Operator lindident: Report
Today's Date: 3-4-9 Time: 3:39 ()-(1) Operator Name: 1000 Sharp Vehicle # 1000 Route # 3252
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) Make Call I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 3 4 1 Time Occurred: 3 1 Do not have actual date or time Date Reported: 3 4 1 Time Reported: 3 1 Do This is a late report
Location of Incident Tver Son St. Gorages Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat # Explain what happened:
About to make a two my sus was maving about 8 mph and I was not oft by a choose equivoral. In the the passenger and and my off and hit the passenger and open of passengers on my bus, they all apported on injuries.

Operator Signature: _____ Date Submitted:

SPP FR Rev 5/2015



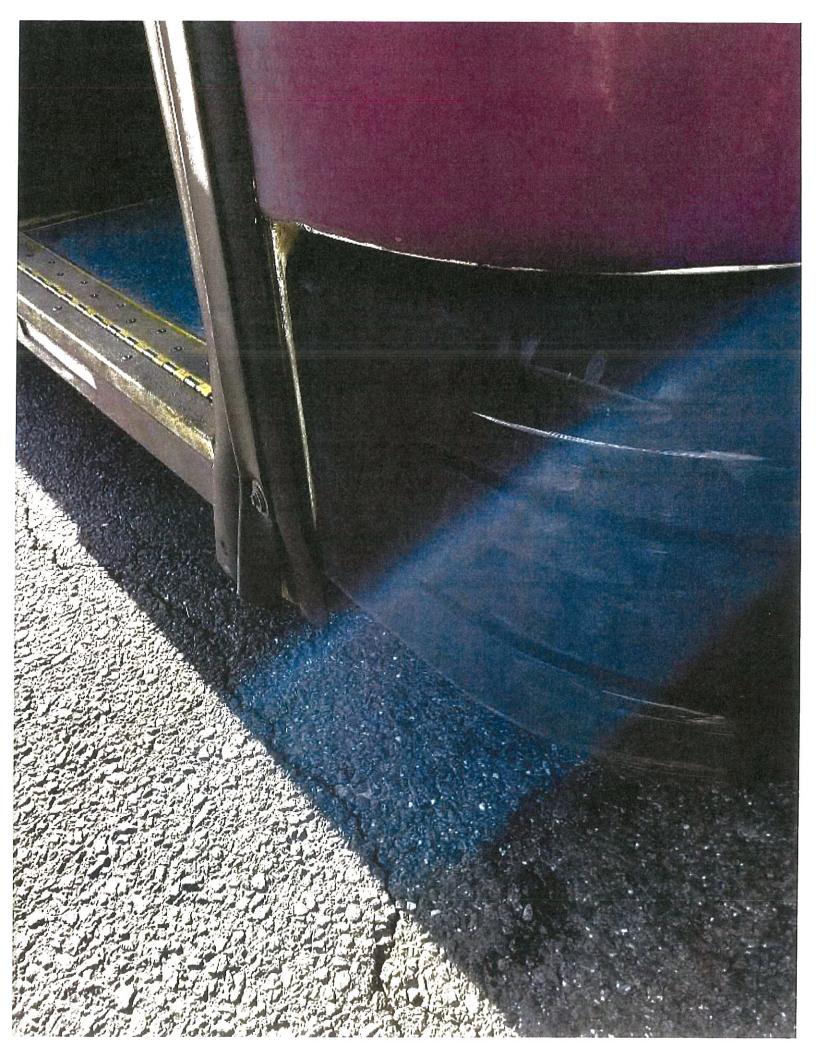
SUPERVISOR'S INCIDENT REPORT

Date#: 3-4-19 Time: 3:11 Pm Run: 3252
Operator #: T. Shake Division: 0124 Vehicle: 62643
Supervisor: D. Jackson
Location: TVERSON ST. Marziow Heights Address or Cross Street . City & State
Description of Event: I ARRIVED ON the SCENE At
3:25 pm, AND OPERATOR STATED While he
WAS IN A LEFT TURN ONLY PANE A ADVERSE
VEhicle Z trien to get in Front OF Him
FROM the MIDDLE LANE OF 3 LANE divinded
Street When it MADE contact with the
FRONT RIGHT SIDE OF THE BUS CAUSING
SCRAtches to the bumper with MINIMAI
DAMAGE to the bus AT the time OF
the Incident There was 4 patrons on
BOARD At the TIME OF the ACCIDENT
There ARE NO INJURIES to REPORT At
this time. AFter Accessing the situation
I DERTERMINED that the OPERATUR WASN'S
FIT FRUIT, AND The operatur OF VEhicle 2
TRIED to get OVER FROM the MIDDLE LANE
Causing this Accident.

