | ent Movement. • V1 V2 | /OV | No Unusu | ad Gonditions val Conditions | | •• |
| T Friffing F | | Changing Lanes | ☐ Holes / De | ep Rut n in road | | |
| ☐ ☐ Making right furn ☐ ☐ Entering | Bus Stop | Passing . | ☐ Construction ☐ Loose mat | on / repair zone | | |
| ☐ ☐ Making Left furn ☐ ☐ Stopped | in traffic \Box | Merging Backing | ☐ Reduced i | road width | | |
| - H making loft on red | object in road | Olher | ☐ Other | | Accident/Collis | Ton With |
| Vehicle Lights Turn Signals | 1 | stimated Speed Limit | Direction | | , | IDIT ANITIT |
| No 1 12 On 12 Off No 1 12 Left Turn On | Vehicle 1 35 mph Veh | nicle 1 35 mph | Vehicle N)s E | | iher Molor Vehicle icyclist | • |
| No 1 I Right Tum On No 2 I On I Off No 1 I Four Ways On | Vehicle 2 35 mph Veh | icle 2 35 mph | 2 | . " □Ra | ail Train xed Object | |
| No 2 🖂 Left Turn On | | | Vehicle N-S-E | □Ре | edestrian | |
| No 2 - El Right Tum On | | | - | -El-An | ninal | |
| No 2 II Four Ways On | Pedesfria | i Bicyclist Action | | | | On Walter |
| 口 Crossing With Signal 口 Crosswalk ログ | / Diding / Walking A | long Highway With Traffic gainst Highway With Traffic | 0 1 | A | 디 Pushing / Working 디 Working In Roady | yay |
| I TT Crossing Against Signal | ☐ Emerging From in | Front of or Behind Parked | Gars . | (| 口 Not In Roadway 口 Other | |
| ☐ Crossing -No Signal/Marked Crosswalk | ☐ Geiting On / Off Ve | hicle Other Than Bus | | | CDD F90 7 | 19015 |

| | Vehi | ele Acciden | t Report | | oz az mesemánioko menes misem | | transde. | 1 |
|----|--|---|--|-------------------------|---|----------------------|-----------------------|----|
| | The state of the s | ,,,,,, | | | AR# | , , | | - |
| - | ☐ Left Turn ☐ Bus ☐ Bus Rear Ends Vehicle ☐ Bus ☐ Vehicle Rear Ends Bus ☐ Suc | ging ad On : Right Mirror : Left Mirror : Door Operation Iden Stop | コ Railroad Cro コ Hit Fixed Ot コ Hit Pedestri コ Hit Animal | ossing Nject an | Police Investigated? Yes Police Department Responding Officer Name (Badge / ID#) Precinct# Citations / Arrests El Opera | Prince Cy. Poulsen - | 0700000411 | 1 |
| | Type of Trip | | Violations | | - | | | |
| | □ Fixed Route □ Charler □ Charler | □ Business Trip □ Errand □ Non Rev move □ Maintenance | Vehicle 1 Towe | ed By: êd By: | P/A | To | n/4 | |
| | Accident Description | • • | | | | | | _ |
| | Valande 2 | | | | fact with | | 1 | - |
| | Coursed a Manage | - uni | general | R to | vamely | 2 and | wo | - |
| | egrund | to a | inhande | 4 - | se the | Evetus | ector | - |
| | -solubor | Pante | -1 | show. | Branch. | | 1 | - |
| | | | | | | | | |
| | | • | | | | | | |
| | | | • | | | | | |
| | Description of Damage Comp | oany Vehicle 🗆 | I Minimal 🏻 🗆 | Moderate 🗆 | Major Other Ve | hicle 🏻 Minimal 🗈 | I Moderate □ Major | |
| | Vehicle 1 is ALWAYS Your Vehicle, Articulated Bus Shuttle Vehi | cle | Bus 1 |] | instimpact on your vehicle and Bus 2 | Truck —▶□ | <u>Gar</u> | |
| F | Name of Witness / Injured | Age Claimin | g Injury? Tyj | e of Injury Claime | d Injured Transported To | Other Transported To | Transported By Unit # | |
| | , | | | | | | , | |
| _ | | | | | | | | |
| | | | | | | | , | |
| | | No Sup | pervîsor Name | • 000 000 • 000 000 000 | Superior S | Demo | | |
| Sı | upervisor's Signature | A | _ Unit Numbe | 10124 | _Supervisor / Manager R | deviewing 134d | JUNEPA | 24 |

Operator Incident Report Time: Today's Date: __ Vehicle# Operator Name: Dispatch Safety Dept. Vehicle Damage Passenger Injury Passenger Incident Check One: Passenger Accident ☐ No Damage Vehicle Incident Report ☐ Ofher Passenger Complaint 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: \5/6/19 Time Occurred: 6:19 Do not have actual date or time 19 Time Reported: 6,19 a This is a late report Date Reported: Location of Incident Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat# Passenger Name: Explain what happened:

Operator Signature:

_ Date Submitted:_

5.6.1



SUPERVISOR'S INCIDENT REPORT

| Date#: 5/6/19 Time: 6:19 w Run: 1802 |
|--|
| Operator #: Claudie Practor Division: 0124 Vehicle: 62628. |
| |
| Supervisor: Babalde Ogulus |
| Location: Columbia Pare / Cabrin Branch Harrante mo |
| Address or Cross Street . City & State |
| Description of Event: Description of Event: |
| an unanous Van come in contact with Bus 62629 |
| in the Rollisia, the Merror of the underson Jehnele |
| was loro (can in the process while No stange |
| , to Pous 62628. |
| However, Official Bustoner of District 3 |
| Average left the Secret before Superview 3 |
| amusel. |
| |
| |
| |
| • |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| a construction of the cons |
| Supervisor Signature: |



| (Check one) | Accident | Х | Incident | Time Supervisor Arrived: 12:52PM | | | | | | |
|---|--|--------------------|-------------|----------------------------------|-----------------|-----------------|----------------|--|--|--|
| Date of O | ccurrence: | | 5/7/2019 | Time of Occurrence: | | | 12:22PM | | | |
| Weather: | Clear | Day of the | e Week: | Tue | sday | DHD (Y/N) | ı: N | | | |
| VVCatricii | Cical | Day of an | C WCCK! | Tue | suay | DIID (1710) | | | | |
| Location (Cross Stre | eet and Town) | | Aurhurn Ave | anua @ Goodluck | Pond Collogo P | ark Marylan | d | | | |
| Location (Closs Stre | et and rown, | | Aurburn Ave | enue @ Goodluck | Noau, College P | ark, ividi yidi | u | | | |
| Route Impact: | | | 2 | 20 - Minute Delay | | | | | | |
| | | | | | | | | | | |
| Employee Name: | Veron Anderson | | | | | | | | | |
| Run# |] 1, | 101 | Bus# | 620 | -16 | | | | | |
| Kuli# | | +01 | Dustr | 620 | 040 | Tag# | LG94088 | | | |
| What happened (Be Specific and Brief): | Vehicle (1) was exiting a bus stop on Aurburn Avenue when Vehicle (1) left mirror made contact with a fixed object (slow pedstrain sign). Supervisor was dispatched to the location. There were (2) patrons onboard. There were no injustical claimed. The relief operator continued on route. | | | | | | | | | |
| Injuries (if any): | | | | None | | | | | | |
| Vehicle Damage | | | Left | flat mirror cracke | ed | | | | | |
| (Check all t | hat apply) | Police |] N | Ambulance | N | Tow | T N | | | |
| Page 1 | and apply | 1 01100 | | Ambalance | | 1000 | | | | |
| Was the (| Operator sent for D | rug/Alcohol Test (| Y/N): | | | N | | | | |
| | | | | 1 | | | | | | |
| No | tified (Indicate nam | ne and time) GM: | | J. Modlin @ 12:29 PM | | | | | | |
| Supervisor | R. G | reen | AGM | R. Bandak @ | 12:29 PM | Maint | Ray @ 12:27 PM | | | |
| | | | | | | | | | | |
| Safety Trai | ety Training Mgr. B. Dunham @ 12:29 PM Dispatcher Og | | Ogundana | | | | | | | |
| | | | | | | | | | | |
| County Name and Time: | | w.l. 1 | | M. Wilson @ | 9 12:26 PM | | | | | |
| (Check | k one) Telephone X In Person (Must be done w | | | e done within 1 hour) | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | | |



EMPLOYEE INFORMATION

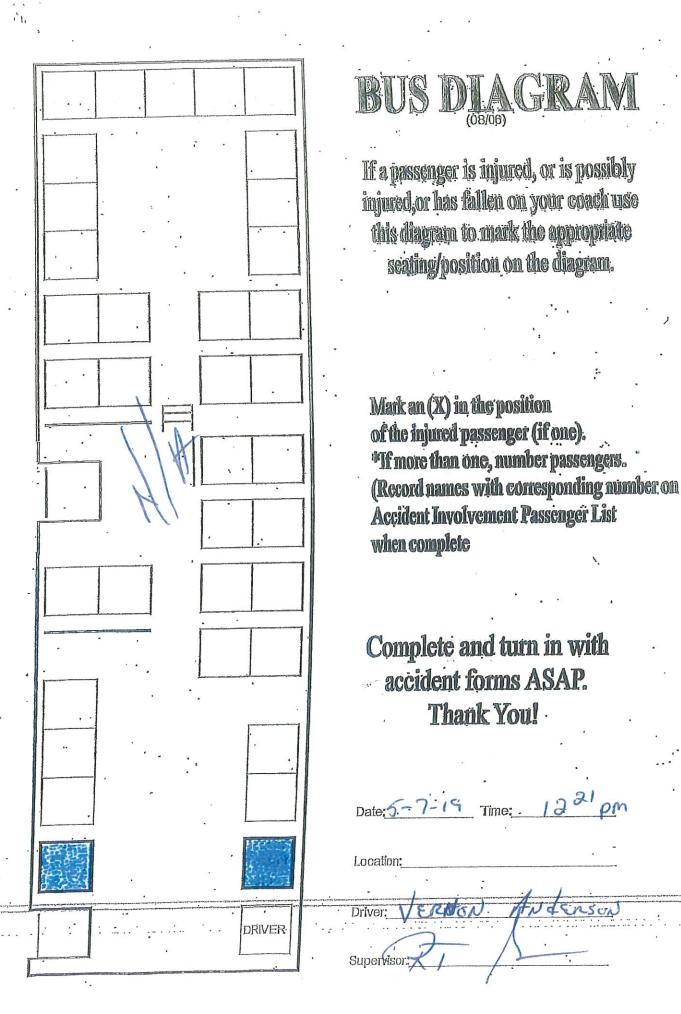
| Accident/Incident/Workers Comp#: Accided. | |
|--|----------|
| (Workers Comp#Issued by Sedgwick) | |
| Name Birth Date Hire Date | |
| VERNON ANDERSON 02/23/62 03-14-05 | -4 |
| | |
| Driver's License# 4-536-443-128-141 | |
| Employee Number 26117 | |
| DOT CARD WALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY): | |
| UES . | <u>.</u> |
| | |
| | |
| HOME ADDRESS: 7200 Nimitz dR | |
| | |
| CITY district HEIGHTS STATE MD. ZIP CODE 20747 | - |
| | |
| HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) | , |
| 240) 764-3365 34ME FULLTIME OR PARTTIME | |
| 000) (04 000) | |
| IGITUE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS | |
| IS THE OPERATOR ON OVER TIME: | |
| Yes / (No) Unknown Mor F MS W D | |
| | |
| *SHIFT START TIME / END SHIFT TIME* | 652 |
| 41:46 AMORPM/ 1:23. AMORPM | , |

ehicle Accident Report



| | | Light DOT | Med Card / Exp | Date | | Accident | Report# | NA | 4 | •• |
|--|--|--|--|----------------------------|-------------|----------------------------|-------------------------------|----------------------|---|----------------------------------|
| Operators CDL#/E | Exp Date | Yes I | No | | | | Canno | Photos | | Abuse Tested. |
| Accident Date | Day of Week | Time of Accident | # of Vehicles | SmartDri | ive Trig | igered | Scene | | | |
| Month Day Year | | 122pm | | □ Ye: | s 🎏 | No | Yes | $\square N$ | | s No |
| 5 7 19 | Tues | | AND LOCAL TOTAL | स्कृत रामगः | | 7 755 77 | OTHER I | ARTY | e delle sures at | THE ENGINEERING STREET |
| | COMPA | MA AEHIGE | | | | | 27.1 | | | ETDan Fall |
| Unoraing Name (Fxacily AS | Pulled ou riceuse) | | | ij Vehic | 162 | in Bleyclist | O Pedes | lnan L | Third Object | ETILETIC I CITI |
| | Ander | | | Namie (Exèctly As | s Printed | On License) | | | | |
| Address (Include Number 8 | niTiz D | R | | | 1 | n D) 1\ | | —т | Api# | |
| | | State ZIP | .1:2 | Address (Include | Number | & Sireet) | | | 1. | |
| DIST HJ | hts | mo 207 Student Driv | T VIN | City or Town | | Stale | | | Zip | |
| Employee ID# | Dale of Hire 3 - 14 - 2 | SECOND SE | | , | | | | | | #of Occupants |
| 26117 | Occupants #Seat | ed #Standing | I | Dale of Birth | Sex | | Driver's Lice | ense | Lib, State | # DI Chenhalua |
| #of Cards #of | | -4 | | | 口 | MDF | | INO | | |
| · Bus ID# Plate# | C) Siale | | | Insurance Co | | Policy#&Exp | Dale | | * | |
| 644 | MO | | | Name (Exactly A | As Prinlet | 1 Registration) | _ | / | | |
| Vehicle Type | Roule | #& Run# | | Maille (Eventy) | na i illiot | a Mogloomaniy | | . \ | 4 | |
| | | | | Address (Includ | le Numbe | r & Street) | | | Api# | |
| VIN | | | • | | | N Old | | | Zîp | · |
| Insurance Co | Policy | #& Expiration Date | *** | City or Town | | State | ; | ' | | |
| | | | | Plate# | Slate | Year&1 | Vake of Vehicle | | Vehicle Type | Color . |
| *** **** | | of Accident | | 11 | / | | | | | |
| Address/Street on which a | accident occurred | | | VIN | | | , | | | |
| At intersection with | | | | | | | | | | |
| MNotatinjersection | Feet N | SEW of | | Telephone# | | | | | | |
| Mon Boadway | ☐ Off Roadway | | | | | | | | | |
| At Bus Stop? I Yes I | □No (ifyes) □ | Near Stop. In Far Stop | LiMid-Blockstop | | | | | | | |
| | | | Enviro | nmental Gonditio | ons | 17 | 4 of lengs | Roar | lway Characieristi | CS . |
| Weather | Surface | Traffic Co | | ihŧ. | | Divided | # of Lanes | VIZ S | raightand Level | - |
| Glear Gloudy | nd Drý ⊑Wet | ☐ Yield S | ign 🗆 Dawn | | | ☐ Undivide | bd | | raightand Grade raightat Hillcrest | 1 |
| ☐ Raining | □ lcy | ☐ Traffic ☐ Flagma | | Road-Unlighted | | ☐ Concrete | | □ Cı | irve and Level | |
| 口 Snowing 口 Foggy | □ Snow □ Other | . □ Unconf | | Road - Lighted | | ☐ Gravel ☐ Other | | | rve and Grade rve at Hillcrest | |
| □ Other | 0.0011.0000.000 | 5 Olher | | · | | T Date | | | | |
| |] | Pre Accident Movemen | | | | Unusual Ro | ad Gondition ual Condition | <u>15</u> | | |
| V1 V2/OV | V1 V2 | | V1 V2 | IOA. | | Holes I D | eep Rut | u | | •• |
| ☐ Going Straight | The street of th | 1 Exiting Bus Stop 1 Entering Bus Stop | | Changing Lanes | • | 口 Obstructi 口 Construct | on in road ion Trenaitzo | me | | |
| ロロMaking right fu ロロMaking right or | n red 🔲 🖂 | I Slowing or stopping in: | | Passing Merging | | ☐ Loosema | terial on road | , | 1 | |
| П П Making Jeft fun | | Stopped in fraffic Parked | | Backing | | ☐ Reduced☐ Other | road width | | | |
| ☐ ☐ making left on: ☐ ☐ Making U Tum | 4 2214 | Avoided object in road | | Other | | | | | | * 38/2/f. |
| Vehicle Lights | Turn Signal | | peed Limit E | stimated Speed L | <u>lmit</u> | Direction | of Travel | | Accident/Collis | HOIT ANIET |
| | | _ | 30 mph Veh | icle 1 _ 2_ m | nph | Vehic | | | r Molor Vehicle | • |
| No 1 MOn □ Off | No 1 日 Right Tun | n On | | | nph | n 🔞 | E W | ☐ Bicyc ☐ Rail 1 | | |
| No2 □ On □ Off | No 1 Four Way | s On Vehicle 2 | mph Veh | | .h., | Vehic | е2 | Fixed | Object | * |
| | No 2 D Left Turn | On | And the second s | therefore in an animal and | | N-S-I | W | ☐ Peder -El-Anima | | enemant and the safe of the same |
| | No 2 El Right Turn No 2 El Four Ways | r On | | | | | | | | |
| ! | - HUZ LLI DUL HUJE | | Pedestriar | i Bicyclist Action | ii : | | | | | .0-16:1:1 |
| Crossing With Signal | a | ĭ | 1 Riding / Walking Al 1 Riding / Walking Ad | rainst Highway Yvi | in Danie |) | | · [| I Pashing I Working I Working In Roady | j on venicie |
| 口 Crossing -No Signal o 口 Crossing Against Sign | al | ī | I Emerging From In | ront of or Behind | Parked t | Cars | | | I Not In Roadway | |
| ra crossing against organ | Aarked Crosswalk | Γ | I Playing In Road | Office The T | 71100 | (E) | | 1 | 1 Other | -1 |

| Vehliele | Accident Report | | tienselev. |
|--|--|--|---------------------------|
| Acceptance of the second of th | ELECTIVE CONTROL OF THE PROPERTY OF THE PROPER | AR# | |
| M Fixed Roule | Mirror II Hit Animal Mirror Operation Stop Roadway Violations siness Trip rand Vehicle 1 Towell By | Police Investigated? ☐ Yes No Police Department Responding Officer Name (Badge / ID #) Frecinct# Report# Citations / Arresis ☐ Operator 1 ☐ Vehicle 2 | □ Bioyelisi: □ Pedestrian |
| ☐ Charter ☐ Charter ☐ No. | on Rev move Vehicle 2 Towed By: | To | |
| Accident Description by Bay w. H bus | ON Alburn Sign CRACKIN | DAS PULL PURY BUE AND MADE JASSENGER | Contact Mirron |
| | | | |
| | | | |
| Description of Damage Company | Vehīcīe 🗵 Minimal 🗆 Moderate I | I Major Other Vehicle 🏻 Minimal | П Moderate П Major |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle | Place an X on the exact point o | Filist impact on your vehicle and the other vehicle. Circ Bus 2 Truck | Car → |
| Name of Wilness / Injured As | ge Claiming Injury? Type of Injury Claim | ed Injured Transported To Other Transported T | io Transported By Unit# |
| | | | |
| Supervisor on Scene? . Mr Yes : 🗆 No | Supervisor Name (Print): | oBERT Grew | |
| upervisor's Signature | Unit Number 0124 | Supervisor / Manager Reviewing | 2 Julan |