Supervisor Signature: Downled Parlin

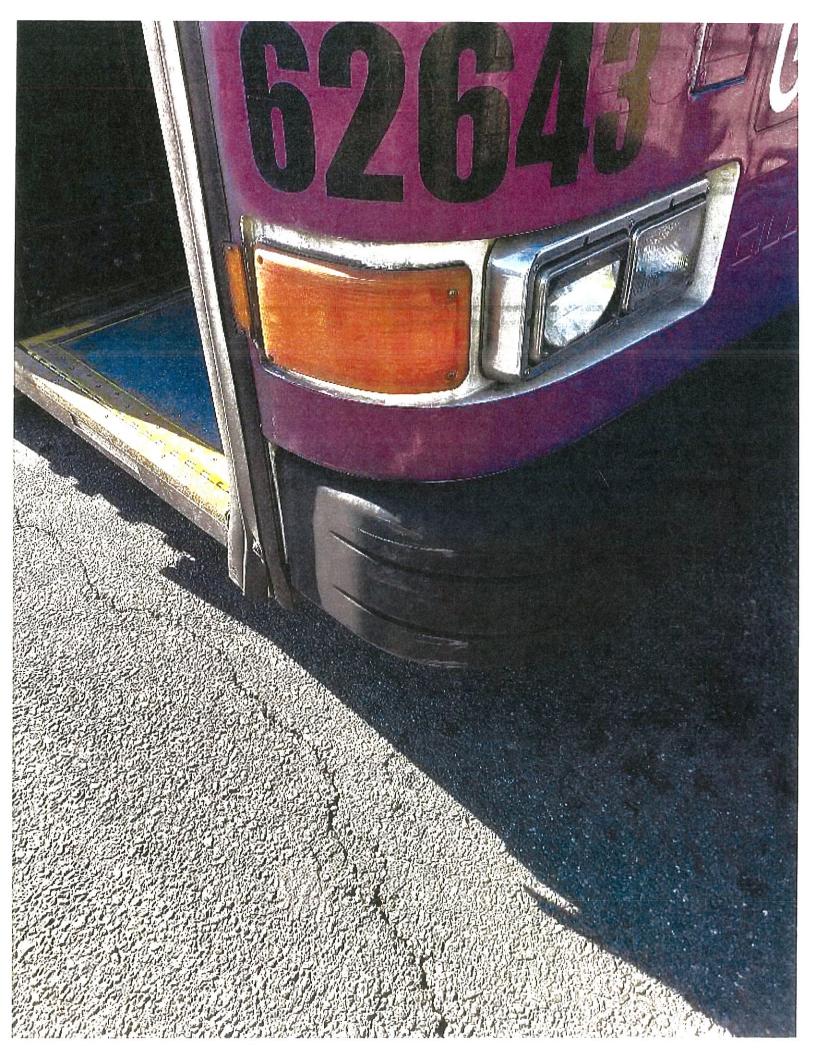
Cortains dev EMPLOYEE INFORMATION

Accident Incident/Workers Comp#:	
(Workers Comp#issued by Sedgwick)	
Name Birth Date Hire Date 5,2,199 5-15-1	7
Driver's License#	
Employee Number 30909	
DOT CARD VALID? (YES) OF NO (IF NO, PLEASE EXPLAIN WHY):	
	•
HOME ADDRESS: 2004. Ambor 10af P1 25	
CITY STATE MO ZIP CODE ZOUÓZ	
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) OF PART TIME	
IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M S W D	
SHIFT START TIME / END SHIFT TIME	,
AM or PM/ 1836 . AM or PM	











(Check one)	Accident	Х	Incident		Time Supervise	or Arrived: 3	:54p	
Date of Oc	currence:		3/15/2019		Time of Oc	currence:	3:30p	
Weather:	Clear	Day of the	e Week:	Fri	Tarakiri (2) (() ()) day	DHD (Y/N):	il N	
Location (Cross Stree	et and Town)		rations has different about	Old central Ave.	@ Balboa Stree	t	angasa kanganta sagati at ta	
Route Impact:				1 missed trip		e lagi etti, ti, taga da terra e la s	and the mention of the size of	
3. A. A. A. A. T. C. C.								
Employee Name:			Joł	nette Washingto	n			
			63162					
Run#	25	551	Bus#	62	517	Tag#	LG94096	
(Be Specific and Brief):								
					Postas era databas era	elien jeterin i	Pojeka komenta komen	
Injuries (if any):	in a principal initial in			None	The Marine Control	i i i i i i i i i i i i i i i i i i i		
Vehicle Damage		Vehi	icle (2) right mir	ror damage/Vehi	cle (1) no damag	igi e di Grandia. Je		
(Check all th	at anniv)	Police	7 N	Ambulance	nija ja Parana. I N	Tow	1 м	
		-		Ambarance	stevienación a inc	1000	(NOVER CONTRACTOR OF THE CO	
Was the O	perator sent for D	rug/Alcohol Test (Y/N):			N	· 10 1 10 1 10 10 10 10 10 10 10 10 10 10	
Noti	fled (Indicate nam	ne and time) GM:			J. Modi	n @ 3:49		
Supervisor	D, Bo	oykin	AGM	K. Jay @	2:07 PM	Maint	Zaw @ 3:47p	
Safety Train	ing Sun	Bellinger (ത 3∙56n		Dispatcher	lack	son/ Boykin	
	mig odp.	- Denniger (<u> </u>		Dispatcher	Jack	SOII) BOYKIII	
County Name	and Time:			M. Wilsor	າ <i>@</i> 3:40ກ	E POPA E PRESIDE		
(Check o		Telephone	x	In Person		(Must be done within 1 hour)		
					vm 5. vš. (1 4 m).			
Please note the details of this incident will change when the Supervisor Arrives							· · · · · · · · · · · · · · · · · · ·	