Operator Incident Report



| TO A 17.000 |
|--|
| Today's Date: 05-67-19 Time: 1:40 PM |
| Operator Name: VERNON ANGERSON Vehicle # 68646 Route # 14 |
| 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? |
| I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) |
| Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 5-7-19 Time Occurred: 1:31 PM Do not have actual date or time |
| Date Incident Occurred: 5 7 19 Time Reported: 19:31 This is a late report |
| Location of Incident 966 Luck AM. Albura |
| Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat# |
| Explain what happened: |
| AL MISIPM DULL into Stop ON AlbURM AV. |
| to drop off patron AN Hit SIGH CRACKED |
| Right Side MIRROK |
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tronsolv supervisor's incident report

| Date#: $5-7-19$ Time: 13^{31} pm Run: 1401 |
|--|
| Operator #: VERNON ANDERSON Division: 0124 Vehicle: 62646 |
| Operator #: 1/E/CNGD FIGURE OF THE CONTROL OF THE C |
| Supervisor: Pobert GREEN |
| 1 acordians 3102 Alburs AVE (Livendale MD |
| Address or Cross Street . City & State |
| Description of Event: Operator Anderson was pulling away from |
| the hus BAN ON Appura AVE MAKING CONTENT WITH |
| bus sign Cracking the PASSENGER MIRROR |
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| (Check one) | Accident | × | Incident | Time Supervisor Arrived: 4:54Pm | | | 54Pm |
|---|--|--|-----------------|---------------------------------|------------------------|--------------|--------------------|
| Date of O | currence: | ce: 5/7/2019 Time of Occurrence: 4:34 | | | 4:34PM | | |
| Weather: | Clear Day of the Week: Tuesday DHD (Y/N): N | | | | | | |
| weather: | Clear | Day of the | . WEEK. | Tues | suay | DIID (1714). | |
| | | | | | | | |
| Location (Cross Street and Town) Corporate Drive , New Carrollton Maryland | | | | | | | |
| | | | | | | | |
| Route Impact: | Route Delayed | | | | | | |
| Employee Name: | Antione Walker | | | | | | |
| Run# | 21 | 72 | Bus# | 631 | .46 | Tag# | LG81823 |
| | | | | | | | |
| What happened (Be Specific and Brief): | Specific and were transported by ambulance. Vehicle # 2 was towed from the scene. | | | | | | |
| 116 | | Dela | or of vahiala # | 2, and two passer | gers on the bus | | |
| Injuries (if any): | | DIN | er or venicle # | z, and two passer | igers on the bus | | |
| Vehicle Damage | | | | Bike rack | and desirable with the | | |
| | | Her British St. | | | | | |
| (Check all t | hat apply) | Police | Υ | Ambulance | , Υ | Tow | Υ |
| | | | | | | | |
| Was the C | perator sent for Dr | ug/Alcohol Test (Y | /N): | | | Y | |
| | | 111 - 1 614 | | | I Madlin | @ 4.42DM | |
| Not | ified (Indicate nam | e and time) GIVI: | | | J. Modin | @ 4:43PM | |
| Supervisor | H.Mo | rning | AGM | K.Jay @ 4:38PM | | Maint | Donald @ 4:43PM |
| 3uper visor | 11.1010 | Timb | ACIVI | K.Jay & | 4.501 W | William C | Donald & 4,401 141 |
| SafetyM | anager | G.Bellinger@ | 4:39PM | | Dispatcher | Tavo | o/ Campbell |
| | | REPORT OF THE PARTY OF THE PART | | | | | |
| County Name | e and Time: | | | M. Wilson | @ 4:41PM | | |
| (Check | The state of the s | | | In Person | | | |
| | | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | 1 at 38.945 | 3101 | -14 | ong 0.86904 | 14 | | |

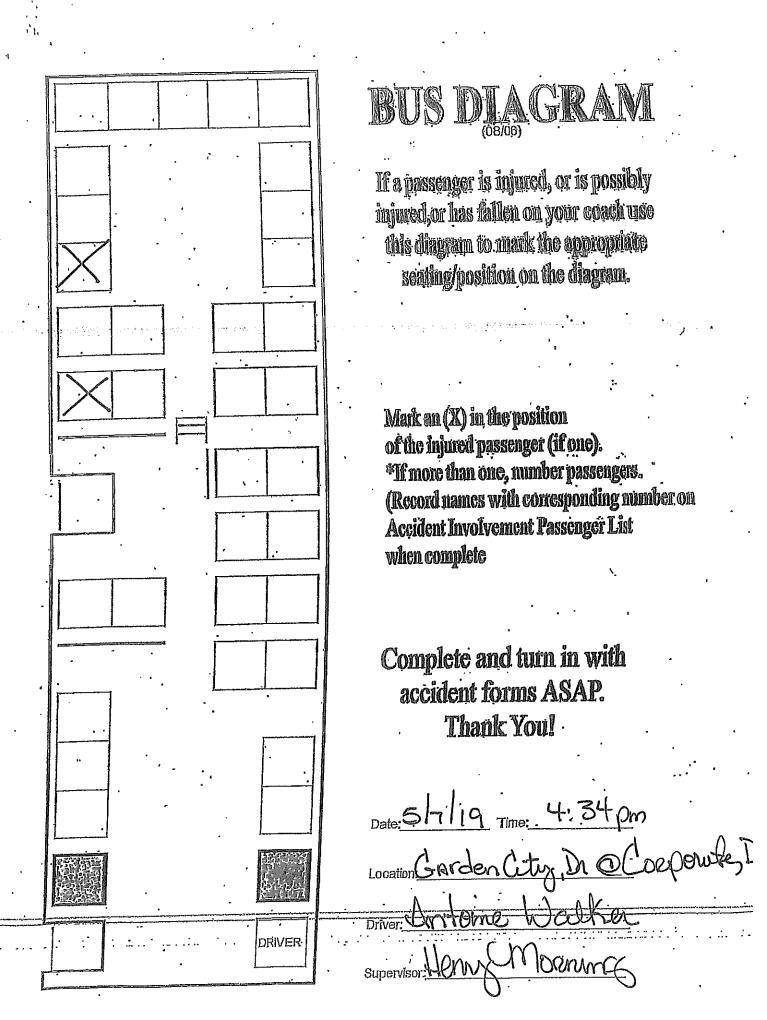
Consider EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: Accident |
|---|
| (Workers Comp#Issued by Sedgwick) |
| Name Antowe Walker 2,5,72 Hire Date 7-1-17 |
| Driver's License# |
| DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY): |
| |
| HOME ADDRESS: 917 VAILEY AUC |
| CITY WAShington STATE DC ZIP CODE 20032 |
| HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-730-5167 Scme Full time or part time |
| IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS |
| Yes No Unknown Mer F M W D |
| SHIFT START TIME / END SHIFT TIME* |



| O Land DDI All / Evra Mate | Valid DOT Med Card / Exp | Date | Activien | t Report# | 70000 | 1651 |
|--|---|--|-------------------------|--------------------------------|---|-------------------------------|
| Operators CDL# / Exp Date | □Yes □No | SmartDrive Trig | idered | Scene Pho | otos Substan | ce Abuse Tested |
| Month Day Year | | | No | HYES | □ No □ | es 🗆 No |
| 5/7/2019 luesday 42 | | , 1 | NG TOTAL | | | ne say need to be |
| COMPANY | Achigita A. | FOR THE PARTY OF T | | | • | richas Foll |
| Operator Name (Exectly As Printed On License) | , | W Vehicle 2 | in eleyelist | D Pedeşlda | n Elfinisia Object | ElFan(Fall |
| Address (Include Number & Sireal) | Apt# . | Nairio (Exactly As Printed C | R # 1 . | grim (| Catlett | |
| 917 Valley Ave State | Zip | Address (Include Number | 0. Plantil | ebleau, | Apl# | • |
| Washington BC | Sindent Driver? Y/N | Gify or Town | State | , 1 | 2078 | |
| Employee 10# Dale of Hire 7-1-2017 | ,NO | New Carrott | ion M | Driver's License | Lip, State | #of Occupanis |
| #of Cards #of Cocupants #Seated | #-Standing | Date of Birth Sex | M INF | DIVES LINO | 1801 | |
| Ves 2 2 | o Year / Make | Insurance Co | Policy#&Exp | Dala | | |
| BusiD# Pate 8 823 NW G | <u> 111-84 </u> | Name (Exactly As Printed | Registration) | <u>. N</u> | /A | |
| Vehicle Type Roule#& Run# | - 2172 | | V | 1/A. | | |
| - Como | | Address (Include Number | r & Street) | la | Apl# | IA. |
| ISGCB291371112 | 80 I | City or Town | State | 1 1 1 2 | Zip | |
| Old Republic | | NA Plate# State | l Vear& | Make of Vehicle | Vehicle Type | Color |
| Lauglion of Accident | | SD2NS2 WD | | | 49a a .A | black |
| Address/Street on which accident ecourred | randon Dr | COM | re- | 72971 | 3559A | |
| Atintersection with Copposite, L |) | Telephone# | | 10 101 | <u> </u> | |
| | | | | | | |
| 口 On Roadway 口 Olf Roadway At Bus Stop? 口 Yes 田 No (if yes) 口 Near Stop | . 🗆 FarSiop 🖂Ņid-Blocksiop | · · · · · · · · · · · · · · · · · · · | | | | |
| Achia Grop: At 100 Act. | Enviro | nmental Conditions | | 11 way | Roadway Characteris | Han |
| Weather Surface . | Traffic Control Light I Slop Sign III Baylig | it . | Roadway- IM-Divided | | M Straighland Level | 1103 |
| ☐ Cloudy ☐Wet | 디 Yield Sign | | □ Undivide □ Asphalt | | □ Streightend Grade □ Streightet Hillcrest | 1 |
| ☐ Raining ☐ Icy ☐ Snowing ☐ Snow | □ Flagman □ Dark F | load – Unlighted load – Lighted | ☐ Concrete ☐ Gravel | . J | □ Curve and Level □ Curve and Grade | |
| ☐ Foggy ☐ Other ☐ Other | ☐ Unconfrolled ☐ Dark R ☐ Other | · · · · · · · · · · · · · · · · · · · | □ Other | | I Curve el Hillcrest | |
| | ent Movement | | Unusual Ro | ad Gonditions | | |
| V1 V2/OV V1 V2/OV | V1 V2/ | OV . | ☐ Holes / Do | | | *** |
| ☐ De Going Straight Ahead ☐ ☐ Exiting F | | Changing Lanes · Passing . | ☐ Obstruction | n la road ion / repair zone | | |
| ☐ ☐ Making right on red ☐ ☐ Slewing | orstopping in traffic 🔲 🗍 | Merging | ☐ Loosemal | ierial on road | A | |
| ra II molima loft on rari II Parked | ਜਜ | Backing Olher | □ Reduced □ Other | load minin | | |
| ロ II Making U Tum ロ II Avoided | object in road Posted Speed Limit Es | timated Speed Limit | Direction | of Travel | Accident/Coll | ision With |
| Vehicle Lights Turn Signals | | cle i 10 mph | Vehic | e1 _ II | Other Molor Vehicle | |
| No 1 M On I Off No 1 M Left Turn On No 1 I Right Turn On | | | | | Bicyclist Reil Train | |
| No 2 LI On LIVOIT No 1 LI Four Ways On | Vehicle 2 Omph Vehi | ole 2 <u>40</u> mph | Vehicle | 2 11 | ixed Object | |
| No 2 II Left Turn On | | , | N-S-E | | Pedesidan Inimal | |
| No 2 Li Right Tunn On No 2 Li Four Ways On | | I Bićýclist Ačtlöri | | - | 1 | * *** ** **** ******* *** *** |
| De General Mills Circus | 17 Ridina / Walking Ald | ong Hiohway With Traffic | | | · 🗇 Poshing / Working | ng On Vehicle |
| 口 Crossing With Signal 口 Crossing -No Signal or Crosswalk | TI Ridioa / Walking Ag. | ainst Highway With Traffic ront of or Behind Parked C | lars | | ☐ Working In Road ☐ Not In Roadway | iway |
| ☐ Crossing Against Signal | ☐ Plaviou in Road | Υ | | | IT What | l |

| Vehicle Accident | t Report | AND THE PROPERTY OF THE PROPER | | remediav |
|--|---|--|----------------------------------|---|
| Access to the control of the control | NAME OF THE PARTY | AR# | | |
| ☐ Backing ☐ Passing ☐ Sideswipe ☐ Merging ☐ Theone ☐ Head On ☐ Right Turn ☐ Bus Right Mirror ☐ Let Turn ☐ Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ren Olf Roadway Type of Trip With Pax Without Pax ☐ Business Trip | ☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal ☐ Violations | Cilations / Arrests ☐ Operat | Yes Carter 3 Report#PP1905 | 3352 070001651 oydist |
| Fixed Route II Fixed Route II Errand II Charler II Charler II Non Rev move II Para Transit II Para Transit II Maintenance | Vehicle 1 Towed By: | vo Ves | To | |
| Accident Description 1 Vehicle Dames Damage left reconstruction | ge to to to bumpe back | he bike and to wondow. | rack Z | Vehicle |
| | | | | |
| | | | | |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shutile Vehicle Name of Witness / Injured Age Claimi THERASA Amaken 19 | | I Major Other Ve of first impact on your vehicle and Bus 2 Injured Transported To | | Moderate Major eas of other damage. Car Transported By Unit # P.G. Fize Dept 86 |
| | | | , | |
| .1 . | upervisor Name (Print): F | Supervisor/Manager R | Dening Dul | Dufin |

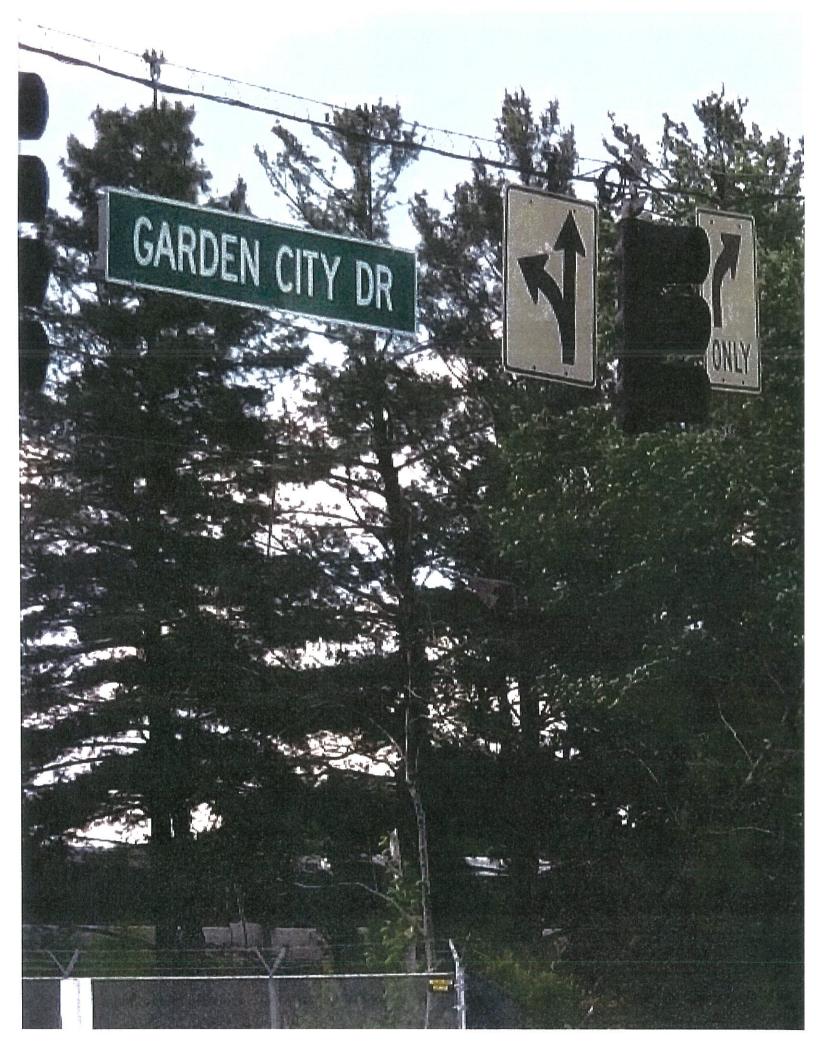


| Operator Incident Report |
|---|
| Today's Date: 5 7 19 Time: 420-430pm. Operator Name: And in WAKE Vehicle # 63146 Route # 21 X - 219 |
| Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage 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: 120 45 Do not have actual date or time Date Reported: Time 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: I MR. WATKER WERE MAKING A RIGHTURN. A FEMALE Vehicle in hop CAR. Speeded up And suddenly Stop in front of me. I me walken tried to podge the vehicle to the right side And hit the BRAKER. The female vehicle was struck ont Reinig Left SIDA. |
| |

Date Submitted:

| (Turonsdev supervisor's incident report |
|--|
| Daiet: 5/7/19 Time: 4:34 pm Run: 2172 |
| Operator #: Antoine Walker Division: 0124 Vehicle: 63146 |
| Hana Morning |
| Supervisor: Henry Morning Garden Dr New Carrollton, MD |
| Address or Cross Street . City & State |
| Description of Event: When i arrived to the accident |
| Lano i noticed bus 63146 has rear end |
| a block Cadillac at Corporate Drive onto |
| Garden City Drine when he noticed a |
| Consolidation Danies |
| Car sitting in this rught rane. He saw |
| from Vehicled Start move her can and |
| then stop and that when he het her |
| can in the lest sear bumpe and trunk |
| and skattered the rear window |
| Come of the second seco |
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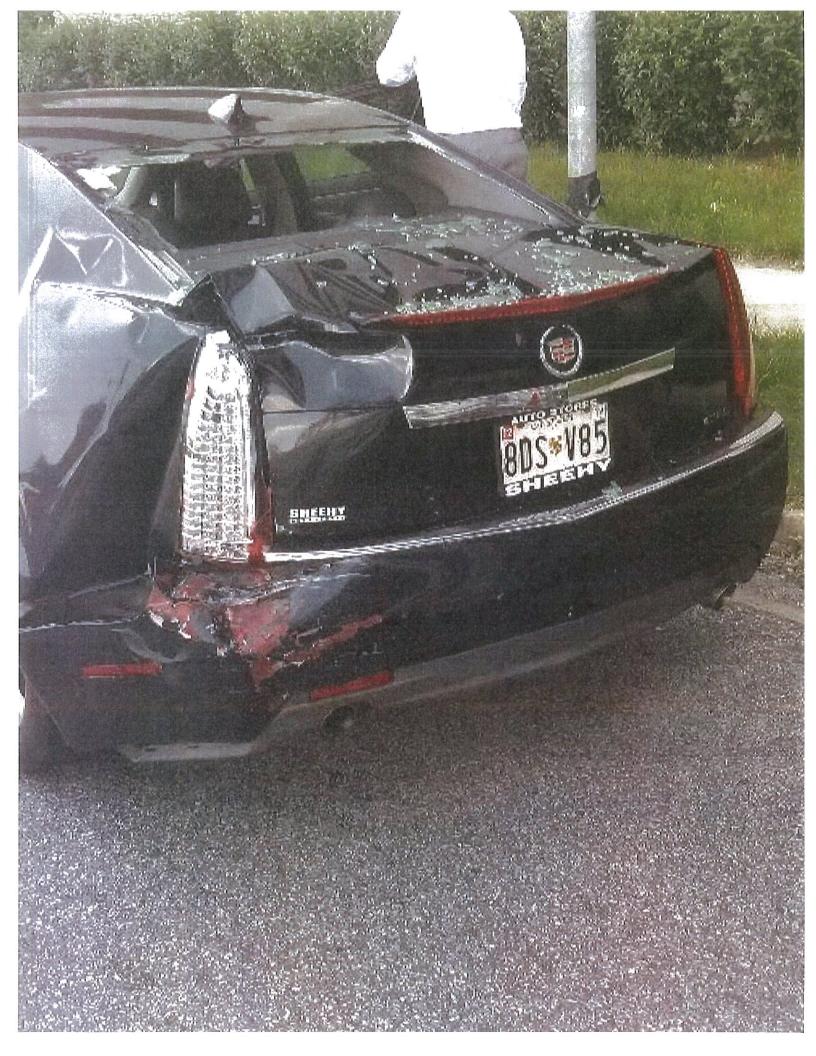