Vehicle Accident Report



Operators CDL#	Exp Date 1109 202	Valid DOT Med Card	I / Exp I	192/202	0	A	ocident Report	* N/A		٠.
W-252-428-1 Accident Date	Day of Week Time	of Accident # of Veh	icles	SmartD		iggere	Scen	re Photo	s Substan	ce Abuse Tested
Month Day Year		3:30pm 2		ПΥε	es I	⊐ No	III Yes		No DY	res III No
100 10 11	1, , ,	VEHICLE 1		हर्ष्ट्र कारतः		• • • • • • • • • • • • • • • • • • • •	OTHER	PART	Bright Same	र ता प्रकृतिसम्बद्धाः चर्चन
Operator Name (Exactly /	As Printed On License)	ishington,		D Vehl	cie 2	<u> 0</u> 81	cyclist 🗖 Pedi	neidae	🖸 Fixed Object	QPax Fall
ONNette		Apt# .		Name (Exactly A	s Printed	On Licer	SOONE	= 0F	The a	ccident
Address (Include Number		Zie o		Address (Include	Number	1 (C. 1) (P. 1) (B. 1) (B. 1)			ApI#	CCIOCIA
BOWIE	MD. Siale	20716				·	ni.t.		ZIр	•
Employee ID# 31037	Date of Hire 117 2019	Student Driver? Y (N)		City or Town		İ	State		21p	
#of Gords #o	of Occupanis #Sealed	#Slanding		Dale of Blith	Sex		Driver's Li		Lio, Siate	#of Occupants
Rus ID# Pinke#4	3 2 ·	e Year / Make		Іпаргансе Со	<u> </u>	M D F	□Yes F&ExpDate	□No		<u>j</u>
	14096 MD-120	11 Gilla		Name (Exactly /	ne Dénie	l Ravielo	offen)			
Vehicle Type	Rouleyt & Runt	551		•						
	113B1092267			Address (Includ	e Numbe	r & Street)		Api#	•
Insurance Co	Policy#& Expira	ion Date 7/1/2019		City or Town		-	Siale	··-	Zîp	· · · · · · · · · · · · · · · · · · ·
. <u>Dld Kepubl</u>	1 คุยที่เอา คริ คิยที่เกิด	 		Plate#	Slate	Y	eer & Make of Vehicl	3	Volido Typa	Color .
Address/Street on Which	accident occurred Old (SI	tral Avenue	· -	VIN				<u></u>		<u> </u>
1	lalbog Avenue		-	•						
1.	Feet NSE	f	-	Telephone#						
☑ On Roadway At Bus Stop? ☑ Yes	ロ Off Roadway ロ No (If yes) ロ Near Stop	. 🗆 FarStop 🗀 Mid-Block	elop					•		
		J	nvironn	renfal Conditio	ns					
Westher IZI Clear	<u>Surface</u> IZÍ Drý		Daylight			e di		M Sh	way Characteristi alghiand Level	
☐ Cloudy ☐ Raining	□Wet □ ley	□ Traffic Signal □ I	Dawn Dusk	4 27 16 27 . 1		∐ Asj	divided ohalt	₽Sb	raightand Grade raightat Hillcrest	ı
☐ Snowling ☐ Foggy	□ Snow □ Olher	IV Uncontrolled □ i	Dark Roa Dark Roa	d⊷Un)lghled d-Lighled				El Cu	rve and Level rve and Grade rva at Hillcrest	
□ Other .	Pro åreid	□ Cliher ent Movement ·							iva at milicrest	
V1 V2/OY	V1 V2(OV	V1	V2/01	;		Ma No	al Road Condition Unusual Condition	<u>15</u> 5		***
☑ ☑ Going Straight ☐ ☐ Making right fo		The - 71 au		hanging Lanes essing	.	□ Obs	es / Deep Rut truction in road struction / repair zo	**		
☐ ☐ Making right or ☐ ☐ Making left fun	n red 🔲 🖂 Slowing	pretopping in treffic		eiging	•	□Loos	suudiott7 tepan 20 semalerial on road luced road width			
口 口 meking left on i	red 🖸 🗆 Parked	opiectic cosq				☐ Ollie				
Vehicle Lights	Tum Signals	Posted Speed Limit	Estin	nafed Speed Lij	nit	Direc	offon of Travel		Accident/Collis	ion With
No 1 121 On CI Off	No.1 El Left Turn On No.1 El Right Turn On	Vehicle 1 25 mph	Vehicle	1 <u>10</u> mp	ıh		Vehicle 1 S E (W)	IZI Olher I⊒ Bioyc	Molor Vehicle list	•
No 2 II On II Off	No 1 LE Right Tulk On No 1 LE Four Ways On	Vehicle 2 35 mph	Vehicle	2 <u>20 m</u> p	h	, N	vehiole 2	☐ Rall T ☐ Fixed	irain 💮	ļ
	No 2 II Left Turn On No 2 II Right Turn On		~~~		<u></u> _	<u>N</u> -	S-E-(W)	□ Pedes -⊡-Anima	trien	·
	No 2 I Four Ways On	Doile	ŝfijan' i P	licyclist Action	<u> </u>	· · · · · ·		···-		
El Crossing With Signal	or Paraconnells	<u>rede</u> □ Riding / Walki □ Riding / Walki	ing Along	Highway With T	Traffic				Pushing / Working	
☐ Crossing -No Signal o ☐ Crossing Against Signal	al	☐ Klaing / Walki ☐ Emerging Fro ☐ Playing In Ros	m in Fron	ar nguway vuu It of or Behind P	arked C	ars		口	l Working in Roadw Not in Roadway	ay
☐ Crossing - No Signal/lv ☐ Going To / From Slopp	raiket crosswark red Bus	☐ Getting On / C	of Vehicle	Olher Than Bu	8			П	Other	

Vellicle Acciden	MREPORTER AND THE PROPERTY OF
	ARIF.
☐ Backing ☐ Passing ☐ Merging ☐ Merging ☐ 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) ☐ Ren Off Roadway	Police Investigated? Li Yes Li No Police Investigated? Li Yes Li No Police Department Responding NA Officer Name (Badge / ID #) Precinct # Report # Citations / Arrests Li Operator 1 Li Vehlcle 2 Li Bloydist Li Pedestrian
Typs of Trip	Violations
With Pax Without Pax 🗆 Business Trip If Fixed Roule II Fixed Roule II Errand I Charter II Charter II Non Rev move II Para Transit II Para Transit II Maintenance	Vehicle 1 Towed By:
Accident Description Operator Stated Vehicle # 2 made Cor Cause It to tilt back Vehicle had no damage In position. Vehicle #2	
Description of Damage Company Vehicle I	☑ Minimal ☐ Moderate ☐ Major Other Vehicle ☐ Minimal ☑ Moderate ☐ Major
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Name of Witness I Injured Age Claim	Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 1
() ()	upervisor Name (Print): FOLICO CAMPNELL Unit Number T-21 Supervisor / Manager Reviewing
Supervisor's Signature <u>f</u>	SPP F.20 7/2015

Today's Date: 03 | 15 | 2019 Time: 15 30

	Today's Date: 03/15/2019 Time: 15/30
	Operator Name: Johnette Washington Vehicle # 62617 Route # 25
	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 the incident reported immediately? Yes Reported to Command: (Name) MS, Cambell
	I did not report the incident immediately because:
	Did a SQM respond to this incident? No. Yes (SQM Name) K. Campbell
•	Date Incident Occurred: 3/15/19 Time Occurred: 3-32 pm Do not have actual date or time
	Date Reported: 3/15/19 Time Reported: 3: 40pm This is a late report
	Location of incident Old Cap Heights blvd & Boyos Ave
	Complete a separate incident Report for each passenger affected by this event.
	Passenger Name: Passenger ID/Seat #
	Explain what happened: I was at Cowolete \$40 with Flashor
	ON indicating A Stop to Dick up A DASSENDER
	As passender Enters has the passing on my
	LEFT HEARD A COLLINSIONS SEEN FINCK MITTON
	ON the ground. Driver Asked if I WAS OKAY
	then pulled DFF 100 Demage done to
	The BUS!
-	
-	
-	

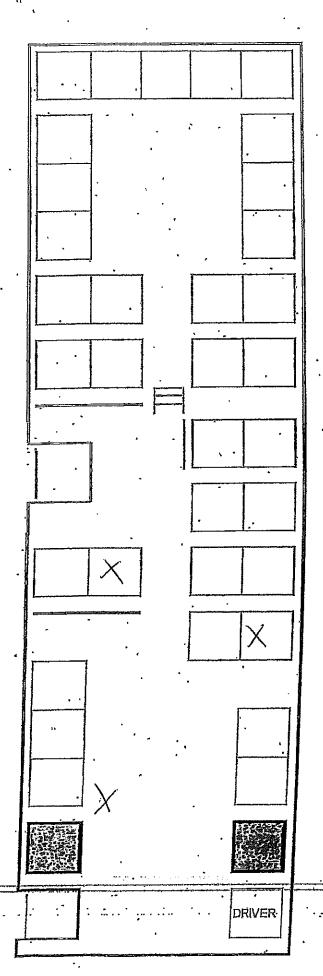
	-13 -13 -134 -135
÷	
O	perator Signature: Date Submitted: Date Submitted: SPP F.8 Rev 5/2015
	// / / Sit to hex 5/2013



Supervisor Signature:

tronsdev supervisor's incident report

Date#: 3 15 19 Time: Run: 255
DOCOTI.
supervisor: Rouda Campbell
Location: Old Central Avenue & Balboa Avenue Capital Heights MD.
B. Y. January Chymne Ch
Description of Event: Operator stated that as she was serving a
Stop vehicle #2 made contact with vehicle #1' driver side
mirror causing it to tilt forward. Vehicle #2 right side
mirror was broken. Vehicle #2 left the scene of the
accident.
·
<u> </u>
The state of the s



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: 3/15/19 Time: 3/30pm

Location: Old Central Avenue & Balhoa Avenue

Driver: John ette Washington

supervisor: Konda Campbell

Contransdex EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:	<u> </u>	
	(Workers Comp#Issued by Sedgwi	ck)
Name Johnette Washingto	Birth Date	Hire Date 993 1/7/2019
Driver's License# <u>W-252-428</u> Employee Number <u>3103</u> DOT CARD VALID? Yes or NO (I	7	
Fig		
HOME ADDRESS: 3001 A4h	ens Circle	
CITY - BONIE.	STATE MD.	ZIP CODE
номе рноме number 202-594-7915	DAYTIME NUMBER Same	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? Yes / No / Unknown	GENDER MARTIAL STATUS M or F M S W D	NUMBER OF DEPENDANTS
*SHIFT START TIME/ END SHIFT TIME		
2:15pm AMORPY 7:16	AM or (FM)	













(Check one)	Accident	X	Incident	Time Supervisor Arrived: 5:58 PM			:58 PM		
Date of Oc	currence:		3/22/2019		5:23 PM				
Weather:	Clear	Day of the	Week:	Fric	lay	DHD (Y/N):	N		
Location (Cross Stre	et and Town)		Marlboro	Pike & Larchmor	nt ave. Capitol H	eights Md.			
Route Impact:				2 missed trips					
Employee Name:	Name: Kareem Cauley								
			63162	COLUMN TO SERVICE OF THE PARTY					
Run#	25	51	Bus#	626	17	Tag#	LG94096		
What happened (Be Specific and Brief):	cific and								
Injuries (if any): None									
Vehicle Damage Vehicle (1) no damage									
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N		
Was the C	perator sent for D	rug/Alcohol Test (\	//N):			N	The second secon		
Not	ified (Indicate nam	e and time) GM:			I Modlin	@ 5:32 PM			
	inea (mareate nam	e una time, ani			J. WOUIII	@ 3.32 T W			
Supervisor	D. Jac	kson	AGM	K. Jay @ .	5:29 PM	Maint	Zaw @ 5:51 PM		
Cofety Tue!	-16	Dallings O	E-26 DM		D:		11. (2.4)		
Safety Trai	ning Sup.	Bellinger @	5:36 PIVI		Dispatcher	D. Bu	tler/M. James		
County Name	e and Time:			S. Hackett (@ 5:34 PM				
(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									