CORPORATE DRIVE



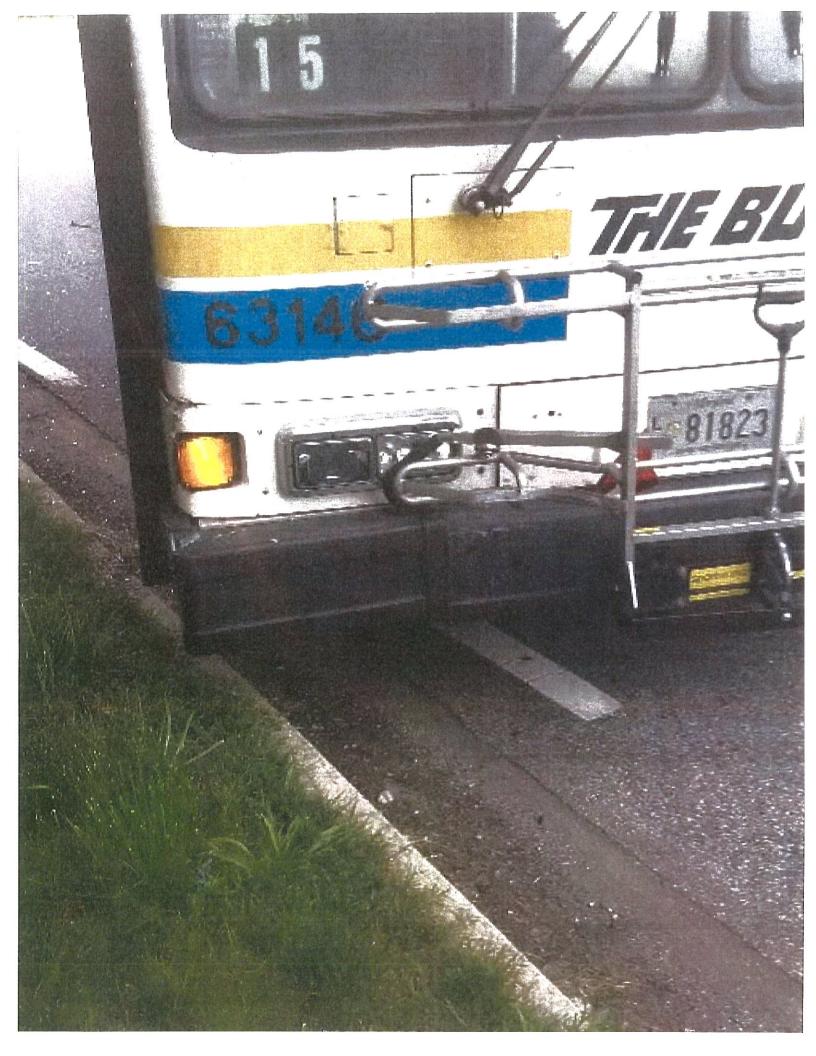




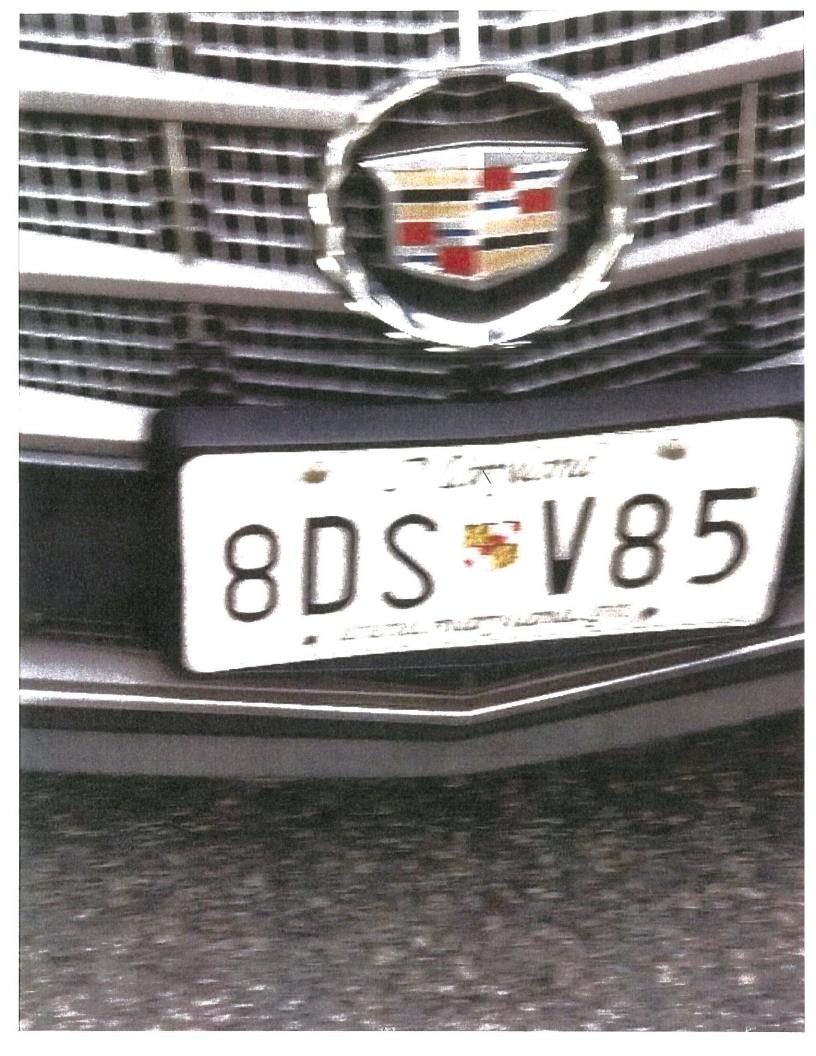


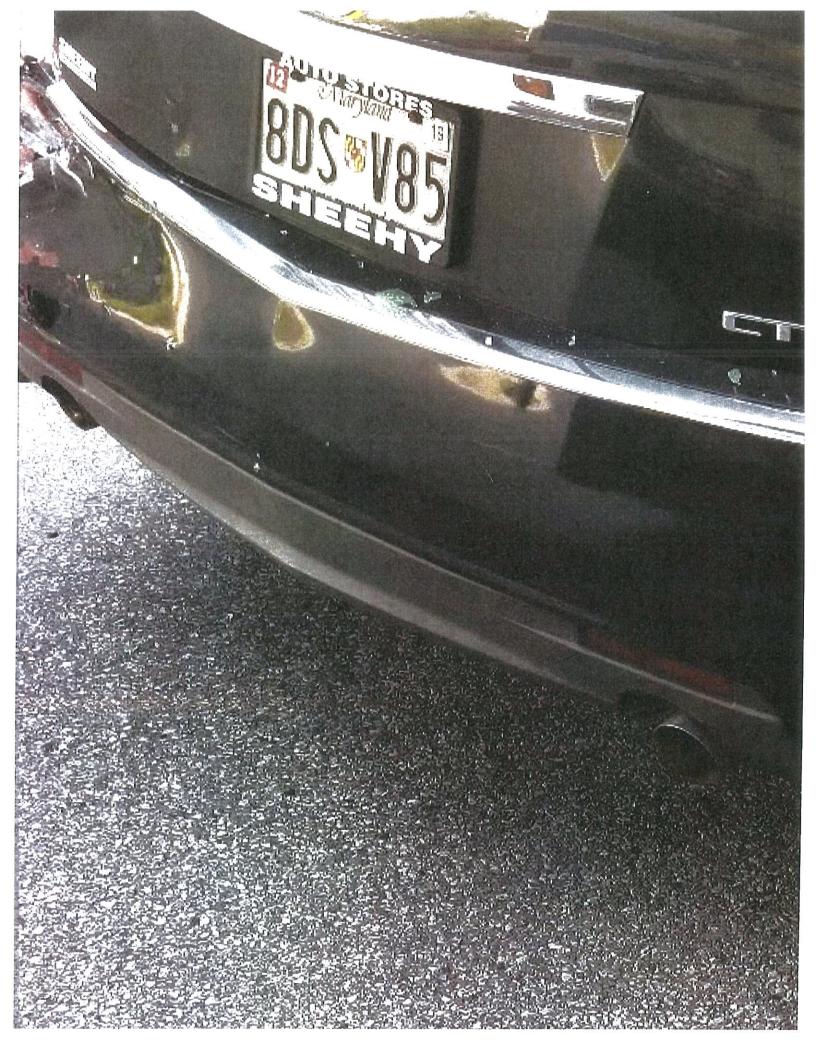












Transdev North America Inc.



POST-COLLISION/INCIDENT DRUG AND ALCOHOL TESTING DECISION MAKER FORM

The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Parts 655) requires that safety-sensitive employees involved in a vehicle collision/incident (as defined below) submit to tests for alcohol misuse and prohibited drug use as soon as possible following the accident. 49 CFR Part 655 also requires the testing of any other safety-sensitive employee whose performance could have contributed to the collision/incident, as determined by the manager or supervisor at the scene using the best information available at the time of the decision.

| Accident Information: | |
|--|--|
| Date of Accident: 5/7/209 | • |
| Time of Accident: 4:34 AMPM 30921 | |
| Employee Name: Antome Walker Employee ID#: 50920 | |
| Decision Questions: | · Self-All-Self- · A |
| Was it an FTA-defined accident (49 CFR Part 655.4)? | · |
| Was there a human fatality? Yes No (If Yes, a DOT/FTA Post | r-Accident test is <u>required</u>) |
| If there was no fatality, ask the following questions: | |
| 1 Has any individual suffered a bodily injury and immediately received meditrealment away from the scene of the accident? | cal Yes No No |
| Was there a disabiling damage to the company vehicle (if bus, electric bus van, or automobile) or any other vehicle as a result of the occurrence and vehicle was transported away from the scene by a tow truck or other vehicle. | the |
| If you answer <u>YES</u> to questions 1 and/or 2, a DOT/FTA Post-Accident test is rethe following question | equired <u>unless</u> you also answer <u>YES</u> to |
| Can you determine, using the best information available at the time of the decemployee's performance can be completely discounted as a contributing factor | oision, that the to the accident? Yes No |
| (Any reason for NOT conducting a Post-Accident test after you've answered YES to questions 1 or 2 MUST be documented) | Alcohol Test Requirement |
| | Was the Alcohol test conducted within two hours? (from the event to the actual alcohol test) Yes No |
| | If No, please provide a reason below. |
| Transport/Collection Site Information: | |
| Collection sife location: | |
| Transported by: | ansported: AM/PM |
| On scene Supervisor: | |



| (Check one) | Accident | | incident | х | | , | | |
|--|--|--|---|--|--|--|--|--|
| Date of Occurrence: | | | 3/7/2019 | | Time of Occur | rence: | 8:15 AM | |
| Weather: | Clear Day of the Week: | | Thursday | | OHD (Y/N): | N | | |
| | | | | | | | | |
| Location (Cross Stre | eet and Town) | · · · · · · · · · · · · · · · · · · · | TO SHE MAN PLEAST SHORE SELECT | Morgan | Station | | | |
| | | | | | | | | |
| Route Impact: | | None . | | | | | | |
| Employee Name: | | Matthews James | | | | | | |
| | | | | | entral constitution | nt descriptions | | |
| Run# | 2 | 602 | Bus# | 632 | 08 | Tag# | LG92101 | |
| Abata Tajaran | | | e e e | | | | | |
| | Operator said the | e patron fell coming | in on his kneels | | ous at Morgan stat | ion and got | up and said he was | |
| What happened | | | | Okay. | | | | |
| (Be Specific and | | | | | | | | |
| Brief): | | | | | | | | |
| | | | | • | | | | |
| The state of the s | Jan 1972 State State | | S Paris Callege Se | Market and the fact of the same | 4. 2021/04 | | The specification of the second | |
| injuries (if any): | | | 1 0 - COTTATA (DE) (1997-00) | None | | 1900-130-131-130-0 | 120,000,000,000,000,000,000,000,000,000, | |
| 身上的 多点的。 | qistinda ahtidayetida | 化等性图 经特别等 | 强烈的变形形式 | 的問題的經濟學 | 的感觉学生特殊 | rom water | h is only to the con- | |
| Vehicle Damage | | | | | | -an agroventi yo kana | | |
| (a) Sanda War (di nasidi) | regions in the machine of the same | T patias | | Manufactures Adults | | | | |
| (Check all t | nar appiy) | Police | N | Ambulance | N | Tow , | N | |
| Was the C | Operator sent for D |)rug/Alcohol Test {\ | //N): | | ntable diretalati N | | | |
| re des la Relation | | | n farenna e | | | Self of Alexander | de Galles (alternation for ex | |
| Not | tified (Indicate nan | ne and time) GM: | | | Control of Asset Control of State Control of Asset Contro | ************************************** | nama watawa katamataka Kunahadan ad | |
| E. Cond. Campage | en en en en en en | under sie dans | | | 1865 (A. 186 <u>8)</u> | en sezetik | | |
| Supervisor | T.Ogu | ındana | AGM | The state of the s | karangsonan metakak atomin kadin kituri | Maint | | |
| r_£ | | | | | | | | |
| Safety Trai | ning Sup. | | one continue and continue | (a) | Dispatcher | Tales agranuses | aylor | |
| County Nam | e and Time: | 1 | Section in | | | | | |
| (Check | | Telephone | | in Person | | (Must be do | ne within 1 hour) | |
| | | E HI CHINE I | a symple like | | | 2012 (BO) 1178K | hasan harena eta | |
| Diago note the | и достройно податима подати подати подати. | e o e l'emple designées establishes de la legal de | .e.a . , a e e. r i nev en er tatt na 222 | the mines a system set upon some #9774 | and the state of t | | - magaziningan ka <u>ndang</u> 92 <u>712</u> 9 | |
| Please note the details of this incident | | | | | | | | |
| will change when the | | | | | | | | |
| Supervisor Arrives | | | | | | | | |
| لــــــن | | | | | | | I | |

Operator Incident Report



| Today's Date: 3/07/2019 Time: 8:15 AM |
|--|
| Operator Name: JAMES R. MATTHEWS Vehicle # 63208 Route # 2000 |
| Report Submitted to: Supervisor Dispatch Safety Dept. |
| Mehali aunimitati ar a la l |
| Check One: Massenger Accident |
| |
| 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? INO Yes (SQM Name) Supervisor Tayo |
| Date Incident Occurred: Time Occurred: Do not have actual date or time |
| Date Reported: 3/07/2-019 Time Reported: 8:15 AM. This is a late report |
| Location of Incident Morgan Matro Station |
| Complete a separate incident Report for each passenger affected by this event. |
| Passenger Name: SEE 4-HACKED CAID Passenger ID/Seat# |
| |
| Explain what happened: |
| Patron trippied getting an bus. I called it in and inquired as |
| to whether Patron was hurt or NEEded medical ASSISTANCE |
| HE INFORMED ME that his WAS OK. I got his INFO |
| (SEE AttachEd CARd) |
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1. In mother

1107a Submitted 3/07/2019

| / Toisal Supervisor's incident report |
|--|
| Date#: 3/7/19 Time: 8.00 Am Run: 260 Z |
| Operator # Matthew James Division: 0124 Vehicle: 63208 |
| Supervisor: Tayo Ogundana. |
| Location: Morgan Station Maryland Address or Cross Street City & State |
| Location: Morgan Station Maryland Address or Cross Street City & State |
| Description of Event: |
| A patron raised Laurent loussegant |
| fell on his knees at Morgan station coming |
| A patron raised Laurent Toussegant fell on his Kinees at Morgan station coming into the bas. He dropped off before Superviso |
| come after telling Operator he is okay. |
| His number is 443-527-6236 and |
| THIS HUMBER IS THE |
| he is a regular rider. |
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| 1/2 |
| |
| Supervisor Signature: |
| |



| (Check one) | Accident | Х | Incident | | Time Supervisor Arrived: 2:37 PM | | | |
|---|--------------------------------|---------------------|----------|------------------------------|----------------------------------|---------------------|---------------|--|
| Date of Oc | ccurrence: 3/14/2019 | | | Time of Occurrence: 4:10 PM | | | 4:10 PM | |
| Weather: | Clear | Day of the | e Week: |] Mor | Monday DHD | | N | |
| | | | | | | | | |
| Location (Cross Street and Town) Annapolis Rd, Bladensburg MD | | | | | | | | |
| | | | | | | | | |
| Route Impact: | | 1 - Missed Pull | | | | | | |
| Employee Name: | | Jacob Kim | | | | | | |
| zimproyee ranne. | | | | Jacob Killi | | | | |
| Run# | 18 | 352 | Bus# | 626 | 544 | Tag# | | |
| | | | | | | | | |
| What happened (Be Specific and Brief): | Operator Continued in Service. | | | | | | | |
| Injuries (if any): | | None | | | | | | |
| Vehicle Damage | | | | | | | | |
| (Check all th | hat apply) | Police | N | 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: | | | I Madlin | @ 4:15 PM | | |
| 1400 | inca (marcate man | ie and time; divi. | | | J. WOUIIII | @ 4.13 FIVI | | |
| Supervisor | D. Bu | utler | ОРМ | M. Ja | imes | Maint | Ray @ 4:25 PM | |
| | | | | | | | | |
| Safety M | anager | G. Belli | nger | | Dispatcher | D | . Boykin | |
| County Name | and Time | | | M. Wilson | @ 4·22 DN4 | | | |
| County Name and Time: (Check one) Telephone | | Telephone | Х | In Person (Must be done with | | done within 1 hour) | | |
| | | | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | |



SUPERVISOR'S INCIDENT REPORT

| Date#: 3/4/19 | Time: 4:10 DM | Run: 1852 |
|------------------------------|------------------------|------------------------------------|
| operator #: Jacob Kim | | Vehicle: 62644 |
| supervisor: R. Campbell | Diviolati <u>dia i</u> | |
| supervisor. The OV or Bus | ston on Annapoli | s Rd Bladenshum MD. |
| Address or C | cross Street | s Rd Bladensburg MD. City & State |
| Description of Event: Operat | or stated that a | patron said he |
| Fell down as he | was approaching a | stop in Front of |
| | | e operator asked if |
| | al attention and 4 | |
| | | operator continued. |
| | 1100 4110 DW. THE | operator continued |
| in service. | | |
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| Supervisor Signature: Mada | Camplell | |



Operator Incident Report

| Operator's Name: A OB Time: Vehicle #: 60644 Route #: |
|--|
| Report Submitted To: Supervisor Dispatch Dept. |
| Check one: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other |
| Was incident reported-immediately? |
| I did not report this incident immediately because: #\$\left(\text{SUNTOFTHEB}) \\ ASTENOTHING HAPENED. Did a Supervisor respond to this incident? []] No EYes (Supervisor) |
| Date Incident Occurred: AAK4. 2014 Time Occurred: 3.50 PM Do not have actual date or time |
| Date Reported: ALARA 2019 Time Reported: 4.10PM II This is a late report |
| Location of Incident CHT-CKRT BUS STATION ON ANAPOUS ROAD City & State |
| Complete a separate incident Report for each passenger affected by this incident. |
| Passenger Name: Passenger ID/Seat # |
| Explain what happened: |
| WHEN MY BUS WAS APPROACHING BUS STATION |
| COCATED AT CHERICERS ON AMAPOUS RD ONE |
| PASSENGER CLAIMEN THAT HE FELL DOWN, HE TAID |
| STUMBLED HINSELD ON HEBUS TO COME CLOSE TO |
| THE PROVI DOOR ENTRY I ASKED HIM TO CAUTOK |
| AND WALKED OUT OF THE BUS FOR HIMSELF |
| Operator Signature: Date Submitted: MARA 2011 |



| Transdev supervisor's incide | nt pedart |
|---|--|
| Date#: 3-28-2019 Time: 3-20 pm | Run: 2352 |
| Operator #: Sacob Kim Division: 0124 | Vehicle: 63188 |
| Supervisor: Don Boykin | · |
| Location: Addison Road Metro Capita | ol Heights. Md. |
| | _ |
| Description of Event: Operator J. Kim Dulled into | |
| and serviced his stop: As he attempted to | |
| Chair ramp- a passenger that was exitin | g the bus was |
| contacted by the ramp. the collision co | jused a slight cut |
| to the passenger's right leg; passenger a | lso claims that |
| her right foot got caught in the ramp: | |
| the passenger refused medical assistance | |
| needed to get to her new job: | |
| Mecaea 10 get 10 mar 1,00 Jos. | ************************************** |
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| Supervisor Signature: Don Boy L | |



| (Check one) | Accident | X Incident | | Time Supervisor Arrived: 2:37 PM | | | 7 PM | | | |
|---|--|---------------------|-------------|---|-------------------------------|---------------------|------------------------------|--|--|--|
| Date of Oc | currence: | 3/15/2019 | | Time of O | | Occurrence: 7:09 PM | | | | |
| Weather: | Clear | Day of the | Week: | Friday | | DHD (Y/N): | N | | | |
| | | | | 1110 | | BIIB (1714). | | | | |
| Location /Cuesa Stud | at and Tawal | 1 | | 111111111111111111111111111111111111111 | | | | | | |
| Location (Cross Stre | reet and Town) Livingston Rd & Indian Head Hwy | | | | | | | | | |
| Route Impact: | | | | 1 - Missed Pull | | | | | | |
| | | | | 1 Wildsea Fall | | | | | | |
| Employee Name: | | | | Danielle Walker | | | | | | |
| | | | | | | | | | | |
| Run# | 35 | 52 | Bus# | 632 | 09 | Tag# | | | | |
| | | | | | | | | | | |
| What happened (Be Specific and Brief): | Threatened min. She got on the bus at the same stop and turned around and punched the window and shattered the T | | | | | | | | | |
| Injuries (if any): | | | | None | | | | | | |
| Vehicle Damage | | | E | Broken window | | | | | | |
| (Check all ti | nat apply) | Police | Υ | Ambulance | N | Tow | N | | | |
| | | | | 7 | | 1000 | IV | | | |
| Was the C | perator sent for Di | rug/Alcohol Test (Y | //N): | | | N | | | | |
| | | | | | | | | | | |
| Not | ified (Indicate nam | e and time) GM: | | K. Jay @ 7:15 PM | | | | | | |
| | | | | | | | | | | |
| Supervisor | D. Bu | ıtler | ОРМ | M. James | | Maint | Ray @ 7:25 PM | | | |
| Cofety M | | C D-III | | Г | | | | | | |
| Safety M | anager | G. Bellin | nger | Marini de Parini de Carrello | Dispatcher | U | . Boykin | | | |
| County Name and Time: M. Wilson @ 7:22 PM | | | | | | | | | | |
| | | Telephone | Telephone X | | M. Wilson @ 7:22 PM In Person | | (Must be done within 1 hour) | | | |
| | | | | | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | | |

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| Himmin | sdev |
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| Today's Date: 03-15-19 Time: 19:09 |
|--|
| Operator Name: Danielle Walker Vehicle # 63709 Route # 3552 |
| 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 S</u> Reported to Command: (Name) |
| I did not report the incident immediately because: |
| Did a SQM respond to this incident? INo. Pres (SQM Name) Supervisor Juckson |
| Date Incident Occurred: 3-15-19 Time Occurred: 141. 49 Do not have actual date or time |
| Date Reported: 3-15-18 Time Reported: 19:09 This is a late report |
| Location of Incident, LivingSton Ted + Indian Head Hay |
| Complete a separate incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat # |
| |
| Explain what happened: T serviced a bus stup and a Woman in a kings |
| · Jersey got on to ask directions. She then started telking |
| about her day. I told her she had to six down or |
| get off the bus. She took a mounte and another |
| passenger (male) soid something to her. She get |
| aggressive and started to threaten the male |
| possenger. She stepped off the bus and I closed |
| the device to so As. She walked away She |
| purched the rear curb Side winder and kraked |
| TM MO. |
| |
| *\J- |
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| |
| Operator Signature: Date Submitted: 3-15-19 |
| SPP F.8 Rev 5/2015 |

| THE PROPERTY OF THE PROPERTY O | Į. |
|--|--------------|
| Today's Date: 3-15-19 Time: 1909 | |
| Operator Name: Danielle Walker Vehicle# 63209 Route# 3558 | |
| Report Submitted to: | |
| When post-tripping the bus I realized the | _ _ |
| rear Curb Side Window was Shottered | _ |
| | _ |
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| y i' | |

Operator Signature:

| Tunsdev supervisor's incident report |
|---|
| Date#: 3-15-19 Time: 19:15 Run: |
| DRIEST. |
| to a |
| supervisor: Henry Morning |
| Location: 8901 D'Aux Rd Forestville, Md Address or Cross Street City & State |
| Description of Event: When the operator return back |
| |
| to base and Doine, her postrip on 63209 |
| she notice the rear wondow on the night |
| side had been shattered i can't say |
| if it came from the woman who was |
| remove from bus early today. |
| remove of the |
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Supervisor Signature LLW MORNING



Injured party's Statement supervisor's incident report

| Date#: 03 38 19 | Time: 3:30 | Run: |
|------------------------------|-----------------------|--------------------|
| Operator #: <u>63188</u> | Division: <u>0124</u> | Vehicle: Next Bus |
| Supervisor: | | |
| Location: Addison Rocal | ad ss Street | City & State |
| Description of Event: 18 7 0 | sos cything off the | sported by and by |
| | | of dido, 1 dire we |
| - | - | got cought in the |
| being stuck in sor | mp my name is Ly | jntroya Bagby you |
| can call me at 22 | 1 | |
| CH91-606 - | | 4 |
| - 202-869-6916 | <i>J</i> | |
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| | | |
| Supervisor Signature: | | |



| (Check one) | Accident | X Incident | | Time Supervisor Arrived: 5 | | | :26PM | | | |
|---|---|-------------------------------|-----------|----------------------------|------------|-----------------------|---------------|--|--|--|
| Date of O | ccurrence: | | 3/19/2019 | | Time of Oc | 5:13PM | | | | |
| Weather: | Clear | Day of the | e Week: | Tue | sday | DHD (Y/N): | : N | | | |
| | | | | | | | | | | |
| Location (Cross Stre | ion (Cross Street and Town) 38th Avenue @ Perry Street, Brentwood, Maryland | | | | | | | | | |
| Route Impact: |] | 1 missed pull | | | | | | | | |
| | | T IIIIssen haii | | | | | | | | |
| Employee Name: | | | | Allison Francis | | | | | | |
| Run# |] 18 | 54 | Bus# | 63: | 160 | Tag# | LG84952 | | | |
| What happened (Be Specific and Brief): | Operator stated as the bus was traveling on 38th Street a male patron was sitting in a passenger seat: when he fell and bumped his head on the corner of the passenger seat that was in front of him. Supervisor and ambulance was dispatched to the location. There were 11 patrons on board. There were no other injuries claimed. The male patron was transported to Washington Adventist Hospital. Strategic operator continued on route. | | | | | | | | | |
| Injuries (if any): | | | | None | | | | | | |
| Vehicle Damage | | | | None | | | | | | |
| (Check all t | hat apply) | Police | Y | Ambulance | Y | Tow | N | | | |
| Was the | Operator sent for D | rug/Alcohol Test (| Y/N): | | | N | | | | |
| | | | | | | | | | | |
| No | tified (Indicate nam | e and time) GM: | | J. Modlin @ 5:20 PM | | | | | | |
| Supervisor | D. Bo | ykin | AGM | K. Jay @ | 5:28 PM | Maint | Zaw @ 5:32 PM | | | |
| Safety Tra | ining Sup. | Sup. S. Ford @ 5:27 PM | | | Dispatcher | Butler/James | | | | |
| | | | | | | | | | | |
| County Name and Time: | | | 1 | M. Wilson @ 5:22 PM | | | | | | |
| (Check one) Telephone | | Х | In Person | | (Must be | e done within 1 hour) | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | | |

NEW DERONE

Vehicle Accident Report



| Operators CDL # | Exp Date | Valid, | OT Med Card | I/Exp | Date | | Acc | cldent Report # | | | *************************************** |
|--|--|--|------------------------|-----------------------------------|---|---|--------------------------|---------------------------------------|-------------------------|-------------------------------|---|
| F 652-05 | 1-885-881 Day of Week | Į ĮĮ Yes | □ No | | | ID-I | F-1 | | tab tab | | At T |
| Month Day Year | ' F | Time of Accide | nt #ofVeh | iicies | | | e Photos | Subst | ance Abuse Tested | | |
| 03-19-19 | Tuesday. | 5:18/ | | | ☐ Yes ☐ No ☐ Yes | | Ø∕Yes | | | I Yes □ No | |
| Elyefter History | | Y VEHI | CLEA | | | | Doğublur Sağla Sağlar | OTHER | PARTY | | |
| Operator Name (Exactly A | | | | | □Ve | hicle 2 | □Bicy | clist 🗓 Pede | strian '□ | Fixed Obje | ct DPax Fall |
| Address (Include Number | Francis & Street) | 'Apt# | | ************** | Name (Exact) | As Print | d On License | | -1508-24471 | | |
| 17926 G | Arden IN. | 3 | · 3 | | 1 Ac | 1 Arthur Hankins | | | | | |
| City or Taym Hager 5to | 1 8 | State Zip 2 | 1740 | | Address (Inclu | Address (Include Number & Street) Apt # | | | | | |
| Employed ID# | Date of Hire | Student D | iver? Y/N | | City or Town . State Zip | | | | | | |
| 30642 #of Cards #of | 3-QI-10 Occupanis #Seated | #Sland | WO_ | | Date of Birth | Sex | | Driver's Lice | nse Lic | . Siale | # of Occupants |
| 1 | 1 / | | <u> </u> | | 5-10-198 | | IM 🗆 F | | | | |
| Bus ID# Plate# | Siale | Vehicle Year / Make | 11.0 | | Insurance Co | <u> </u> | Policy#& | | 1110 | | |
| Vehicle Type | 34952 MD Roule#& | 08-G1 | 419 | | Name (Exactly | As Printe | d Registration | 1 | | | |
| Bus | 18 | 18041 | 2 | | , | 1101111111 | a 1 20 310 0 0 0 0 1 | , | | | |
| VIN 1566 R 27 | 113810799 | | | | Address (inclu | de Numbe | r & Street) | | Ap | L# | |
| Insurance Co Old Republ | Policy#& | Expiration Date B21268 | • | | Cliy or Town | | s | fate | Zlp | j | |
| | Location of Ac | cident | | | Plate# | State | Year | & Make of Vehicle | Vehlo | сіе Туре | Color |
| Address/Street on which a | coldent occurred 384 | AUE. | | | \mathrew 1 | | | | <u>, , , l</u> | | |
| At intersection with | erry street | | | | VIN | | | | | | |
| □ Not at Intersection | Feat N S E | W of | | - | Telephone# | | | | | | |
| ☑ On Roadway | Off Roadway | • | | | 30 | 01-9 | 377- | 0991 | | | |
| At Bus Stop? 🗆 Yes 🛚 | ⊒No (ifyes) 4⊒Nea | r Stop 🏻 Far Sto | □Mid-Block s | top | | | · · | | | | |
| 441 r) | Mark transfer | T15- O | _ | | nental Conditi | <u>ons</u> | 77 duum | . 41 | Ma aduran | Chtl- | |
| <u>Weather</u> ⊠'Clear | Surface EthDry | <u>Traffic C</u> □ Stop S | lign Ø20 | i <u>t</u> Taylight | | | ☐ Divide | | ☐ Straigh | Characteris t and Level | |
| ☐ Cloudy ☐ Raining | □Wet □ Icy | ☐ Yield { ☐ Traffic | | | | | | ided ilt | | t and Grade t at Hillcrest | • |
| ☐ Snowing | ☐ Snow ☐ Olber | ☐ Flagm | an □D | ark Ro | ad – Unlighted | | | and Level | | | |
| □ Foggy □ Other | LI OBRI | ☐ Olher | | ain ito | au - Ligittou | | ☐ Other | · · · · · · · · · · · · · · · · · · · | ☐ Curve a | | |
| | , | <u>Accident Movemer</u> | <u>ıt</u> | | | | | Road Conditions | | | |
| V1 V2/OV | V1 V2/0\ | | V1 | V2/O | ☐ Holes / Deep Rut | | | | | | |
| Going Straight Making right tu | | kiting Bus Stop ntering Bus Stop | | | Changing Lanes | | | | | | |
| ☐ ☐ Making right or☐ ☐ Making left bur | red 🗆 🗆 Sl | owing or stopping ir opped in traffic | tl | | Passing ☐ Construction / repair zone Merging ☐ Loose material on road | | | | | | |
| ☐ ☐ making left on | red 🗆 🗆 P | arked | . 0 | | Backing Other | | ☐ Reduc | sed road width | | | |
| ☐ ☐ Making U Tum Vehicle Lights | □ □ Av | olded object in road | Speed Limit | Est | imated Speed | Limit | Directi | on of Travel | Δ | ccident / Co | Illsion With |
| No 1 / Di-Qu CI Off | No 1 ☐ Left Turn On | 1 | 25 mph | | de 1 20 | | | | _ | Other Motor Vehicle | |
| • | No 1 ☐ Right Tum O | n | | . | | | NSE(W) DB | | ☐ Bicyclist | l Bicyclist | |
| No 2 □ On □ Off | No 1 □ Four Ways C | f | hicle 2mph Vehicle 2 | | de 2 | mpn | · v | ehicle 2 | □ Rail Tra □ Fixed O | bject | |
| | No 2 Left Turn On No 2 Right Turn O | ก | | | | | ł . | S E W | □ Pedestri □ Animal | an | |
| | No 2 | n j | Pad | agfr}an | / Bicyclist Ac | lon | | | | | |
| ☐ Crossing With Signal | | | ☐ Riding / Wal | king Ale | ong Highway V | iih Traffi | G | | ודין | Pushina / Wa | rking On Vehicle |
| ☐ Crossing - No Signal or Crosswalk ☐ Riding / Walking Ag ☐ Crossing Against Signal ☐ Emerging From in F | | | | ainst Highway Front of or Behi | vviih Tra 1d Parke | nic d Cars | | | Working In R | oadway | |
| 日 Crossing Against Signal 日 Crossing - No Signal/Marked Crosswelk 日 Going To / From Stopped Bus 日 Getting On / Off Vehicle (| | | | | | | | | | Not in Roadw Other | ay |
| ra could to taroitt glob | hon nno | ····· | coming OH7 | 211 AQ | 1110 A0101 LIIC | it has | | | | SPP F.20 | 7/00/15 |

| Vehicle Accider | ıt Report | Market (%) transder | | | | |
|--|-------------------------------------|---|--|--|--|--|
| | | AR# | | | | |
| ☐ Backing ☐ Passing | ☐ Railroad Crossing | Police investigated? 🗆 Yes 📈 No | | | | |
| ☐ Sideswipe ☐ Merging . ☐ T-Bone ☐ Head On | ☐ Hit Fixed Object ☐ Hit Pedestrian | Police Department Responding | | | | |
| ☐ Right Turn ☐ Bus Right Mirror☐ Left Turn ☐ Bus Left Mirror | ☐ Hit Animal | Officer Name (Badge / ID #) | | | | |
| ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation | | Predinct# Report# | | | | |
| ☐ Vehicle Rear Ends Bus ☐ Sudden Stop☐ Wheelchair Lift Operation☐ ☐ Roll Over☐ ☐ Ran Off Roadway | | Citations / Arrests 🗆 Operator 1 🖂 Vehicle 2 🗀 Bicyclist 🗀 Pedestrian | | | | |
| <u>Tyρe of Trip</u> | Violations | NIA | | | | |
| With Pax Without Pax □ Business Trip ☑ Fixed Route □ Frrand □ Errand | Vehicle 1 Towed By: | то | | | | |
| ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance | Vehicle 2 Towed By: To To To | | | | | |
| | Venicle 2 Towed by. | 10 | | | | |
| Accident Description | | | | | | |
| lassenger fel | l asleep and | fell out of seat, hitting his pas from where he was silling: | | | | |
| head on the corner of | the seat acro | oss from where he was silling: | | | | |
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| Description of Damage Company Vehicle D | ⊐ MinImal ⊡ Moderale I | □ Major Other Vehicle □ Minimal □ Moderate □ Major | | | | |
| Vehicle 1 is ALWAYS Your Vehicle. | | f first Impact on your vehicle and the other vehicle. Circle areas of other damage. | | | | |
| Articulated Bus Shuttle Vehicle | Bus 1 | Bus 2 Truck Car → | | | | |
| | ing injury? Type of injury Clair | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | • | | | | | |
| Supervisor on Scene? - TYes II No S | Supervisor Name (Print):_1 | Don Boykin | | | | |
| 17 01- | | $A \wedge A \wedge A$ | | | | |
| Supervisor's Signature Non Boyh | Unit Number | Supervisor / Manager ReviewingSund | | | | |

| AND THE POPULATION OF THE POPU |
|--|
| Today's Date: 8-19-19 Time: 6, 40pm |
| Operator Name: Allison Francis Vehicle #63160 Route # 1804 R |
| Report Submitted to: Supervisor Spispatch 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? 425 Reported to Command: (Name) Supervisor Bitter |
| I did not report the incident immediately because: |
| · Did a SQM respond to this incident? No. Tyres (SQM Name) Sespervisor · Boykin |
| Date Incident Occurred: 3-19-19 Time Occurred: 5.18 Do not have actual date or time |
| Date Reported: 3-19-19 Time Reported: 5:18 |
| Location of Incident Perry Street & 38th Street |
| Complete a separate incident Report for each passenger affected by this event. |
| Passenger Name: Author Hanking Passenger ID/Seat# |
| |
| Explain what happened: I was a 38th Street driving towards |
| Rhada Toland are in the direction or Lander |
| Perk. I heard passengers yelling out |
| diver, driver, I looked up in my mirror |
| and saw a patron on the floor of the Birs. |
| I immedially stop to the bus and Seaward |
| of. I went to be back to find out |
| what thepened thether (the patron) was |
| on the floor bleading from his head. |
| ad his nove. I immediately call disposed |
| to let them know about the situation. |
| I told Sugarvisa Butter that I record |
| an ambulance because he his bleeding. |
| I assisted the gathan under the answerine |
| and Supervisor Doylein arrived. |
| |
| Operator Signature: Date Submitted: 3-19-19 |
| SPP F.8 Rev 5/2015 |



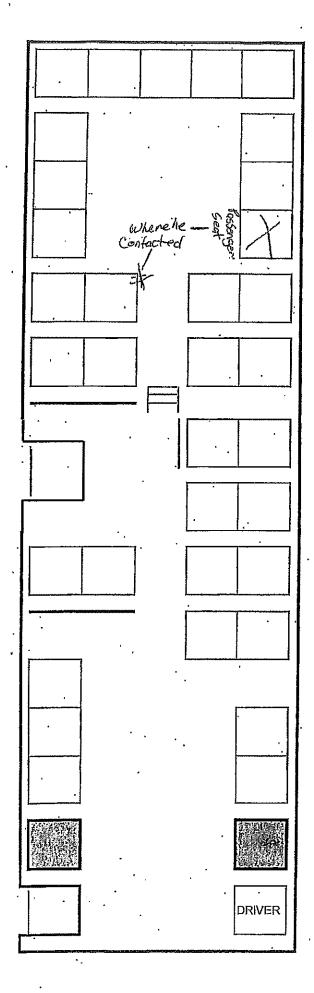
| Date#: $03/19/3019$ Time: | 5:19p | Run: 1804 |
|--|-----------------------|--|
| Operator #: . 30842 | Division: <u>0124</u> | Vehicle: 63160 |
| Supervisor: Don Boyhin | , | |
| Location: 38th AVE. @ Perry Address or Cross Stre | Street. Bladen | isburgh Md. |
| Description of Event: A passens | er fell asleep wh | ile sitting in the |
| rear of the bus, and | | |
| on the corner of the | | |
| a 1/2 inch gash on | his forehead. | passenger was |
| transported by ambi | plance to Adver | Hist Hospital. |
| | | |
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| • | | Market Commence of the Commenc |
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| · · · · · · · · · · · · · · · · · · · | | |
| Supervisor Signature: Lon Boy | 1/ | • |



EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: 44550 | nger incident | |
|---|-----------------------------------|---------------------------------------|
| | (Workers Comp#Issued by Sedgwick) | |
| Name | Birth Date | Hire Date |
| Allison Francis | 11/19/19 | 3-21-2016 |
| , | | |
| Driver's License# F- 652 - 051-5 | 85- 986 | · |
| Employee Number 3084 | <u>a</u> | • |
| DOT CARD VALID? (Yes) or NO (IF NO, PLI | EASE EXPLAIN WHY): | • |
| | | |
| • | | · · · · · · · · · · · · · · · · · · · |
| HOME ADDRESS: 1792 (e. GA | orden Lane: # | 33 |
| city Hagerstown | _ STATE <u>Md</u> . | ZIP CODE _ 2 1740 |
| | | |
| HOME PHONE NUMBER DAY | Y TIMĖ NUMBER | EMPLOYEE STATUS (please circle) |
| 708-248-4377 | | FULL TIME OR PART TIME |
| | | |
| S THE OPERATOR ON OVER TIME? GEN | NDER MARTIAL STATUS | NUMBER OF DEPENDANTS |
| Yes / (No) Unknown M o | on M S W D | |
| | - | |
| *SHIFT START TIME / END SHIFT TIME* | | |
| AM or PM / | AM or PM | |

^{*}This **COMPLETED** document **MUST** be included in **ALL** Accident/Incident/Workers Comp Files*



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: 3-19-19 Time: .5 7 18 pm |
|--------------------------------|
| Location: 38th AVE, |
| Driver: Allison Francis |
| Supervisor: D. Doukin : |



| (Check one) | Accident | | Incident | Х | Time Supervise | or Arrived: 11: | 20am |
|---|---------------------|--|----------------|-----------------|------------------|-----------------|-----------------------|
| Date of Oc | currence: | | 3/21/2019 | | Time of Oc | currence: | 11:09 AM |
| Weather: | Rain | Day of the | e Week: | Thur | sday | DHD (Y/N): | N |
| | | | | | | | |
| Location (Cross Stre | et and Town) | | | Capitol Heights | Metro Station | | |
| Route Impact: | | | | 1 Missad Dull | | | |
| Route Impact. | | | | 1 Missed Pull | | | Series of the control |
| Employee Name: | | ALLON HEAD IN CONTROL MODELS | | Frank Harris | | | |
| | | | 62617 | | | | |
| Run# | 25 | 01 | Bus# | 626 | 517 | Tag# | LG94096 |
| What happened (Be Specific and Brief): | | ed that female patr sor Investigation; 2 attention/trans | patrons on-boa | | n claimed injury | and requested | |
| Injuries (if any): | | | | Yes | | | |
| Vehicle Damage | | | | | | | |
| (Check all th | hat apply) | Police | N | Ambulance | Y | Tow | N |
| | | | | | | | |
| was the C | perator sent for D | rug/Alcohol Test () | //N): | | | Υ | |
| Not | ified (Indicate nam | e and time) GM: | | | J. Modlin | @ 11:20am | |
| Supervisor | B.Ogu | ndeko | AGM | R. Bandak @ | ഉ 11:20am | Maint <u>F</u> | Ray @ 11:30am |
| Safety | MGR | B. Dunham | 11:10am | | Dispatcher | 1 v | . Taylor |
| | | | | | Disputerier | | ruyioi |
| County Name | e and Time: | | | M. Wilson (| @ 11:34am | | |
| (Check | one) | Telephone | Х | In Person | | (Must be d | one within 1 hour) |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | |