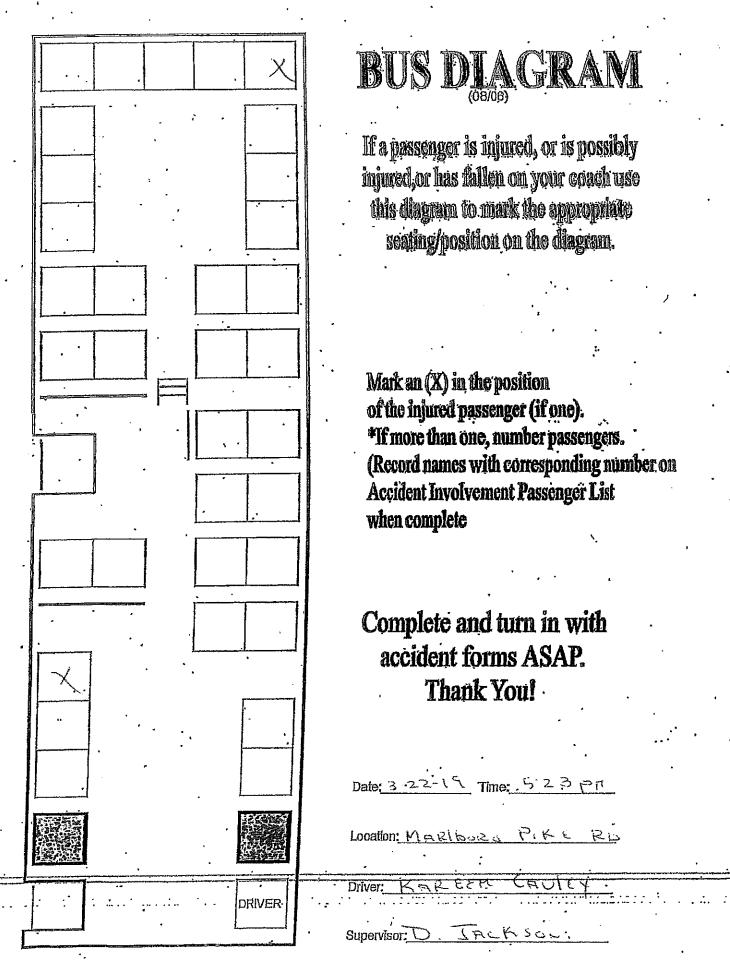
Vehicle Accident Report



Operators CDL#/Exp Date Valid DOT Med Gard / E				[AEXB]	Date			Acciden イイン	tReport#	. 00	ာပ	C 1 S			
Accident Date	Day of Week	Time of	Accident	# of Ven		Smart	Drive T	ive Triggered Sce					Substanc	e Abt	ise Tester
Month Day Year		5; 2	13 PK	2_						☑ Yes					M/No_
3 22	COMPAN	W. Paris	VEHICLE		450 P	Maria Service			क्षा कुर	OTHER	PART	A . 24	yr gane a n	7.7	entity and
Operator Name (Exactly A	As Printed On License)				71 - 3 - 1								ad Object		
KAREEM DEMARCUS CALLEY. Address (Include Number & Street) Address (Include Number & Street)						Name (Exactly						14121			
Address (Include Number & Street) 1225 Clifful st ou 3 Cl						,, <u>_</u> ,,_,,									
City or Town		Slate	Zip			Address (Inclu	de Numb	er & Stre	et)			Apl#			
Washing	for-		200	200					State			Żip			
Employee ID#	Date of Hire	e'	Sludent Driver	? YUN		City or Town			SIBIG			- CIP			
	C-13 Z C		#Slanding			Dala of Birth	Sex			Driver's Lic	ense	Lio, Si	ale	#u <u>r</u> C	Occupants
iron Unios	2 7_		0				1 .	IM E	ıF	ШҮез	∐No	·			
75 150	Sfalo.	Vehicle Ve	ear/Make		 ,	Insurance Co			y#(&ExpI						
62617 66	94096 MP	2011	, · C: (1	+ C.		Name (Exactly	<u> </u>	al frant	ton ton	<u> </u>					
Vehicle Type	Roulette	& Kun <i>ti</i>				Name (Exaco)	Wanda	eo (ceñ:			\				
Bus 2551						Address (Inclu	ide Numb	or&Sin	een /		-	Apt#			· · · · · · · · · · · · · · · · · · ·
1566 E2713	BIOSZZ 6	7							<i>f</i>			-		···	
THEM THE CO						City or Town			Siale		`.	Zip			
, olo Repu	bl. C NW Location of	7 (3) Z	21268	[-1-	261	Plate#	Slate		YearsM	ke of Vehicle	•	Vehicle	Тура	Colo	г .
1	accident occurred				 -									<u>L</u>	
1					_	VIN									
	Feet NG					Telephone #									
ł da		, ii v.,			_										
	☐ Off Roadway ☐ No (if yes) ☐ Na	ar Sinn I	□ FarSfon	TiMid-Block	tola						•				
At Bus Stope Lt 165	ETAG (11 Aca) 12 tre	ai otop. i				nental Conditi	ions								
Weather	Surface		Traffic Conf	rol Lig	<u>ht</u> _			Ro	adway - #	ofLanes			raracteristic	3	
☐ Clear	DDiý DWet		□ Stop Sign		Đáylight Dawn			П	Undivided	1	DS DS		nd Level nd Grade		
Cloudy.	□ loy		☐ Traffle Sig	nal 🗆	Dusk	4 20 5 15 15 1			Asphalt		ПS		Hillcrest	1	
☐ Snowing ☐ Foggy	□ Snow □ Olher		☐ Flagmian ☐ Uncontrol			ad-Unlighted ad-Lighled			Concreie . Gravel		ПО	urve and	Grade		
☐ Other .			ロ Oher					<u> </u>	Other .		ПCI	urve al l	lillcrest		
	<u>Pre</u>	Accident	Movement	•						I Gondillor					
V1 V2/OV	V1 V2/0	٧		V1	V2/01	,			Nó Unusua Joles I Dea	al Condillon no Rut	8				
Going Straight	tAhead 🗆 🗆 E	exiting Bus l Intering Bus				hanging Lanes	3 .	ΠC)babuction	in road					
□ □ Making right to □ □ Making right o	n red 🗆 🗆 S	llowing or s	lopping in trai	file 🖂		assing Teming	•		onsmono cose male	n / repair zo nai on road	ne .				
☐ ☐ Making left iun ☐ ☐ making left on		lopped in to Parked	rettic		I 🗆 B	acking		II F)ආපං ද්දේඛයේ 10	ad widih					
☐ ☐ Making UTum		voided obje									·			4	
<u>Vehicle Lights</u>	<u>Tum Signals</u>		Posted Spe	ed Limit	Estin	nated Speed I	<u>imit</u>	<u>D1</u>	rection of	Travel			<u>lent / Collis</u>	on Wil	<u>in</u>
No 1 □ VOn □ Off	No i 🗆 Left Turn On		/ehicle 1 '고	5 mph	Vehick	e1 <u>10</u> r	nph		Vehicle		121-Othe		Vehicle		
No2 □ On □ Off	No 1 II Right Tum C No 1 III Four Ways C		ehicle 2	nph	Vehicle	e2n	nph		NSE	₩.	□ Reii′	Train			
Non —	No 2 LT Left Turn On	1							Vehicle.	. 1	☐ Fixed				•
	-No-2-El-RightTum O	l				**************************************		·	<u>N-8-E-</u>	-W	El Anim			·	
	No 2 Four Ways O	<u>n </u>	· · · · · · · · · · · · · · · · · · ·	Parle	รู้ เรียลัก 1	Bicyclist Actio	n .								
☐ Crossing With Signal			口日	Riding / Walk	dng Alon	g Highway Will	ı Traffic				. 1	□ Poshi	ing / Working	On Ve	hicle
☐ Crossing -No Signal o ☐ Crossing Against Sign	or Crosswalk		II.	Udlog / Walk memina Frr	dog Agəli əm in Fm	rst Highway W. ot of or Behind	un Traffi Parked	c Cars			1	⊐ Work	ing in Roadw		
☐ Crossing - No Signal/A	Naiked Crosswalk		□F	laying in Ro	ad			Υ				l Notin I Olher	Roadway		
☐ Going To / From Stopp	ed Bus			etting On / (uit venio	le Olher Than 1	108						PF.20 7/	00/11	