Accident Packet

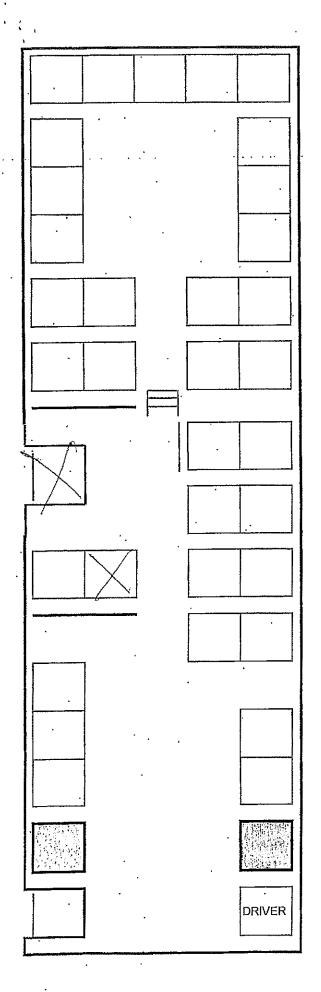
| □OTHE | R DRIVER PATRON INVOLVED |
|----------------|--------------------------|
| Mania | V 14 V 14 J |
| Address: | |
| Apt#: | |
| | |
| State: | 7. 0 |
| Dhana # | Zip Code |
| | |
| | |
| , | D.O.B |
| | lifferent than |
| Address: _ | |
| Tag #; | Color: |
| VIN #: | |
| Make: | Year: |
| | |
| Serial#: | |
| Insurance Co | 0. |
| Policy# | 0: |
| , only mi | • |
| | Exp. Date: |
| Damage: | |
| DATE: | TIME: am/pm |
| Badge #: | Report #: |
| | |
| rvednested by: | |
| | |
| /olved): | |
| | |
| | |
| | Name: |

| Vehicle Acciden | t Report | Transdev |
|---|--|--|
| | | AR# |
| ☐ Backing ☐ Passing ☐ Sideswipe ☐ Merging ☐ T-Bone ☐ Head On ☐ Right Turn ☐ Bus Right Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Away (Not Secured) ☐ Ran Off Roadway | ☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal | Police Investigated? ☐ Yes ☐ No Police Department Responding Officer Name (Badge / ID #) Precinct # No / A Report # No / A Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian |
| Type of Trip | Violations | |
| With Pax Without Pax ☐ Business Trip ☐ Fixed Route ☐ Fixed Route ☐ Errand ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Maintenance | Vehicle 1 Towad By: Vehicle 2 Towed By: | P)/A To |
| Accident Description | | |
| A para in fell on Paus 62 P. G. Hospina | Lange (110) | e transported to |
| Description of Damage Company Vehicle Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuille Vehicle | Bus 1 | ☐ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Major oint of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car |
| Name of Wilness / Injured Age Cla | aiming injury? Type of injury | |
| Danie Russie (202) 569 -1040 | | |
| Supervisor on Scene? ☑ Yes ☐ No Supervisor's Signature | Supervisor Name (Print) | 127 Supervisor / Manager Reviewing Bud Danker |

Operator Incident Report



| Today's Date: 3/2/19 Time: # 1/109 |
|---|
| Today's Date: 3/2/19 Time: 1109 Operator Name: FRANK E. HARRIS Vehicle # 62617 Route # 250/ |
| 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: 3/21/19 Time Occurred: 1/109 Do not have actual date or time Date Reported: 3/21/19 Time Reported: 1/10 This is a late report Location of Incident CAPITAL HERE CSOUTHERS AUF Complete a separate Incident Report for each passenger affected by this event. Passenger Name: DENICH RUSSEL Passenger ID/Seat # |
| LACY WAS BORDING THE BUS SHIP AND FALL TASK IF She was Alreght. SHE YES! |
| DENISE RUSS B1 202-509-1040 5522 Coople St SB Unit A |
| Operator Signature: Jude & April Date Submitted: 3/21/19 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: 3 21/19 Time: 11.09 am |
| Location: Capital. Haijer Motor |
| Driver: France Hawis. |
| Supervisor: Bushala Oquico |



sector formeconston has energed to have to transfer

Supervisor's Investigation Report

| Date: 3 21 19 Time: 11:09 Run: 2561 |
|--|
| Operator: France Henris Division: 0124 Vehicle: 62617 |
| Supervisor: Bushes Opmun |
| Location: Capital Height Metro State Address or cross street City & State |
| Description of Event: |
| |
| Patra was boarding Bons 62617 but feel |
| accountably due to water accumulated at |
| the bottom of her Shae Soul there |
| Contributed to a . Steet in Priction. |
| Papar Fell in the Process, claiment |
| an laying of left house and Shoulder, |
| Supervision vespounded and collect for |
| Paramerie for assistant, this she was |
| transported to P.G. Hospital while |
| Operator Frank House was transported for |
| drug topt 6. Concentra. |
| |
| |
| |
| Supervisor Signature: |



| (Check one) | Accident | X | Incident | | Time Superviso | r Arrived: 6: | 09PM |
|---|--|---------------------|-----------------|-----------------|-------------------|---------------|--|
| Date of Oc | currence: | | 3/26/2019 | | Time of Oc | currence: | 5:28PM |
| Weather: | Clear | Day of the | e Week: | Tues | day | DHD (Y/N): | N |
| | | | | | | | |
| Location (Cross Stre | et and Town) | | Grovington | Drive & Brandyw | vine Road, Bran | dywine MD. | |
| | | | | | | | |
| Route Impact: | | | | 1 missed pull | | | |
| Employee Name: | | | | lerome Thomas | | | |
| | | | | erome momus | | | |
| Run# | 36 | 51 | Bus# | 631 | 95 | Tag# | LG90125 |
| | | | | | | | |
| What happened (Be Specific and Brief): | | ere were three pa | ssengers on boa | | as injuried . The | operator imn | mell fumes coming nediately evacuated |
| Injuries (if any): | | | | N | | | |
| injuries (ii any). | APR 49 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | | None | | | |
| Vehicle Damage | | | | None | | | |
| (Check all th | nat apply) | Police | N | Ambulance | N | Tow | N |
| | | | | | | | |
| Was the O | perator sent for Di | rug/Alcohol Test (\ | //N): | | | N | |
| Not | ified (Indicate nam | e and time) GM: | | | I Modlin | @ 5::57PM | |
| | mea (marcate mam | e and time; dwi. | | | J. Widdin | 3371 101 | |
| Supervisor | D.Jac | kson | AGM | K. Jay @ | 5:51PM | Maint | Zaw @ 5:30PM |
| | | | F F 4 B 1 4 | | | | |
| Safety Train | ning Sup. | S. Ford @ | 5:54PM | | Dispatcher | Butl | er/Campbell |
| County Name | e and Time: | | | M. Wilson | @ 5:52pm | | |
| (Check | | Telephone | Х | In Person | | (Must be | done within 1 hour) |
| | | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | ë | | | |

30.010101

10ng 3258

* 2922261

| Operator Incibility Reports | |
|--|---|
| Today's Date: 3/36/19 Time: 8-3/pm Operator Name: J. THOMAS Vehicle # 63/95 Route # 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) The Kont Date incident Occurred: Do hot have actual date or to the passenger affected by this is a late report Location of Incident Deand Williams Passenger affected by this event. Passenger Name: Passenger ID/Seat# | • |
| Explain what happened: OFELATOR J. THOMAS SMELLED FUMES ON THE THE BUS WAS EVAKUATED & DISPATCH ANTIFIED. SUPERISOR D. THOKSON & A MINCHAME RESOLUTED. OFERATOR J. THOMAS PUT THE BUS IN REGENE MODE FOR (I) HUR, AFTER SUPERISOR D. JACKSON WAS ON SCENE OPERATOR J. THOMAS WAS PUT BACK IN SERVICE At 6:45 PM | |
| nerator Signatura: Alverne Akiman | |

| Transde | V |
|---------|---|
|---------|---|

SUPERVISOR'S INCIDENT REPORT

| Date#: 3-26-19 Time: 5:25pm Run: 3651 |
|---|
| Operator #: 5. Thomas Division: 0124 Vehicle: 63195 |
| INDEPATOR (F. |
| Supervisor: D. Jackson |
| Location: BRANDY WINE RD. Clinton, MD. Address or Cross Street. City & State |
| Address of Cross Street , |
| Description of Event: I ARRIVED ON the SCENE At |
| 6:10 PM, AND the OPERATOR STATED That |
| the bus has fones on it when |
| got there there was no smell of |
| FUMES. The operator continue in service |
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| (Check one) | Accident | | Incident | Х | | | | | | |
|---|--|---------------------|--|--|------------|-------------|--|--|--|--|
| Date of Oc | currence: | | 3/26/2019 | | Time of Oc | currence: | 5:39 PM | | | |
| Weather: | Clear | Day of the Week: | | Tue | sday | DHD (Y/N): | N | | | |
| | | | | | | | | | | |
| Location (Cross Stree | reet and Town) Addison Rd. Metro Station Capitol Heights M.D. | | | | | | | | | |
| Route Impact: | 1 Missed Pull | | | | | | | | | |
| A second | a moseu i un | | | | | | | | | |
| Employee Name: | | Renee Rawlings | | | | | | | | |
| Run# | 72 | 801 | 62617 Bus# | The state of the s | 214 | Tag# | LG92131 | | | |
| SACRE BALLAN | 23 | 101 | Bus# | 03. | 214 | I ag# | LG92131 | | | |
| What happened (Be Specific and Brief): | | | | | | | ow second from the pard. No injuries to | | | |
| Injuries (if any): | No | | | | | | | | | |
| Vehicle Damage | | | Damage to | right front side | window. | | | | | |
| (Check all th | nat apply) | Police | N | Ambulance | N | Tow | N | | | |
| Was the O | | | (/NI). | | | | | | | |
| was the O | perator sent for D | rug/Alconol Test (1 | r/iv): | | | N | | | | |
| Noti | ified (Indicate nam | e and time) GM: | | | J. Modlin | @ 5:57 PM | | | | |
| Supervisor | Pov | kins | AGM | K lav @ | C.00 DM | Maint | Za @ 6:07 PM | | | |
| Supervisor | ВОУ | KIIIS | AGIVI | K. Jay @ | 0.00 PW | Maint | 2a @ 0.07 FIVI | | | |
| Safety | MGR | S. Ford @ ! | 5:50 PM | | Dispatcher | R. Campbell | | | | |
| | | | | | | | | | | |
| County Name and Time: (Check one) Telephone X | | x | M. Wilson @ 5:58 PM In Person (Must be done within 1 hour) | | | | | | | |
| NATA SALAMAN AND AND AND AND AND AND AND AND AND A | STATE OF THE PARTY | relephone | | III T EISON | | (ividat be | done within I floury | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | | |

| Operator Incident Report |
|--|
| Today's Date: 3 2419 Time: 17:33 Operator Name: RECETE Routing Vehicle # 632.14 Route # 2301 |
| Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Wehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? 1733 Reported to Command: [Name] I did not report the incident immediately because: 455 Did a SQM respond to this incident? No Passenger Injury Passenger Injury Passenger Injury Passenger Injury Passenge |
| Date incident Occurred: |
| Date Reputed: 1/20071 |
| Location of Incident Unicoon |
| Complete a separate Incident Report for each passenger affected by this event. Passenger Name: \(\lambda \la |
| Explain what happened: On march 26, 2019 is + pproximately 1733 I priced of paddison Road metro station, after the passengers |
| departed I draw to the lay over section to make |
| A wall through of the bos. while making a walk through |
| I noticed the energing window cracked and shottered |
| I innediately notified disportation |
| - |
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| • |
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| |
| |
| |
| Date Submitted: 3/24/19 |



SUPERVISOR'S INCIDENT REPORT

| Date#: 3-26-2019 Time | | * |
|---|-----------------------|----------------------|
| Operator #: Renee Rawlings | Division: <u>0124</u> | Vehicle: 63214 |
| Supervisor: Don Boykin | | |
| Location: Addison Road Me Address or Cross S | | |
| Description of Event: Operation | - Rawlings States | d, that once she had |
| arrived to Addison Rd | | |
| through her bus an | id survey it., T | hat is when she |
| noticed for the fi | rst time that | the second window |
| on the right side | | |
| cracked and shatter | red she stat | ed that she did. |
| not know how it h | rappened or wh | en it happened. |
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| • | | |
| • | | |
| Supervisor Signature A on Ba | y k | |



| (Check one) | Accident | | Incident | Х | Time Supervisor Arrived: 3:05PM | | | | | | |
|---|--|------------------------|-----------|-------------|---------------------------------|--|---------------------|--|--|--|--|
| Date of Oc | ccurrence: | | 3/27/2019 | | Time of Oc | 2:53PM | | | | | |
| Weather: | Clear | Clear Day of the Week: | | | esday | DHD (Y/N): |] N | | | | |
| | | | | | | | | | | | |
| Location (Cross Stre | treet and Town) Coventry Way & Old Branch Avenue, Clinton MD. | | | | | | | | | | |
| | | | | | | | | | | | |
| Route Impact: | 1 missed trip | | | | | | | | | | |
| Employee Name: | Torri Sharp | | | | | | | | | | |
| zmployee numer | | | | Тотт знагр | | | | | | | |
| Run# | 32 | .52 | Bus# | 626 | 543 | Tag# | LG94259 | | | | |
| What happened (Be Specific and Brief): | The left foot, the pation did not want inculcal attention. There were biggines on board. A supervisor was dispatched | | | | | | | | | | |
| Injuries (if any): Vehicle Damage | Left Thumb None | | | | | | | | | | |
| | | | | | | | | | | | |
| (Check all t | hat apply) | Police | N | Ambulance | N | Tow | N | | | | |
| Was the C | Operator sent for D | rug/Alcohol Test () | v/N). | | | N | | | | | |
| was the C | perator sent for b | rug/Aiconor rest (| | | | IN The state of th | | | | | |
| Not | tified (Indicate nam | e and time) GM: | | | R.Bandak | @ .3:05PM | | | | | |
| Supervisor | D.Jac | kson | AGM | K. Jay @ | 3:05PM | Maint | <u>Zaw @ 3:12PM</u> | | | | |
| 0.6. | | | | | | | | | | | |
| Safety Trai | ining Sup. | S.Ford @ 3 | 3:05PM | | Dispatcher | Butle | r / Campbell | | | | |
| County Name | e and Time: | | | M. Wilson | @ 3:08PM | | | | | | |
| (Check one) Telephone | | X | In Person | C 0.001 111 | (Must be | (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: Vehicle #_(026043 Operator Name: Dîspatch Safety Dept. ☐ Vehicle Damage Passeriger Injury Check One: Passenger Accident Passenger Incident No Damage Vehicle Incident Report Cother Passenger Complaint Reported to Command: (Name)_ Was the incident réported immediately? 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 Incident Occurred: 3-27-14 Time Occurred: -27-19_Time Reported: This is a late report Date Reported:_ Location of Incident_ Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat # Passenger Name: Explain what happened:

Date Submitted:



SUPERVISOR'S INCIDENT REPORT

| Date#: 3-27-19 Time: 2:53 PM | Run: 3102 |
|---|-----------|
| Operator #: T. Sharp Division: 0124 Vehic | |
| Supervisor: D. JACKSON | |
| Location: OID BRANCK AVE (IN +0) Address or Cross Street City & State | W, MD |
| Description of Event: $\frac{T}{RRIVEDON+hE}$ Scen | |
| 3:07 pm Fins the operator state | |
| A PATRON FEIL ON the bus. The | |
| HAD DEPLOYED THE WHEELCHAIR RAH | |
| Accommodate a patrom with A | |
| | |
| So As he was deploying the who | |
| RAMP FOR THE PATROW WITH THE | • |
| Amother butson par ont in Es | |
| the patron the walker she di | 1 n b |
| Know that the wheelchaux Rang | i Aw |
| being Deployed, So she tripped | 3 At 40 k |
| Wheelchair Romp Consing a cut | |
| LEFT Thumb, Dis her left Foo | |
| CAUSET THE Wheelchiair | |
| the operator to RE Depioyer | |
| Wheel chair ramp to get her | |
| FEET FROM UNDER the Wheel ch | |
| • | |

Supervisor Signature: Durell Paultern



Supervisor's incident report

| Date#: 3-27-19 Time: 2:53pm | Run: 3 2 5 2 |
|---|---------------|
| Operator #: T. Sharp Division: 0124 Vehic | ie: 62634 |
| Supervisor: D. JACKSON | |
| Location: Old BRANCH AUE CINTON, Address or Cross Street City & State | MD |
| | _ |
| Description of Event: The Patron that WAS | hur t |
| REFUSE to SEEK MEDICAL Att | , 40th |
| The INJURED PATRON INFORMATIO | , W |
| NAME-SONYA CAROLYN NATHAN | |
| ADDRESS-6308-BRINKIEY CT. TEMP | 1.E Hills, MD |
| 20748. Phone NUMBER-301-399. | |
| D. O. B. 10-08-1950, Also there | |
| 6. other butsons on power whe | |
| INCIDENT HAPPEN ON The bus. | |
| FRE NO OTHER INJURIES to RE | |
| this time. | |
| | • |
| | |
| | • |
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| | |
| | |
| • | |
| | |
| | |
| Supervisor Signature: Durall Partha | |



| (Check one) | Accident | | Incident | х | Time Supervisor Arrived: 3:30 PM | | | | | |
|---|--|---|--|--------------|----------------------------------|------------|---------------------|--|--|--|
| Date of O | ccurrence: | | 3/28/2019 | | Time of Oc | 3:20 PM | | | | |
| Weather: | Clear | Day of the | e Week: | Thur | sday | DHD (Y/N): | N | | | |
| | | | | | | | | | | |
| Location (Cross Stre | reet and Town) Addison Metro station Capitol Heights Md | | | | | | | | | |
| | | | | | | | | | | |
| Route Impact: | | 1 missed trip | | | | | | | | |
| Employee Name: | Jacob Kim | | | | | | | | | |
| | | | 63162 | | | | | | | |
| Run# | 23 | 352 | Bus# | 631 | 188 | Tag# | LG | | | |
| What happened (Be Specific and Brief): | refused inedical attention and proceeded to board another bus. Supervisor was dispatched to the scene. | | | | | | | | | |
| Injuries (if any): | Minor scratch on patron's right leg. | | | | | | | | | |
| Vehicle Damage | | | | None | | | | | | |
| (Check all t | hat apply) | Police |] N [| Ambulance | N | Tow | N | | | |
| (CHECK dire | пас арргуу | 1 Olice | | Ambulance | 1 | 1000 | 14 | | | |
| Was the O | Operator sent for D | rug/Alcohol Test (\ | //N): | | | N | | | | |
| Not | tified (Indicate nam | e and time) GM: | | | J. Modlin | @ 3:55 PM | | | | |
| 6 | D D. | | 4.614 | | 0.54.514 | | 7 0 2 4 7 | | | |
| Supervisor | D. BC | oykin | AGM | K. Jay @ | 3:51 PIVI | Maint | Zaw @ 3:47p | | | |
| Safety Trai | ining Sup. | Sup. Ford @ 3:47 PM Dispatcher Campbell | | pbell/Butler | | | | | | |
| | | | | | | | | | | |
| | y Name and Time: M. Wilson @ 3:56 PM | | | | | | | | | |
| (Check | one) | Telephone | 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 | | | | | | | | | | |

Vehicle Accident Report



| Operators CDL# | /Exp Date // | Valid DOT | Med Card / | Exp Date | | Acc | dent Report | # | · · · · · · · · · · · · · · · · · · · | |
|---|--|--|---|-------------------------------------|----------------|---|---|--|---------------------------------------|------------------|
| Accident Date | Day of Week | Time of Accident | # of Vehic | les Sm | artDrive ' | Triggered | Sce | ne Photos | Substar | nce Abuse Tester |
| Month Day Year | | 3:20:P | 1 | Ε | I Yes | □ № | □¥€s | s □ No | D [] | Yes □ No |
| | COMPAN | | 1 6 6 6 | | N. VON.V | | OTHER | PARTY | | |
| Operator Name (Exactly | | | \ <u>\</u> | | /ehlcle 2 | ET BIAL | | and the state of t | This otta- | Neman Eau |
| Kim So | acob | | | 7.0 F. 6.7 T. | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | | seriiaii M | Lixen Oplac | BRax Fall |
| Address (Include Number 3411 Son | rasireely | Apt# | 03 | | | ed On License | | | | |
| City or Town Ellicott C | S | afe Zip Zio | 4.3 | Address (li | ocibde Numb | oucy B et-& Street) | <u>""5"=5</u> | A | ol# | |
| Emplayee ID# '3/00 3 | Date of Hire | Student Driver | VO | City or Tou | ฑ | Sta | ale | Zi | p | |
| | of Occupanis #Sealed | # Standing | <u> </u> | Date of Bir | h Sex | | Driver's Lic | ense Li | c, State | #of Occupants |
| 0 | 5 5 | $\mathcal{E} \setminus \mathcal{E}$ |) | | | 1M □F | □Yes I | □No | | |
| Bus ID# Plate# 63188 46.0 | | Vehicle Year / Make | 3 | Insurance (| | Policy#& | | <u> </u> | | |
| Vehicle Type | Route#&F | | 52 | Name (Exa | ctly As Printe | ed Registration |) | | | |
| VIN | 34117753 | 360 | | Address (Ir | clude Numbe | er & Street) | 7-17-1 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | Vt | i# | |
| Insurance Co | Policy#& E | xpiration Date | | City or Tow | ī) | S | fate | Ziş |) | |
| | Location of Acc accident occurred Accident | Ident | MoLan | · Plate fi | State | Year | & Make of Vehicle | Vehl | cle Туре | Color . |
| 1 | accident occurred TYGO (| SON KAN | CHU | VIN | <u> </u> | | | | | <u> </u> |
| At intersection with | | | | | | | | | | |
| | Feet N S E | W of | | Telephone | , | | | | | |
| ☐ On Roadway At Bus Stop? ★Yes □ | □ Off Roadway □ No (If yes) □ Near | Stop □ Far Stop □ | Mid-Block sto | , 6 | 140 - | -199 | -2081 | 7 | | |
| | - · · · · · · · · · · · · · · · · · · · | | Env | ironmental Conc | itions | | | | | |
| Weather" Dictear | Surface II-biy | Traffic Confro | | A-L1 | | | /-#ofLanes | | Characteristic | <u>s</u> |
| ☐ Cloudy | □Wet | □ Slop Sign □ Yield Sign | STLDay Day | พก | | □ Divide □ Undivi | ded | | it and Level it and Grade | |
| ☐ Raining ☐ Snowing | □ Icy □ Snow | □ Traffic Sign □ Flagman | | sk k Road Unlighte | ed . | | 1t ete | ☐ Straigh ☐ Curve : | t at Hillcrest | |
| ☐ Foggy | Other | ∠ Lincontrolia | d 🗆 Dar | k Road - Lighted | na | □ Gravel | | ☐ Curve a | and Grade | |
| □ Other . | D A | □ Other | | | | ☐ Other | | □ Curve t | at Hillcrest | |
| V1 V2/OV | <u>Pre A</u> V1 V2/OV | ccident Movement | Vi 1 | V2/OV | | Unusual | Road Condition usual Conditions | <u>5</u> | | |
| ☐ ☐ Going Straight | | ing Bus Stop | | | | ☐ Holes / | Deep Rut | • | | |
| ☐ ☐ Making right to | ım 🗆 🗆 Ent | ering Bus Stop | 1-1 | ☐ Changing La ☐ Passing | nes | | ction in road uction / repair zo | ne | | |
| ☐ ☐ Making right or ☐ ☐ Making left iun | | ving or stopping in traff oped in traffic | | □ Merging | | Loose | material on road | | | |
| ☐ ☐ making left on☐ ☐ Making U Turn | red 🗷 🗆 Pai | | | ☐ Backing ☐ Other | | ☐ Other | ed road width | | | |
| Vehicle Lights | Tum Signals | Posted Spec | d Limit | Estimated Spec | d Limit | Direction | on of Travel | | ccident / Collis | sion With |
| No1 2001□ Off | No 1 ☐ Left Turn On | Vehicle 1 | S_mph \ | Vehicle 1 |) _ mph _ ; | Ve | hicle 1 | ☐ Other M | | |
| No 2 □ On □ Off | No 1 □ Right Turn On No 1 □ Four Ways On | Vehicle 2 | mph \ | /ehicle 2 | _ dam | พร | BEW | ☐ Bicyclist ☐ Rail Trai | | |
| • | · | | • | | , | Ve | hicle 2 | ☐ Fixed Ob | ject | |
| | No 2 ☐ Left Turn On No 2 ☐ Right Turn On No 2 ☐ Four Ways On | | | | | N S | EW | ☐ Pedestria ☐ Animal | 5)1 | |
| | | | | rian / Bicyclist A | | • | | | | |
| ☐ Crossing With Signal ☐ Crossing - No Signal ☐ | or Crosswalk | | | g Along Highway g Against Highwa | | | | | Pushing / Workin | |
| ☐ Crossing Against Sign | nal | | merging From | in Front of or Be | nind Parked | l Cars | | | Vorking in Road lot in Roadway | |
| ☐ Crossing - No Signal// ☐ Going To / From Stopp | viaikea crosswaik ped Bus | | laying in Road setting On / Of | i f Vehicle Other Th | an Bus | ~ | | 产 | ther (| } |
| | | | | | | | | *************************************** | CDD E 20 | |

Doccoron Accident Type

| Vehicle Accide | ent Report | | | ransae |
|---|--|--|-------------------------------|-----------------------|
| | | 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 ☐ Roll Away (Not Secured) ☐ Ran Off Roadway | □ Railroad Crossing □ Hit Fixed Object □ Hit Pedestrian □ Hit Animal | Police investigated? ☐ Yes Police Department Responding Officer Name (Badge / ID #) Precinct # I Citations / Arrests ☐ Operation | Report # | |
| Type of Trip | Violations | | | |
| With Pax Without Pax ☐ Business Trip SPEIzed Roule ☐ Fixed Route ☐ Errand ☐ Charler ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance | ' | | | |
| Accident Description . | | | | |
| Passenger was exit | ing the bus operate the | at the same wheelchair | e time He e Rampi | ie |
| Description of Damage Company Vehicle | □ Minimal □ Moderate | ☐ Major Other Ve | hicle 🗆 Minima) 🗆 | Moderate ☐ Major |
| Vehicle 1 is ALWAYS Your Vehicle, | Place an X on the exact poin | t of first impact on your vehicle and | the other vehicle. Circle are | eas of other damage. |
| Articulated Bus Shuttle Vehicle | Bus 1 | Bus 2 | | Car → |
| Name of Witness / Injured Age Cla | iming injury? Type of injury Ci | almed Injured Transported To | Other Transported To | Transported By Unit # |
| | | | | |
| Supervisor on Scene? Yes □ No Supervisor's Signature Boy | Supervisor Name (Print): | ut e | Reviewing July | |
| oupor vious a digitation of | - Cine Houseon _6 2 10 | | 1 100000 | |

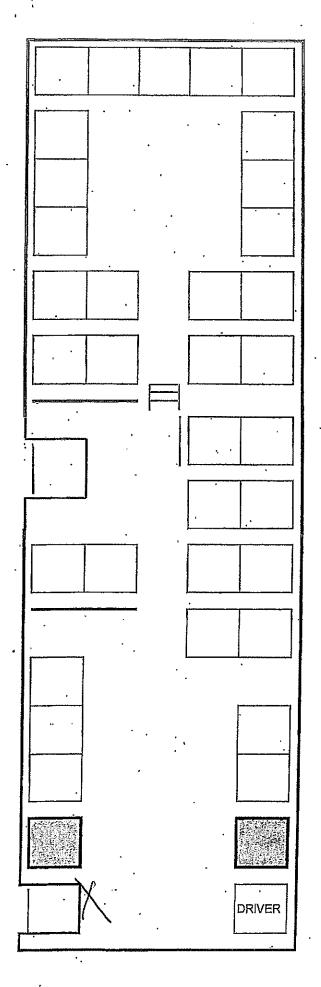
Operator Incident Report

| Today's Date: MAD 2 49 Time: 3,39 PM |
|--|
| Operator Name: Vehicle # 63 78 Route # 23 |
| 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) 155/174 |
| I did not report the incident immediately because: |
| Did a SQM respond to this incident? No Yes (SQM Name) |
| Date Incident Occurred 1999 Time Occurred: 3 1607 Do not have actual date or time |
| Date Reported: AMADO OF Time Reported: 300 This is a late report |
| Location of Incident ADDISON RD METRO STATION |
| Complete a separate Incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat # |
| Explain what happened: |
| COMPLETELY AT ANDISON RD. METRO STATION STOP BAY AND OPERATED THE WHEEL CHAIR LITT TO LANGAD THE WHEEL CHAIR LITT TO THE BUSHING AND HAD LEK LETTLES CUT IN THE WHEEL CHAIR LITT WAS OPERATING THE WHEEL CHAIR LITT NITHE OTHER DASHUGE CHAIR LITT NITHE OTHER THAT THE THOUGH THE PASSENCER WERE GETTING OFF THROUGH THE PASSENCER WERE |
| Operator Signature: Date Submitted: SPP F.8 Rev 5/2015 |



EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: |
|---|
| (Workers Comp # Issued by Sedgwick) |
| Name Birth Date Hire Date THE Date |
| Driver's License# $\sqrt{-500-356-015-002}$ Employee Number $\sqrt{34003}$ |
| DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY): |
| |
| HOME ADDRESS: 341 SQUIA TRL APT 303 |
| CITY FUTOTT (ITY STATE M) ZIP CODE 210 43 |
| HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 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 |
| *SHIFT START TIME / END SHIFT TIME* AM or PM AM or PM |



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: 3/28/2019 Time: . 3:20 pm |
|---------------------------------|
| Location: Addison Rd. Metro |
| Driver: Jacob Kim |
| Supervisor: DON BOUKIN |



Safety & Training Department

| (Check one) | Accident | Accident X Incident | | | Time Supervisor Arrived: 7:30 PM | | | | | | | |
|---|----------------------|---------------------|-----------------|---|----------------------------------|---|--|--|--|--|--|--|
| Date of O | ccurrence: | | 3/5/2019 | | 6:57 PM | | | | | | | |
| Weather: | Clear | Day of the | e Week: | Tue | sday | DHD (Y/N) | : N | | | | | |
| Location (Cross Stre | and Town | | Paltimara Au | onus @ lofforcon | Street College | Darle Marula | | | | | | |
| Location (Closs 3tile | set and fowing | | Datulillore Av | enue @ Jefferson | Street, College | Park, Iviaryia | no | | | | | |
| Route Impact: | | | | 1 missed trip | | | | | | | | |
| Employee Name: | | | | Peter Makuyana | | | | | | | | |
| Run# | 17 | 53 | Bus# | 626 | 335 | Tag# | LG94094 | | | | | |
| | | | 经存货帐户 土 | | | | | | | | | |
| What happened (Be Specific and Brief): | on Baltimore Aveni | ue and fled the sce | ene. Supervisor | and Police were d re were no injurie | lispatched to the | location. Th | e to a parked vehicle nere were two patrons | | | | | |
| | | | | | | | | | | | | |
| Injuries (if any): | | | | None | | | | | | | | |
| Vehicle Damage | | | Le | ft mirror damage | | | | | | | | |
| (Check all t | hat apply) | Police | Y | Ambulance | N | Tow | N N | | | | | |
| Was the C | Operator sent for Dr | ug/Alcohol Test () | //N/)- | 1 | | N | | | | | | |
| wastie | perator sent for Di | ug/Aiconol Test (1 | 1 / 14 j. | | | IV | | | | | | |
| Not | ified (Indicate nam | e and time) GM: | | | J. Modlin @ | 7:04 PM (Vi | M) | | | | | |
| | | | | | AP SALESAN DA B | 0.000.000.000.000 | | | | | | |
| Supervisor | R. Cam | ıpbell | AGM | K. Jay @ | 6:58 PM | Maint | Donald @ 7:09 PM | | | | | |
| Safety Trai | ning Sup. | G. Bellinger @ | @ 7:16 PM | | Dispatcher | Bu | ıtler/James | | | | | |
| | | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | |
| County Nam | e and Time: | | | M. Wilson | @ 7:04 PM | a to deserving sales to \$10 to \$10 to \$10. | ing to see a first to be a first to the second of the seco | | | | | |
| (Check | 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 | | | | | | | , | | | | | |

Vehicle Accident Report



| Operators CDL# | / Exp Date | 4-23-2 | Valid DO | Med Care | 小序吗 | Date | | | Accidet | t Report | よりつ | 00200 | h | |
|--|--|----------------------------|---------------------------|-------------------------------|-------------------------|--|--------------|-----------|----------------------------|-----------------------------|--------------------|--|-------------------|---------------------------------------|
| M-250-680 Accident Date |)-599-3 3 Day of Week | | of Accident | | | | Drive 1 | | | Scer | ne Photo | s Substar | ice Abi | use Tested. |
| Month Day Year | | | 55pm | | ,,,,, | IZ | <i>.</i> | □ No | | Ľ Yes | | No 🏻 | Yes | II No |
| # N TO STORY | · · · · · · · · · · · · · · · · · · · | PHAINSTA. | - VEHIOL | 9 41111 | <u> </u> | Mar Service | - | 17. | 44. A. | OTHER | PART | Victoria de la constanta de la | र्थान प्रमुख • | |
| Operator Name (Exectly | As Printed On License) | | | | | 1. 1. 1. Maria | iciė 2 | io I | | 14.4 | | El Fixèd Objec | t Kij | Par Pall |
| Address (Include Membe | Peter Mechisi Makuyann Ol Address (Inpludo Number & Street) 5113 Suvinern Avenue 202 | | | | | Name (Exercity As Printed On License) OF CE REPORT | | | | | | | | |
| City or Town / / | | Slate | Zip | | | Address (Inclu | de Numb | er & Slo | | | | Apt# | | |
| Capto 1- | Dale of Hire | MD. | Student Driv | | | Cily or Town | | | State | <u> </u> | | Zip | | |
| 304-75 #af Coxds/ #4 | of Occupants #5 | 2010 | #Stendips | | | Date of Birth | Sex | | <u> </u> | Driver's Li | сепве | Lic,State | #07 | Occupanis |
| 0 | 3 | · ف | <u> </u> | | | Insurance Co | <u></u> | IME | iF ny#&Exp | □Yes Dala | □No | | <u> </u> | |
| Bus/D# Plaje# | 4094 st | le Vehicl | a Year / Make | G | | | | | | Davs | | | | |
| Vehicle Type CALLA BU | Ro | nle#&Rvn# 7 | 1753 | | | Name (Exect) | | | | | • | | | |
| 15GGB27 | | | <u> </u> | | <u>.</u> | Address (Incli | ide Numb | er & Str | eel) | | | Api# | | |
| Insurance Co Old Repub | | | lon Dale | 0 | | City or Town | | <u>.</u> | State | | | Zip | | · · · · · · · · · · · · · · · · · · · |
| ha Kepvo | Locatic | n of Accident | 411 | 100116 | | · Plato# | Slale | | Year & M | lake of Vehicl | B | Vehicle Type | Colo | F · |
| Address/Street on Which | Address/Street on Wilch excident poolured Baltmare Avenue | | | | <u> </u> | VIN | | | | | | | | |
| At Intersection with Tepperson Street From N S E W of | | | | | Telaphone # | | | | | | | | | |
| El Notat injersection | ☐ Off Roadwa | | · | | | Totophanen | | | | | | • | | |
| At Bus Stop? 🗆 Yes | | - | . III Far Stop | □Mid-Block | colon | | | | | | • | | | |
| Wenta otobi 17 100 | - (40 /m) | - 144-4 - 1-E | | | | nental Condit | ions | | | | | | | |
| Weather | Surface | ٠, | Traffic Cor | itrol Li | ght | | | Ro | adway-1 | ofLanes | Rozi | i <u>vay Characierisi</u> raightand Levei | lcs | |
| IS Clear □ Cloudy | 性 Dry 口Wet | | □ Slop Sig □ Yleid Sk | | Daylight Dawn | | | 口口 | Divided Undivided | | □SI | reightend Grade | | |
| ☐ Reining | □ loy | | □ Traffic S | ignal 🏻 | Dusk Dark Pos | ıd⊶Unlighted | | П/ П/ | Asphait Concrete | | | raightat Hillcrest Irve and Level | 3 | |
| ☐ Snowing ☐ Foggy | 🖂 Snow 🗀 Other | | El Plagman El Unconiro | | | id - Lighled | | | Gravel | · | III €i | irve and Grade | | |
| □ Other . | | | □ Oher | | | | | <u>Ц(</u> | Other | | J_1 G8 | irvə al Hillcrest | | |
| | | | ent Movement | | | | | | | id Conditional Condition | | | | |
| V1 V2/OV | | V2/OV | | V: | 1 V2/D1 | 1 | | Пŀ | loles / De | ep Rut | S | | | |
| ☐ 1/21 Going Straigh | um 🗆 | ロ Exiling B ロ Enlering | Bus Stop | | | hanging Lane: assing | 3 • | | ionsiaudior Spairaclior | n in road on / repair zo | ma. | | | |
| ☐ ☐ Making right o | n red 🗆, | □ Slowing o □ Slopped i | or stopping in to | 1111G E | | lerging | • | ПL | oose male | erial on road | | 115 | | |
| ☐ ☐ Making left tur ☐ ☐ making left on | red 🗆 | □ Paiked | | r Z | 1 00 | acking Ther | | | | oad width | NVN | | | |
| ☐ ☐ Making U Tum | | | bjectin road | | | | ft£ | | rection o | ETwates | - / | Accident/ Colli | eton 18/ | |
| Vehicle Lights | Tum Sign | <u>als</u> | Posted Sp | | | nated Speed) | | <u>D1</u> | | | | | PICIT ANI | 11 <u>11</u> |
| No 1 12 On □ Off | No 1 Malentin No 1 II Right To | n On | | 25 mph | Vehicle | 1 2 | npfr | ! | Vehicie NSE | :1 (M) | ID Othe □ Bicyc | r Molor Vehicle sist | | • |
| No 2 ☐ On ☐ Off | No1 □Right™ No1 □FourW | вув Оп | Vehicle 2 | 26 mph | Vehicle | 2r | nph | 3 | • | | □ Rail 1 | frain | | |
| | No 2 🗀 Left Tun | n On | | | | | | 1 | Vehicle V—S—E- | | □ Fixed □ Pede: | strián | | |
| | -No 2-13 Right Ti | mron | | | | | | | , | " | -El-Anima | | | |
| | No 2 _ D Four Wa | iya Uli | | | | Bicyclist Actic | | | | | | | ··· - ··· | |
| ☐ Crossing With Signal | and Daniel and Ma | | 口口 | Riding / Wall | king Along dag Aggir | j Highvay Will ist Highway W | i Traffic | re. | | | | Pashing / Workin | | ehicle |
| ☐ Crossing -No Signal o ☐ Crossing Against Sign | ai | | | Emerging Fr | om In Fro | nt of or Behind | Parked | Cars | | | | I Worldng in Road I Not in Roadway | way | |
| ☐ Grossing - No Signal/N | Narked Crosswalk | | | Playing in Ro Getting On / | | e Olher Than 1 | 3us | ٧ | | | | I Other | | |

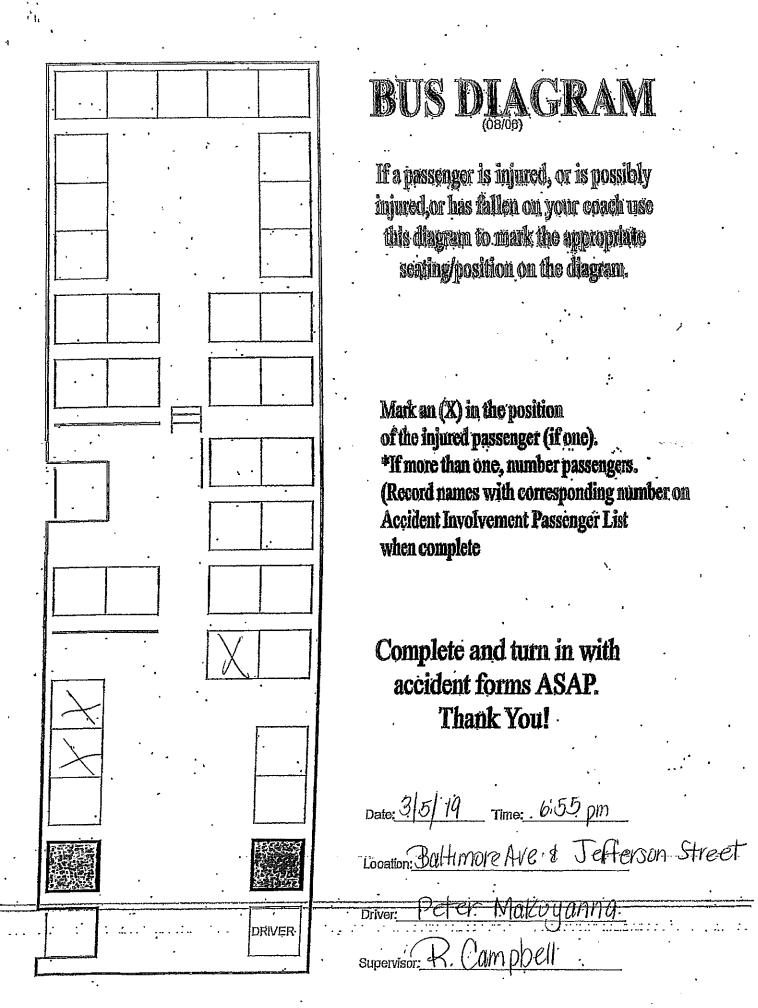
| Vehicle Acciden | î Report | ANGERTAL PROPERTY OF THE PROPE |
|--|--|--|
| COLUMN TO SECURE A SECURITARIO A SECURE A SECURITARIO A SECURITA | | TAR# |
| ☐ Backing ☐ Passing In Stideswipe ☐ Merging ☐ T-Bone ☐ Head On ☐ Right Turn ☐ Bus Right Mirror ☐ Left Turn ☐ Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ren Oif Roadway | ☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal | Police Investigated? Mayes II No Police Department Responding Prince George's County Officer Name (Badge/ID#) Batista # 38 44 Precinct#_5 Report#_DP 19030500002006 Citations/Arresis II Operator 1 II Vehicle 2 II Bloydist II Pedestrian |
| With Pax Without Pax II Business Trip Mi Fixed Route III Fixed Route III Errand II Cherter II Ron Rev move II Para Transit II Maintenance | Vehicle 1 Towed By: | То |
| Accident Description Operator States back into traffic veh with vehicle #1 drive break and shatter fro scene of the accident | icle #2 ru erside mure om the bra it. Superviso | ne was attempting to merge ght side mirror made contact or (left-side) causing it to clet. Vehicle #2 left the r driver vehicle #1 back to |
| | | |
| Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus 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 |
| | | |
| | pervisor Name (Print): | |
| Sumanifect's Signatura VMAA (IMALL | Unit Number T-21 | Supervisor / Manager Reviewing Dun) was Man |

Operator Incident Report (Continuation Report)