venice	Accident	Report	TO THE TRANSPORT OF THE PARTY O		Hurisdev
14. (15.) (1			AR#		
□ Vehicle Rear Ends Bus □ Wheelchair Lift Operation □ Roll Away (Not Secured) □ Ran Off Typs of Trip With Pax Without Pax □ B □ Fixed Route □ Fixed Route	n n ht Minor t Minor or Operation Stop er	□ Raifroad Crossing □ Hit Fixed Object □ Hit Pedestrian □ Hit Animal Violations	Police Investigated? Police Department R Officer Name (Badge Presinct #	Responding Pら。 e/ID#) Ҷしらひ。 Report#	DERANUS DERANUS DERANUS Pedesirian
□ Para Transit . □ Para Transit □ M	laintenance	Vehicle 2 Towed By:		To	
Accident Description				۵. ۵ ۵	DV18886
Amender Ot SEO 40	<u>(</u>	AS OKIV	10 00 W	× 1	
Accident Description of EROto	<u> </u>	ow truct	with h	FFF DKIN	<u> </u>
SIDE MIRROR	-4. pr c	RE 15	1000F	t. 3 pame	3 the
MIRROR.					
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•					
	<u> </u>	•			
Description of Damage Company	y Vehicle 😼	HVIII Imal 🗆 Moderate	e 🛘 Major	Other Vehicle 🖂 Minim	al 🗆 Moderate 🗀 Major
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle	•	Place on X on the exact p Bus 1 —	oint of first impact on your v Bus 2	vehicle and the other vehicle. Truck	Circle areas of other damage.
→ · →	1				
	Age Cleimin	g Injury? Type of Injury	Cleimed injured Transp	ported To Other Transport	ed To Transported By Unit#
Name of Witness / Injured	Age Cleimin	g Injury? Type of Injury	Cleimed Injured Transp	ported To Other Transport	ed To Transported By Unit #
L	Age Cleimin	g Injury? Type of Injury	Claimed injured Transp	ported To Other Transport	ed To Transported By Unit #
Name of Wilness / Injured	Age Cleimia	g Injury? Type of Injury	Claimed injured Transp	ported To Other Transport	ed To Transported By Unit #
Name of Wilness / Injured	Age Cleimin	ig Injury? Type of Injury	Claimed injured Trans	ported To Other Transport	ed To Transported By Unity

Operator Incident Report	
Today's Date: 3-22-19 Time: 1800 Operator Name: Careen Cavley Vehicle # 62617 Route # 25	SL
Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Dama, Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? WS Reported to Command: (Name) My Was the incident immediately because: Did a SQM respond to this incident? No Pyes (SQM Name) My Do not have actual date of Date Incident Occurred: S. 23 pm This is a late report Location of Incident My Do Dide Capial heights My Complete a separate Incident Report for each passenger affected by this event.	<u>son</u> .
Explain what happened: Twas Driving Just finish serving a stop going down agest Bound on marlbord and a Dingul type truck hit my left mirror and knocked it down. The Drivof the truck dontinue down the Street.	CING 2 BIK Ver
Operator Signature: Date Submitted: 03-22	-19





SUPERVISOR'S INCIDENT REPORT

Date#: $\frac{3.22.2019}{1.000}$ Time: $\frac{5.23pr}{1.000}$ Run: $\frac{2.551}{1.000}$
Operator #: K. Cauley Division: 0124 Vehicle: 62617
Supervisor: D. Jackson
Location: MARIE 6020 PIKE CAPITOL HEISKTS, MD Address or Cross Street : City & State
Description of Event: T FRENCE ON THE SCENE AT
5:58 PM, AND the OPERATOR STATED
That While DRIVING A ABVERSE VELICIE
2 MADE CONTACT WITH his DRIVER SIDE MIRROR
AND VEHICLE 2 KEPT GOING. THERE IS
NO DAMAGE JONE tO the MIRROR At
All. Also their was 2 patrons on
DOARD AT THE TIME OF INCEDENT, AND
there ARE NO INJURIES to REPURT.
At this time.
·

Supervisor Signature: David Jawas

Consider EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:
(Workers Comp#Issued by Sedgwick)
Name Birth Date Hire Date
Kareem Cavley : 06-14/1994 06-18-18
Driver's License#
Employee Number 30988
DOT CARD VALID? (Yes) or NO (IF NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 1225 Cliffon St NW Apt 301 washington De
CITY - Washington STATE DC ZIP CODE 2009
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle)
301-310-2262 FULLTIME OR PART TIME
IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS
Yes / No. Punknown Mor F M S W D
SHIFT START TIME / END SHIFT TIME
11:15_AM or PM/AM or PM



(Check one)	Accident	Х	Incident		Time Superviso	or Arrived: 8:	34 AM		
Date of Oc	Occurrence: 3/27/2019			Time of Occurrence: 8:2			8:22 AM		
Weather:	Clear	Day of the Week:		Wedn	Wednesday] N		
						DHD (Y/N):			
Location (Cross Stre	et and Town)			Brightseat Road &	& Landover Roa	d			
Route Impact:	None								
Employee Name:	Keith Cypress								
			63162						
Run#	21	.01	Bus#	631	95	Tag#	LG90125		
What happened (Be Specific and Brief): Vehicle#2 came into contact with Vehicle #1 driver side mirror knocking the mirror off the bus while the operator was sitting at the traffic light. 18 passengers on board at the time. No injuries at this time. Police, Supervisor, Shop dispatched to the scene.									
Injuries (if any):	None								
Vehicle Damage			Di	river side mirror					
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N		
Was the C	perator sent for D	rug/Alcohol Test ()	//NI)·			N			
Was tire e	perator sent for B	rug/Alcohor rest (
Not	ified (Indicate nam	e and time) GM:			Modlin @	9 8:30 AM	Machine Commission of the Comm		
Supervisor	B. Ogu	ndeko	AGM	R. Bandak @	9 8:27 AM	Maint	Ray @ 8:26 AM		
Cofety Two	ning Sun	Dallinas O	0.25 444	ſ	D'		/11.2		
Safety Trai	ning Sup.	Bellinger @	8:25 AM		Dispatcher	V. Laylo	or/ M. Proctor		
County Name	e and Time:			M. Wilson (® 8:34 AM				
(Check one) Telephone X			In Person (Must be done within 1 hour)						
Please note the details of this incident will change when the Supervisor Arrives									