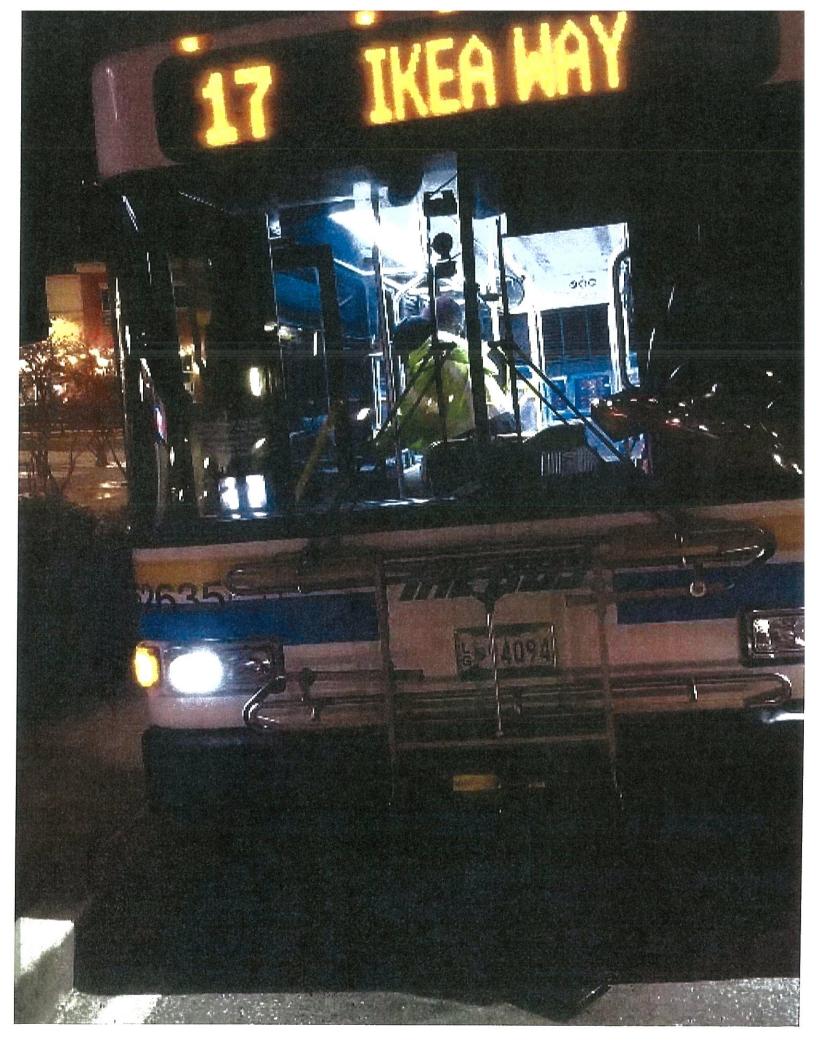
| Today's Date: 3/5/19 | Time: 1 0°, වර | |
|-------------------------|--------------------------------------|--|
| Operator Name: Peter M. | Makuyana Vehicle #62635 Route # 1703 | |

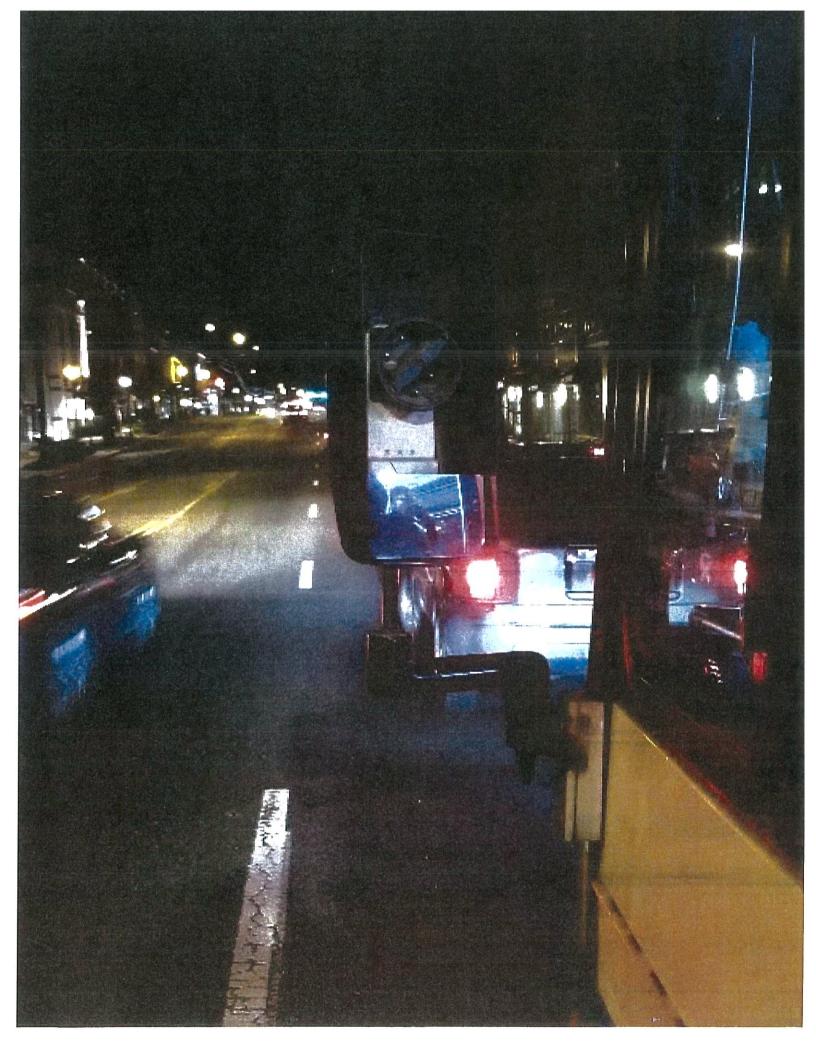
| At about 6:55pm That just picked | lup |
|---|-------------|
| At about 6:55pm, I had just picked passengers then crossed Teffers a st going | |
| westbound on Baltimore avenue- There w | 25 |
| a car parked in the right lane. I pulled u | p |
| then stopped the bus waiting to mera | , e + |
| a car parked in the right lane. I pulled u then stopped the bus waiting to merg | |
| 1 1 T 11 T 1 1 (P- 1 1-1) | |
| merge left & Feder about 5 ton truck | |
| come very fast and hit my left mirror | |
| breaking the whole mirror. The Fedex | |
| driver hit my mirror but never stonne | d. |
| I activated the smartcan then cal | led |
| dispatch. A police office come and | |
| merge left, at Feder about 5 ton trucked for tracking the whole mirror. The Feder driver hit my left mirror breaking the whole mirror. The Feder driver hit my mirror but never stopped activated the smartcam them call dispatch. A police office came and wrote a report. Me Campell also can and wrote a report. Me Campell also can and wrote a report. Supervisor Morning drove the bus back to ba | 12 |
| and wrote a report. Supervisor | |
| Morning drove the bus back to ba | <u> </u> |
| | <u> </u> |
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| ्रा १ | |
| $0 \rightarrow 0$ $0 \rightarrow 0$ | _ |
| perator Signature: Lete M. M. akuyana Date Submitted: 375/19 | - |
| SPP F.8 Rev 5/3 | 2015 |

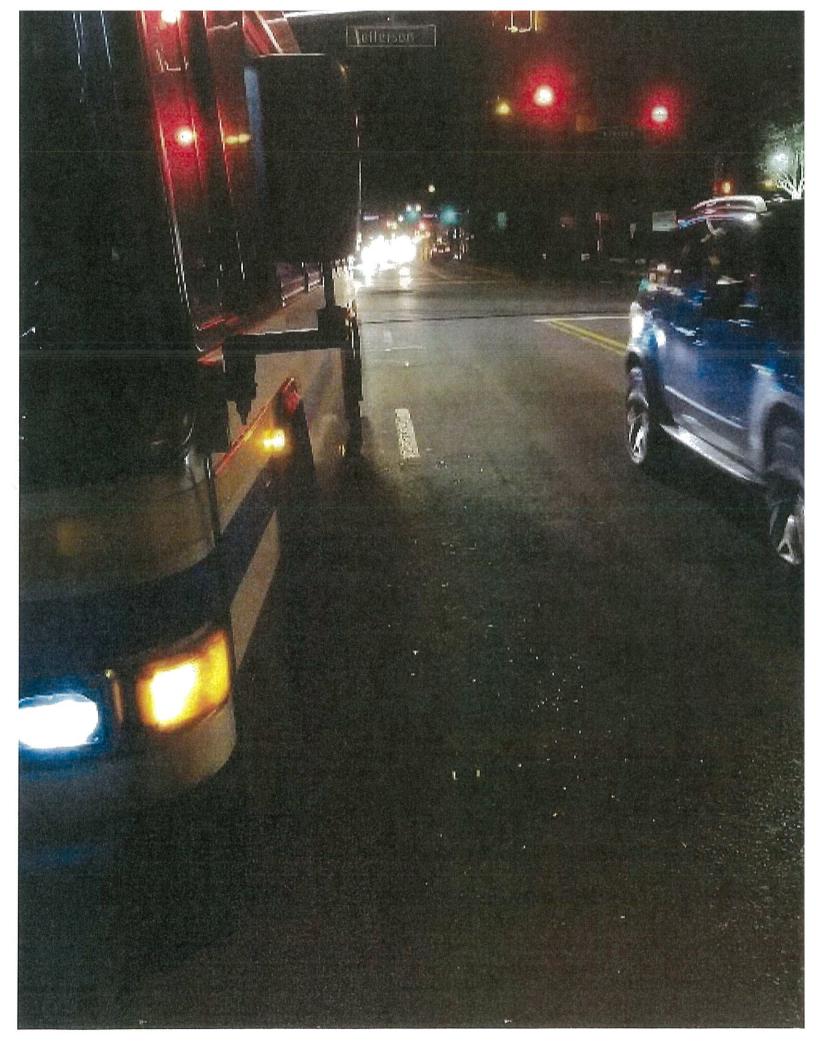


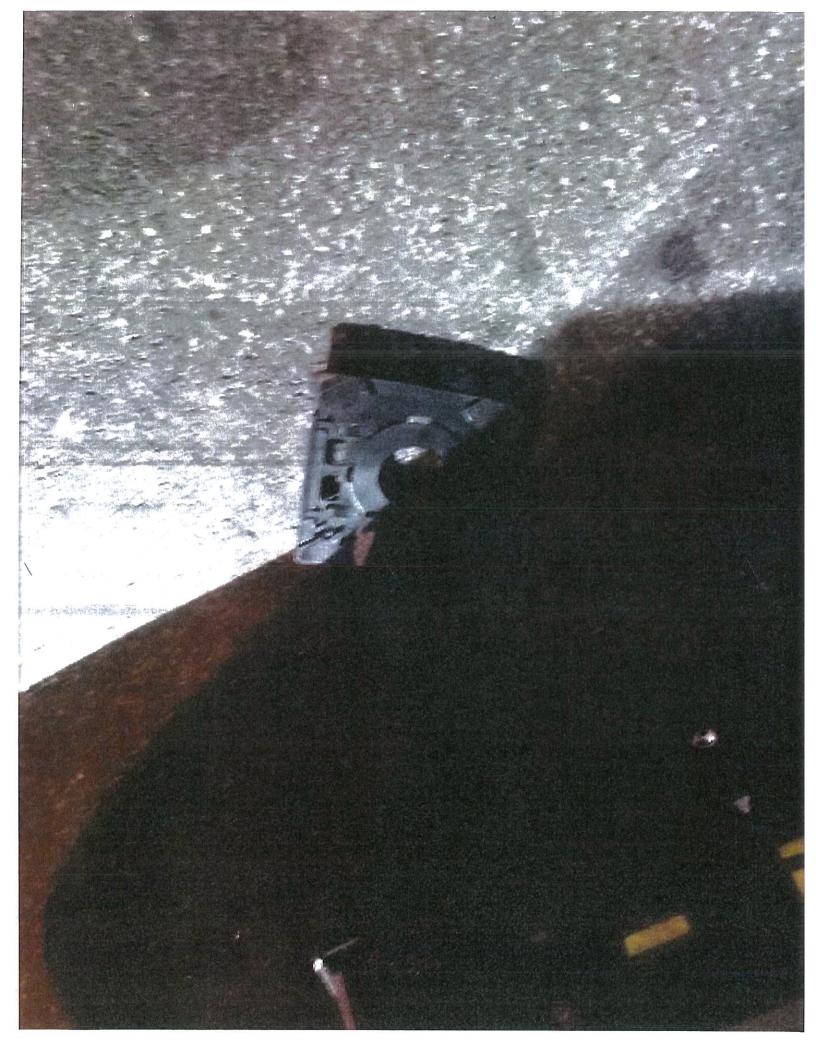
| Citronsdev supervisor's incident report |
|--|
| Date#: $3 5 19$ Time: $6:55pm$ Run: $1753R$ |
| Operator #: Peter Makuyana Division: 0124 Vehicle: 62635 |
| Supervisor Rouda Campbell |
| Location: Boltimore Ave & Jefferson Street Hyaltsville MD. |
| Address or Cross Street . City & State |
| 200 April 100 |
| to merge back into to traffic, vehicle #2 |
| right side mirror made contact with vehicle #1 |
| driver side mirror cause it to break and shatter |
| from it bracket. Vehicle #2 left the scene of the |
| accident. The bus was driven back to base by a |
| SUDERVISOR. |
| |
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| • |
| |

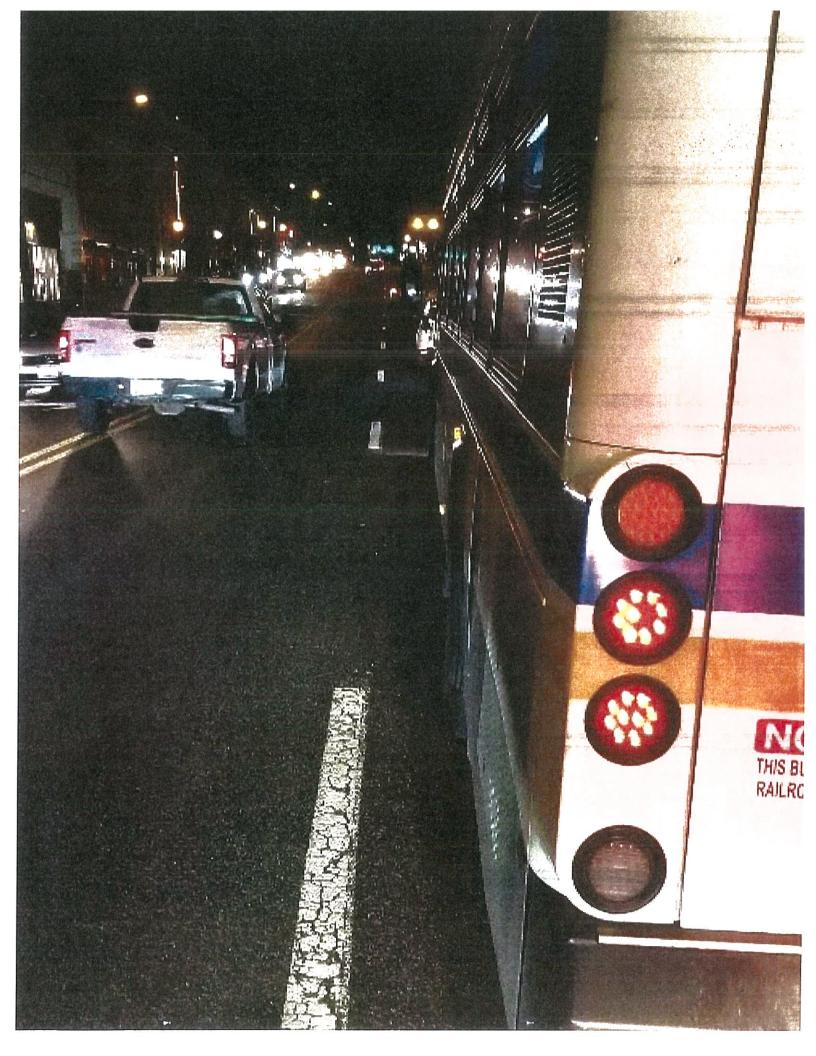
Supervisor Signature: Rida Camplell







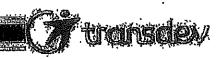






Safety & Training Department

| (Check one) | Accident | Х | Incident | Time Supervisor Arrived: 2:12 PM | | | | | | |
|---|---------------------|--------------------|--------------------|--|------------------|-------------------|---------------|--|--|--|
| Date of Oc | currence: | | 3/5/2019 | | Time of Oc | currence: 2:02 PM | | | | |
| Weather: | Clear | Day of the | e Week: | Thur | sday | DHD (Y/N): | N | | | |
| | | | | | | | | | | |
| Location (Cross Stre | et and Town) | Br | ightseat Road @ | Ardwick Ardmo | re Road, New Ca | rrollton, Mai | ryland | | | |
| | | | | | | | | | | |
| Route Impact: | | | | 1 missed trip | | | | | | |
| | | | | | | | | | | |
| Employee Name: | | Marcia Whitelocke | | | | | | | | |
| Run# | 21 | Q1 | 63162 Bus# | 626 | 25 | Tag# | LG84951 | | | |
| Kum | | | Бизн | 020 | ,55 | Тадя | 1084331 | | | |
| What happened (Be Specific and Brief): | ific and | | | | | | | | | |
| Injuries (if any): | | | | None | | | | | | |
| Vehicle Damage | | Veh | icle (2) left mirr | or damage/Vehic | le (1) no damage | 2 | | | | |
| (Check all t | hat apply) | Police | Υ | Ambulance | N | Tow | N | | | |
| Was the C |) | | (/NI). | | | | | | | |
| was the C | perator sent for Di | ug/Alconol Test (1 | r/N): | | | N | | | | |
| Not | ified (Indicate nam | e and time) GM: | | J. Modlin @ 2:06 PM | | | | | | |
| | | | | | | Na kon kasa | | | | |
| Supervisor | D. Jac | kson | AGM | K. Jay @ | 2:07 PM | Maint | Ray @ 2:22 PM | | | |
| | | | | | | | | | | |
| Safety Trai | ning Sup. | S. Ford @ 2 | 2:19 PM | | Dispatcher | Bu | tler/James | | | |
| County Name | and Time: | | | M Wilson | െ 2∙21 DM | | | | | |
| County Name and Time: (Check one) Telephone X | | | X | M. Wilson @ 2:21 PM In Person (Must be done within 1 hour) | | | | | | |
| | | | | | | | | | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | | |



| Operators CDL#/ | Exp Date 10 log! | 22 Valid DO | T Med Card | /Exp | Date | | - | Accident R | eport# | トラカ | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | 52 | |
|--|---|--|------------------------------------|----------------------|--|--------------------|------------------|-------------------------------|---------------|--|--|------------------|-----------------|
| W · 34 2 · 5 | 35.067.7° | Time of Accident | T 140 7 | | SmartD | rive T | riggere | ed | Scene | Photos | Substance | Abuse ' | Tested. |
| Month Day Year | | | 1 | - 1 | | | □ No | l | // Yes | □ No | ДΥ€ | s 🗆 & | سملا |
| 3 7-19 | Thurson | | | | Mary Commercia | | - y - p | 17 | THER 9 | ARTY | Ve 2 miles 4 m | লক্ষ্ণুক্তি - | क्षात्रकार इ |
| Operator Name (Exactly / | As Printed On License) | | | | `D Vehi | | | | 7 4 7 77 7 | 1 1 1 | ied Object | DPac1 | Pall |
| Address (Include Number | ai ANJE | IIA Whit | reloc | Ke | Name (Exactly) | | | EN LESS AND | | The state of the s | ra testapatta as cilitas | 1100 | |
| | ANDEN RY | 1 | | | | | | | | | | | |
| Cityor Town | | State 7in | 770 | | Address (Includ | e Numbe Çî | er & S(rei උට | ®) り、こと | . 128 | Aptil Tog_ | | | |
| CREEN 135 | Dale of Hire | Student Driv | ior? Y/N) | | City or Town | | | Siala | | Zip | | | |
| | 8/7/20 | 112 | • | | | | | Ĺ <u></u> | · · · · · · | se Lip,S | lata . | #ef Occup | anla |
| #of Cards #o | of Occupanis #Sealer | i #Slandin | . | | Date of Blith | Sex | | İ | hiver'a Licen | | nate | At of Croop | 147 i f (12) |
| Bus ID# Plate# | 3 6 3 State | Vehicle Year / Make | | | Insurance Co | | | y#&ExpDate | | | | | |
| 63167 L63 | 3495-3 | 2008-6 | 1110 | | Lloya |) '5 | 13 | 120 | AU. | 0199 | <u> </u> | -1- | 201 |
| Vehicle Lype | Koulear | & Run# | | | Name (Exectly, | As Print | ed Regis | (noiter) | | | | | |
| Bus | | 18 | | | Address (Inclus | ie Numb | er & Circ | el) | | Aplá | | | |
| 15 46 83 | 2717810 | <u>87975</u> | <u> 1</u> | <u>.</u> | | | | 1 5/3- | | Zip | | . | |
| | Ublic MW | | | | City or Town | | | State | | Zip | | • | |
| 1 | Encation of | Accident | | | ¹Plate# | Siale | | Your & Make | ofVehicle | Vehici | Ту ре | Golor ~ | 7 c |
| Address/Street on Which | accident occurred BR | ights Eat | 80 | - | B-50793 | D | د | 7017 | - FOR | 12 PATU | TRANSIT | M MI | |
| At Intersection with | | | | - | IFTBW2XMZHKA9195 | | | | | | | | |
| i i | Feet 1\N S | E W of | | | Telephona# | | | | | | | | |
| El-OrrRoadway | ☐ Off Roadway | | | | | | | | • | | | | |
| At Bua Stop? ☐ Yea | □No ((fyes) □N | ear Stop. 🗆 Far Stop | | | <u> </u> | | | | | | | | |
| | | T | - | | nenfal Gonditic | ns | אסמ | ıdwav-# of | Iones | Rostwart | jar <u>acieristic</u> | • | |
| Weather 19 Clear | Surface ICDN | Traffic Co | gn 🕮 | Baylight | • | | 74.1 | Nylded | 2 | ☐ Shaighte | and Level | • | |
| II Cloudy II Raining | □Wet □loy | ☐ Yield Si ☐ Traffic S | Signal 🗆 I | Dawn Dusk | | | $\square A$ | Individed Isphalt | | □ Straighte □ Straighte | it Hillcrest | • | |
| ☐ Snowing | □ Snow □ Olher | ☐ Flagma ☐ Uneonlo | | | ad Unlighted ad Lighled | | | Concrete Gravel | | Curve an | | | |
| ☐ Foggy ☐ Other . | T Office | □ Oher | 2/15/1 | | | | ДС |)lher | | ☐ Curya atl | Hillcrest | | <u>.</u> |
| | • | <u> Accident Movement</u> | | | | | | sual Road G | | | | | |
| VI V2/OV | V1 V2/0 | | Vi | V2/0 | ν . | | ПН | le Unusual C oles I Deep I | Rat | | | ••• | |
| Going Streight | ım 🗆 🗆 I | Exiting Bus Stop Entering Bus Stop | | | Chenging Lanes II Obstruction in road Passing II Construction / repair zone | | | | | | | | |
| ☐ ☐ Making right o | n red 🔲 🖽 🖫 | Blowing or stopping in t Stopped in traffic | | ПV | Merging 🔲 Loose malerial on roa | | | on road | • | | | | |
| ☐ ☐ making left on | red IIII | Parked wolded object in road | | | acking ther | | Ho | | Minni | | | | |
| ☐ ☐ Making ☐ Turn Vehicle Lights | Tum Signals | | peed Limit | Esti | nated Speed L | mit | Dir | ection of Tr | avel | Acc | rient/Collisio | n With | |
| | No 1 🗆 Left Turn Or | | 35 mph | Vehici | e1 35 m | ınl ı | | _Vehicle 1 | ړا | LOther Moloi | r Vehicle | | . 1 |
| No1□On□Off | No i Right Tum C |)n | | | | | (1 | SEV | y Î | ⊐ Bicyclist ⊐ Raii Trein | | | |
| No 2 □ On □ Off | No 1 D Four Ways (| 1 | mph | Vehici | ≆2m | hır | | Vehiole 2 | r | I Fixed Objec | ŧ | | . |
| | No 2 D Left Turn Co No 2 El Right Turn C | | | | ···· | | ·\ | <u>I—S—E—W</u> | | I Pedeshian I Animal | | | |
| | No 2 D Four Ways C | n] | | Africa: F | Bicyclist Action | ,,, | | | | | | | |
| ☐ Crossing With Signal | | E | I Riding / Walki | ing Alon | g Highway With | Traffic | • | | | . ∏ Paci | ing/Working | On Vehinle | ; |
| ☐ Crossing -No Signal o ☐ Crossing Against Sign | or Crosswalk at | r | I Riding / Walki I Emercina Fro | ing Agal m in Fro | nst Highway Wit nt of or Behind I | h Traffi Perked | c Cars | | | ☐ Worl | ding In Roadwa n Roadway | | |
| rt Crossing - No Signal/A | Aalked Crosswalk | | Playing in Roa | ad | | | ۲ | | | ∐ Not II ∐ Oihe | | | |
| ☐ Going To /From Stopped Bus ☐ Getting On / Off Vehi | | | | | O CHIEL THAILD | 40 | | | | OF | 50 E 90 7/ | indr- | |

| Velnicle Acciden | dinger been sweenes in 6 Dana se | |
|--|--|--|
| Committee of the commit | difference una que su | T ARIA |
| | • | |
| □ Backing □LPassing | ☐ Rellroad Crossing . | Police Investigated? IIVes II No |
| ☐ Sideswipe ☐ Merging . | 디 Hit Fixed Object 디 Hit Pedestrian | Police Department Responding PC |
| □ Right Turn □ Bua Right Mirror | ☐ Hit Animal | Officer Name (Badge/ID#) Baiks - 3601 |
| □ Bus Rear Ends Vehicle □ Bus Door Operation | و . | Precinct# 3 Report# 12 P1 9 0 3 0 7 0 0 0 0 135 3 |
| ☐ Vehicle Rear Ends Bus ☐ Sudden Stop☐ Wheelcheir Lift Operation☐ ☐ Roll Over☐ ☐ Roll Over☐ ☐ Ren Off Roadway☐ | | Citations/Arresta 🗆 Operator 1 🗀 Vehicle 2 🗀 Bioydist 🗀 Pedesirian |
| Type of Trip | Violations | , . |
| With Pax Without Pax 🗆 Business Trip Liftxed Roule Diffixed Roule Different | Table & Tannal Ton | То |
| 日 Charler 日 Charler 日 Non Rev move 日 Pana Transit 日 Pana Transit 日 Maintenance | | |
| LI Faid Hallist . La Fait trainer | Vehicle 2 Lowed By: | |
| Accident Description OPERALOR W | AS LEADIE | ng morth bound on |
| BRIGHTSEATE RID IN | ROUTE TO | 7 LOEM CUSSOLITOM |
| METRO INEW A V | Eh 1 C 1 E # 1 | 2 May & CONTACT. |
| WITH ThE DRI | 3912 330 | MIRROR The OTHER |
| Vehicle was b | 12,0175 | Southbours ON |
| BRIGHTSEAT RID | ٤ | |
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| i i i i i i i i i i i i i i i i i i i | ⊐ Minimal | 디 Major Other Vehicle 대체imal 디 Moderate 디 Major |
| Description of Damage Company Vehicle I | ⊒ Minimal □ Moderate | THE ASSUMPTION TO MOTORISE TO METER |
| Vehicle 1 is ALWAYS Your Vehicle. | | offictimpact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Gar |
| Articulated Bus Shuttle Vehicle | Bus¹ → | Bus 2 Truck Gar |
| | ng Injury? Typa of Injury Ciair | med Injured Transported To Other Transported To Transported By Unit# |
| | | |
| | | |
| | | |
| | | |
| | | |
| Supervisor on Scene? - DE Yes : D No St | pervisor Name (Print): T | DONALD JACKSON |
| 10 al On 11 m | Initializates T- C | Supervisor / Manager Reviewing Buy Julie |
| Supervisor's Signature Landel (Faulton | Onk Malinei | Duper visus (swallager reviewing |

SPP F.20 7/2015

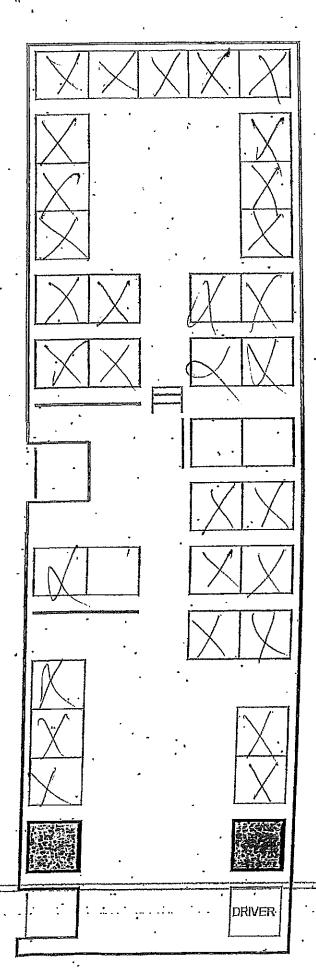
| Operaton incident Report |
|--|
| The state of the s |
| Today's Date: 37/19 Time: 1400 |
| Operator Name: MARCIA Mhitlacke Vehicle #63/62 Route # 21X |
| Report Submitted to: Supervisor Dispatch Safety Dept. |
| Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage |
| Passenger Complaint No Damage Vehicle Incident Report Other |
| Was the incident reported immediately? YES Reported to Command: (Name) MAITA SAMES |
| I did not report the incident immediately because: |
| Did a SQM respond to this incident? No Yes (SQM Name) SACKSOV |
| Date Incident Occurred: 3/7/19 Time Occurred: Do not have actual date or time |
| Date Reported: 3 7 19 Time Reported: 1403 This is a late report |
| Location of Incident Bright Sept Kol |
| Complete a separate incident Report for each passenger affected by this event. |
| Passenger Name: Passenger ID/Seat# |
| Explain what happened: On the About fine and dak |
| While operation the DIX heading in |
| the directions of New Carrol for |
| Observe a Welto Alless love travelling |
| in the opposit sirection the will work. |
| to have a free or the close |
| To the fellow the Short of the |
| De plice all Arrivard on See |
| TO TIME WILL THE |
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| <u> </u> |
| |

Date Submitted

CDD ER RAN 5/7015

::: :: . . .

Operator Signature:



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: 3-7-19 - | Time: 2202 PT |
|----------------|---------------|
|----------------|---------------|

Location: 13 eights eat PL

Driver: 14 whitelock

Supervisor: Double Paulin

Consider EMPLOYEE INFORMATION

| Accident/Incident/Workers Comp#: | • | |
|---|---|-------------|
| | (Workers Comp#issued by Sedgwick) | |
| Name MARCIA "White | birth Date Docke Docke Description Description | 112 |
| Driver's License# W349- | <u>585-0677-77</u> 7. | |
| DOT CARD VALID? Yes or NO (IF | no, please explain why): | |
| | · · · | |
| HOME ADDRESS: 7909 V | Mandan Rel | |
| CITY Greenbelt | STATE D ZIP CODE 207 | 70 |
| HOME PHONE NUMBER | DAY TIME NUMBER EMPLOYEE STATUS (pleas | e circle) ' |
| IS THE OPERATOR ON OVER TIME? Yes / (No) / Unknown | GENDER MARTIAL STATUS NUMBER OF DEPENDANT M on F | rs · |
| *SHIFT START TIME/END SHIFT TIME* | ode | • |
| OSOS AMORPM/ | AM or PM W S | |
| | • | |

Transdew

SUPERVISOR'S INCIDENT REPORT

| Date#: $3 - 7 - 19$ Time: $2 \cdot 15p^2$ Run: $2 \cdot 171$ |
|--|
| Operator #: M. Whitelock Division: 0124 Vehicle: 63162 |
| Supervisor: D. Jackson |
| Location: BRIGHTSEAT RD. LANDOUSR, MD Address or Cross Street. City & State |
| Description of Event: TRRIVED ON The SCENE AT |
| 2:15 pm, FND the operator stated that |
| A ABUERSE VEHICLE #2 MADE CONTACT. |
| with the DRIVER SIDE MIRROR. TEhicle 1 |
| WAS HEADING NORTHBOUND ON BRIGHTSERT |
| RD, AND VELICLE 2 WAS HEADING WEST |
| BOUND ON BRIGHTSEAT RD When it |
| MADE CONTACT WITH VEHICLE 1, While |
| the operation was driving northbound |
| IN LER PANE VEhicle Z driving southbou |
| CAME ACRUSS the YELLOW DOUBLEHINGS OR |
| Very close to them FOR it to MAKE |
| Contact with Vehicle I which was |
| traveling in DIFFERENT DIRECTION, AFTER |
| ACCESSING the SHOPTON I DERTEMINED |
| that Vehicle 2 got to close to |
| the yellow lines cousing it to |

Supervisor Signature: David Joudson



Supervisor's incident report

| Date#: | Time: | | Run: |
|----------------|-------------------------|-------------------------------|----------------|
| Operator#:_ | | Division : <u>0124</u> | Vehicle: |
| Supervisor: | | yea | |
| Location: | Address or Cross Street | | 0.4. 0.04. |
| • | Address or Cross Street | , , | City & State |
| Description | of Event: MAKE CONT | ACT WIT | h Vehicle 1. |
| <u>0+ </u> | the time of | thei | ncident theire |
| | | | RW. FLERE ARE |
| CU | injuries to | REPORT | At this time. |
| | There was | | |
| | | | . ON VEhicle |
| • | ThERE WAS | | |
| | ER SIDE MIR | | |
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| Punantinar Sic | mature Doubl Jaw | Ar | |

Gl Baird 3601 District 3 301-772-4901

Case. # 8P1903070000 1352



Safety & Training Department

| (Check one) | Accident | X Incident | | Time Supervisor Arrived: 3:25 PM | | | | | |
|---|---------------------|----------------------|---------------------|--|---------------------|--------------|---------------------------------------|--|--|
| Date of Oc | currence: | 3/4/2019 | | | Time of Occ | urrence: | 3:12 PM | | |
| Weather: | Clear | Day of the Week: | | Monday | | DHD (Y/N): | . N | | |
| | | | | | | | | | |
| Location (Cross Stre | et and Town) | | Iverson Stree | et @ Branch Aven | ue, Marlow Heig | hts, Marylan | d | | |
| | | | | | | | | | |
| Route Impact: | | | | 1 - missed pull | | | | | |
| Employee Name: | | | | Tori Sharp | | | | | |
| Employee Name. | | | | The state of the s | | | | | |
| Run# | 32 | 04 | Bus# | _626 | 132 le 2643 | Tag# | LG94258 | | |
| | | | | | | | | | |
| What happened (Be Specific and Brief): | | ipe Vehicle (1) righ | | | | | as dispatched to the nued in service. | | |
| Injuries (if any): | | | | None | | | | | |
| Vehicle Damage | | | Minor scratch | es to the front rig | tht bumper | | | | |
| (Check all th | nat apply) | Police | l y | Ambulance | N | Tow | N | | |
| | | | | | | | | | |
| Was the O | perator sent for Di | (/N): | N | | | | | | |
| | | | | | | | | | |
| Not | ified (Indicate nam | | J. Modlin @ 3:20 PM | | | | | | |
| Supervisor | D. Jackson AGM | | AGM | K. Jay @ 1 | 3:24 PM | Maint | Ray @ 3:22 PM | | |
| | | | | | | | | | |
| Safety Train | ning Sup. | S. Ford @ 3 | 3:23 PM | | Dispatcher | | James | | |
| | | | | | | | | | |
| County Name and Time: | | | | 3:47 PM (VM)/ | S. Hackett @ 3 ר | | | | |
| (Check | one) | Telephone | Х | In Person | | (Must be | e done within 1 hour) | | |
| Please note the details of this incident will change when the Supervisor Arrives | | | | | | | | | |

Vehicle Accident Report



| Operators CDI #/ | Exp Date 5[21] 2 | 4 | Valid DOT | Med Card | I/Exp | Date | | Acciden | t Report# | | , | ٠. |
|--|--|----------------------------|--|--|--|---|---------------------|--|---------------|------------------------|--|---|
| 5610-7 | 19-122-384 | | □Yes □ | No L | 4-1 | 8-20 | 110 | | Conn | e Photos | Cuhala | nce Abuse Teste |
| Accident Date Month Day Year | | Time o | of Accident | #of Veh | icles | | - | gered | Suelle | S 1.110105 | | |
| 9 - 41-19 | Mowand | 3: | 1194 | 2 | | | | No | Z Yes | | ļ | Yes LANO |
| A STATE OF THE PARTY OF THE PAR | COMPA | Mr. i.s. | VEHICLE | 1 | | Mark water . | | | OTHER | PART | | |
| Operator Name (Exactly a | As Printed On License) | | | | | | | iii Bicyclist | Di Pede | sidan | d Fixed Objec | it OPan Fall |
| | CURN EI | 1 5 | | <u>, o</u> | | Name (Exactly As | | | 3357 300 | to the William | | Augusta and State of the State |
| Address (include Number | | - 51 | Apt# | | | Matter (Exclos) | الموالية ا | ייד בו | 3 ~ 5 | KA | KORT | V4236 |
| City or Town | AMBER LEAF | State | Zip | | | Address (Include) | Number & | (S(real) | <u> </u> | 1 | Apl# | |
| Waldor | F | MD | | | | 225° | 1 - 1 | NESTW | 900 | Sici | | · · · · · · · · · · · · · · · · · · · |
| Employees 10 dt | Dale of Hire | | Student Driver | ? Y/N | | City or Town | | State 1 | • | . [| か 2060 | . 1 |
| 30909 | | | 1 1/0/ 1/ | • | | Waldor ² | Sex | 1,0,1 | Driver's Lice | egn: | Lio, State | #of Occupanis |
| | of Occupants #Seate | | #Standing | | | | | | | | MD | 2_ |
| | | - | rear / Make | | | O 1 ·o 7·81 | | 1 1717- Policy#&EqsI | DiYes I | JNo | | <u> </u> |
| Bus ID# Flate# | 94 259 M |) | Est 1 May | | | | | | | | | |
| Vehicle Type | Roule# | & Run# | | | - | Name (Exactly As | | | | 17 | ONED | 124 |
| Bus | | -52 | | | | NATA & | Number 8 | Street) | 15 12 | <u> </u> | ADI# | 611 |
| VN | 710611 | 212 | 55 | | | 2259 | | | D (2) | 2 | • | |
| Instrance Co. | Policy# | & Expiration | 1 Date | | | City or Tolyn | • | State | | | Zip | |
| old Repu | Blic MV | 81 T 1 | 21268 | -7-1 | 2011 | Malgo | 127 | <u> </u> | | | 2060 | Color |
| | Location of | Accident | | | | 'Plate# q S '2口 C505 「 | | | ke of Vehicle | 1 | Vehide Type TK | GRIZY |
| Address/Street on which | 3 VI berruoso ineblose | KSO | | <u> </u> | | VIN | | | | | | 104 (|
| At intersection with | | · | - | | ····· | 26 NAX SEV 656196459 | | | | | | |
| 🗆 Notel Injersection | Fret N S | ®W of_ | · · · · · · · · · · · · · · · · · · · | | | Telephone# | | | | | | |
| Eron Roadway | ☐ Off Roadway | | | | | 240 | د. ـــ | אדג | . 16 | . 🔊 | i | |
| At Bus Stop? 🗆 Yes | □No (If yes) □N | ear Slop. | □ FarStop 1 | □Mid-Block | gola | | | | 1 × | - 0 | 1 | |
| | , | | |] | Environt | rental Condition | | | | | | |
| Weather | Surface | | Traffic Conf | | <u>dht</u> Đaylight | ٠ | | Roadway-# | or ranes | Road El Sir | <u>vay Characteris</u> sightand Level | <u>ues</u> |
| ☑ Clear ☐ Cloudy | lizirioriy i⊒Wet | | ☐ Yield Sign | | Dawn | | | □ Undivided | | Ŭ Sin | ightand Grade | |
| ☐ Raining | □ ley □ Snow | | ☐ Traffic Sig ☐ Flagman | | Dusk Dark Ros | id Unlighted | | □ Asphait □ Concrete | | | aightet Hillcrest ve and Level | • |
| I Snowing I Foggy | ☐ Other | | □ linconfrol | ed 🗆 | | d - Lighled | ; | ☐ Gravel | | 🗆 Cur | ve and Grade | |
| 口Other . | | | □ Olher | | | <u> </u> | | □ Other | | 디앤 | vo at Hillcrest | |
| | - | | <u>Movement</u> | • | | | | Unusual Road | | | | |
| V1 V2/OV | V1 V2/0 | | | . V1 | V2/01 | , | | I I-No O nusua II Holes I Dec | | | | *** |
| 回回 Going Straight | | Exiting Bus Entering Bu | Stop is Stop | Ē | | hanging Lanes | · 1 | 🗖 Obstruction | in road | | | |
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| Venitela Accident | l/Réport | Transda (7 transda |
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| The state of the s | 100000000000000000000000000000000000000 | AR# |
| ☐ Backing ☐ Passing ☐ Sideswipe ☐ Merging ☐ Merging ☐ Head On ☐ Head On ☐ Head On ☐ Head On ☐ Bus Right Mirror ☐ Left Turn ☐ Bus Reif Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ren Off Roadway ☐ Type of Trip With Pax Withrout Pax ☐ Business Trip— ☐ Head Fixed Route ☐ Fixed Route ☐ Errand ☐ Charler ☐ Charler ☐ Non Rev move ☐ Para Transit ☐ Melintenance | ☐ Rallroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal Violations Vehicle 1 Towed By: | • |
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| Description of Damage Company Vehicle | LMinimal 🗆 Moderate I | 그 Major Other Vehicle 디 Minimal 디 Moderate 디 Major |
| | Bus 1 | filet impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car A |
| Name of Witness / Injured Age Clelinia | g İnjury? Type of İnjury Clain | red Injured Transported To Other Transported To Transported By Unit# |
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| Supervisor on Scene? - EU-Yes : 🗆 No Sup | pervisor Name (Print): 1 | DONALD JACKSON |
| 10 - 5 | _ | Supervisor / Manager Reviewing Bul Dulys |