, <u>, , , , , , , , , , , , , , , , , , </u>	771 1704-	1 Maller TOT	Med Card /	Exp Date	- 7	Accident Reports	#	٠.	
Operators CDL#1	Exp Date	Mar Yes □	No	129/2019	ļ	PPIGO	32700	000619	
Accident Date	Day of Week	Time of Accident	# of Vehic	les SmartDriv	e Triggere	ed Scen	ne Photos	Substance Abu	se Tested
Month Day Year	WEDNESDAY	8: 20AM	2	☐ Yes	₩No	MYes	oN □ v	□ Yes I	INO
Walter Str.	Walled W.	Marria Verliere	40	31.10	* * * *	OTHER	PARTY	tigg grade and the transfer	Selvesti in neut
Operator Name (Exactly A	ls Prinled On License)			by Vehicle	12 DE	loyclet 🖸 Ped	esiden 🗓 🛱	red Object EF	av Fall
	S KEITH	OBRIE	<u> </u>	Name (Exectly As I	ijacija sa Gara	นั้นเป็นเรียกเลย 🗠 เลย 🖯	al solution parts		
Address (Include Number	LBOZO WOODS	l " _	water the same of	SI	term	AN BER	NARD	ROY JA	2
CityorTown CHELTE		State Zip MD ZOG	22	Address (Include N		H CARRIAGE	WAY Apti	•	
Employee ID#	Dale of Hire	Student Drive		City or Town		State MD	Zip	21144	 L
131033	12 10 20 fOccupante #Seated		<u> </u>	SEVER Date of Bith	Sex	DriversU			ccupante
#of Cards #o	,	3	<u></u>		MAC I	F NOMES	□No 50	W8694 3	>
Bus ID# Plale#	Sia(e	Vehicle Year / Make		Insuranse Co MAIF	Policy	#&BoDale J12082	100	105/201	5
63195 LGS Vehicle Type	70125 MD Roule#8	2010 Gin	<u> </u>	Name (Exactly As	Printed Regist	intion)	- 1 -	11-11-1	
GULLIC						-13	. Apli	9	
VIN 1 50	GB2710	A 11775	43	Address (include l	iomosi & Sile	erj	Spin	.	
	Polimide	Election Dale	· . 1	Cityor Town		State	Zíp	•	
OLD RE	PUBLIC MV	VTB 21268		; \Plate# S	ale I	Year & Make of Vehic	le Vehid	e Typa Color	
	Br	ight section	ond Rid	(co)5CW0674	MD	2004	[Ivi	WAIR MAN	14778
Atinforceriformille B	-ightsect	ogd/Land	over re	sad VIN	+TM	KAAN	1644	611558	,
Whot at injersection		E W of		Telaphone#			* , ; ,		
☐ On Roadway	☐ Off Roadway			1 4	43	871	~ ~	7	
At Bus Stop? II Yes	-	ar Stop. II Far Stop	□Md-Blocks!	p	12	0 //	. 0 //	<i></i>	
			En	vironmental Conditions					
Weather	Surfece Exbri	Traffic Coni 🗀 Slop Sign		aylight .		dway-# of Lanes livided	Roadway (Riaracteristics and Level	
Ef Clear □ Cloudy	□Wet	🖂 Yigid Sigi	1 🗓 Da	EVVI)	DN.	ndivided sphalt	☐ Straight ☐ Straight	and Grade	
☐ Raining ☐ Snowing	디 loy 디 Snow	∵Mraffic Sig □ Flagman		ısk ırk Road—Unlighted	ПC	oncrele	☐ Curve an	d Level	
П Foggy	☐ Olher	☐ Uncontrol ☐ Other	jed □ Da	uk Road - Lighled	II G	ravel	□ Curve en □ Curve et		
☐ Other	Dea	Accident Movement							
V1 V2/OV	V1 <i>V2(</i> 0)		Vf	VZIOV	MIN	p el Road Conditio o Unusual Condition			
Going Straight		xiling Bus Stop	п	☐ Chapping Lanes		olea / Deep Rut ostruction in road			***
☐ ☐ Making right tu	m 口,口写	pleding Bus Stop lowing or stopping in frai	ero II	D. Passing	_ ☐ Co	natuction / repair zo	one		
ロ 口 Making right or ロ 口 Making Telt ibrr	S I S	opped in traffic	H	☐ Merging ☐ Backing		ose maleñal on road educed road width	! '		
ロ ロ making left on iロ ロ Making ロ Turn	red III P	arked rolded object in roæd		☐ Other	II O				
Vehicle Lights	Tum Signals	Posted Spe	ed Limit	Estimated Speed Limi	<u>Din</u>	ection of Travel	Acci	dent/Collision With	1
No 1 TOON CO Off	No i littleft Turn On	Vehicle 1		Vehlcle 1 <u>5</u> mph		Vehicle 1	☐ Other Motor	·Vehicie	.]
No 2 VI On 12 OF	No 1 El Right Tum Or No 1 El Four Ways Or		mph Y	/ehicle 2mph	N	SEW	☐ Bioyclist ☐ Rail Train		
INT A OILL OIL						Vehiole 2	□ Fixed Object □ Pedestrian	ŧ	.
	No.2 10 Left Turn On No.2 11 Right Turn On		- Inde	**************************************	- N	-S-E-W	-El-Animal		
	No 2 _ I Four Ways On	<u> </u>	Peifest	nañ / Blovelist Action	1				
Crossing Will Signal			iding / Walking	Along Highway With Tre	filo 		· 🏻 Push	ing / Working On Veh	icie
I Crossing - No Signal o I Crossing Against Signa	r Grosswalk al	II F	uding / walking merging From	Against Highway With T In Front of or Behind Parl	will: ked Cars		☐ Work	ing In Roadway 1 Roadway	
T Ceassinu - No Signai∕ilV	feriked Crosswalk	□P	laying in Road		4		☐ Olher		1
Going To / From Stopp	er bus	11 6	ARREST OFF OFF	A CHING CARRET THERT THE				<u> </u>	

3		<u> </u>	A CONTRACTOR OF THE PARTY OF TH		os
V(Micle/Acciden	Report		The second second	LOURGIEN
	,		AR#		
II Sideswipe II II T-Bone II II T-Bone II II Right Turn II II Lelt Turn II II Bus Rear Ends Vehicle II II Vehicle Rear Ends Bus II II Wheelchair Lift Operation II II Keil Away (Not Secured)	Passing Merging Head On Bus Right Mitror Bus Left Mitror Bus Door Operation Sudden Stop Roll Over Ran Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? Varyes Police Department Responding Officer Name (Badge / ID #) Precinct #	DIST 3 MR BYCK Report# PP1903	NER 270000619
Typeof Trip	ms thentener Trie	N	A	•	
With Dax Without Pax in Tixed Route II Fixed Route II Charler II Charler II Para Transit II Para Transit	☐ Business Trip ☐ Errand ☐ Non Rev move ☐ Malofenance	Vehicle 1 Towed By:	•	To To	
Accident Description			4		
Landwer Minor. Picture police ro	road i	breaking taken	g the e	ntore ga	driver
Description of Damage C	ompany Velticle		□ Major Other Ve		Moderale 🗆 Major
Yalloninter	Vehicle Age Claim	Place an X on the exact point Bus 1 Type of Injury? Type of Injury Clai	of first impact on your vehicle and Bus 2	like other vehicle. Circle ered Truck	as of other damage. Car Transported By Unit#
upervisor on Scene? . It Yes	: [] No St	pervisor Name (Print):	TAYO DGL	MOANA	<u> </u>
manuisor's Signatura	5	Unit Number	3 Supervisor/Manager F	Reviewing <i>Sud</i>	1/4/na

SPP F 20 7/2015

Operator in didentification in the second se
Today's Date: 3-27-19 Time: 820 Non Operator Name: Keith Cypress Vehicle# 63195 Route# 2161
Report Submitted to: Supervisor Dispatch Dsafety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? Yes Reported to Command: (Name)
I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: $\frac{3-27-19}{3-27-19}$ Time Occurred: $\frac{820 \text{km}}{100}$ Do not have actual date or time Date Reported: $\frac{3-27-19}{3-27-19}$ Time Reported: $\frac{826 \text{km}}{1000}$ This is a late report. Location of Incident $\frac{87645cat}{1000}$ Rd. $\frac{48262}{1000}$
Complete a separate incident Report for each passenger affected by this event.
Explain what happened: Sitting At Red light And A truck hit my Mikkor on drier sider (Roy's Trucking Company)
13 passengers No one hart

Operator Signature: Reith Cypress Date Submitted: 2-27-19

Contraction EMPLOYEE INFORMATION

. Accident/Incident/Workers Comp#:	ACCIDENT	4
	(Workers Comp#Issued by Sedgwick)	•
Name	Birth Date	Hire Date
Keith Cypiess	9/26/65	Dec 10.2018
		,
Driver's License# C-182-9	165-650-749	
Employee Number 31033	<u> </u>	•
DOT CARD VALID? (Yes) or NO (I	f no, please explain WHY):	,
•		•
HOME ADDRESS: 10319 1	Marlbro woods. Dr.	
CITY - Cheltenham	STATE M/)	ZIP CODE 20(23
HOME PHONE NUMBER	DAY TIME NUMBER	EMPLOYEE STATUS (please circle)
301-979-0466	•	PULLTIME OR PART TIME
IS THE OPERATOR ON OVER TIME? Yes / No / Unknown	gender martialstatus Morf Ms w d	NUMBER OF DEPENDANTS 3
*SHIFT START TIME/END SHIFT TIM	E ^{3:}	
5-2-0 (AM) or PM /	[]: [.] (AM)or PM	



(Check one)	Accident		Incident	nt x Time Supervisor Arrived: 12:00 PM						
Date of O	Occurrence: 6/4/2019 Time of Occurrence:			11:40 AM						
Weather:	Clear	Day of the Week:		Tue	sday	DHD (Y/N)): N			
Location (Cross Stre	eet and Town)			Old Alexand	ria Ferry Road					
Route Impact:	None									
Employee Name:	Employee Name: Charmeise Jackson									
2 mproyee runner			C	narmeise Jackson						
Run#	3	203	Bus#	630	541	Tag#	LG94306			
What happened (Be Specific and Brief):	viridow in the door.									
Made States										
Injuries (if any):	Injuries (if any): None									
Vehicle Damage			В	us door cracked						
(Check all t	hat apply)	Police	Υ	Ambulance	N	Tow				
				Ambulance	IN	TOW	N			
Was the C	perator sent for D	rug/Alcohol Test (Y,	/N):			N				
Not	ified (Indicate new	o and time \ Cha								
Z	ified (Indicate nam	le and time) Givi:			J. Modlir	0 12:02				
Supervisor	R. G	reen	AGM	Kevin Jay @	12:05 PM	Maint	<u>Donald @ 12:05 PM</u>			
Safety Train	ning Mar	Bud @ 12:0	DA DNA		Discontished	W.T.	/			
Salety Hall	IIII IVIBI	Bud @ 12.0	J4 PIVI		Dispatcher	v. rayı	or/ M. Proctor			
County Name	and Time:			M. Wilson @	12:06 PM					
(Check one) Telephone		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:
Operator Name Shapmoise Jackson Vehicle # 3203
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) Butten
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: Time Occurred: Do not have actual date or time
Date Reported: Time Reported: This is a late report
Location of Incident Old Alexander ferry RD
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat#
F [[]]]]
Explain what happened: Two passengers at into A congravation appression
And short to fight passenger got age the bis
I shot the door the presenger punch the front
don uper window with his fist A broke the
00174610
,
est et en en 1946 en 1977 y est de la companya de l

Operator Signature:

Parmeix Juston Date Submitted: 6



SUPERVISOR'S INCIDENT REPORT

Date#: 6-4-2019 Time: 12 Pm Run: 3203	
Operator # CHARMEISE JACICSON Division: 0124 Vehicle: 6241	
Supervisor: Form Class Comment of the Comment of th	
Location: 700 Block 010 Alexander ferry RD Clinton MD Address or Cross Street City & State	
Address of closs sheet	
Description of Event: Upon my Aprilal to bus 62-641 operator	<u>-</u>
JACKSON 3203 Poute I Notice that the passenger front	
door glass was proken openator Jackson Stated that	7
door glass was broken openation Tacksow Stated that A Black male hit the glass with his fist, because	
he wouldn't let him BACK OW the bus Atten	
having a Contraviation with two ofher passengers	
	_
	_
	_
Supervisor Signature:	



(Check one)	Accident	X	Incident	Department	Time Supervise	or Arrived: 4:	45 AM		
Date of Occ	currence:		6/18/2019	•	4:40 AM				
Weather:	Clear Day of the Week:			Tue	sday	DHD (Y/N):	N		
Location (Cross Stree	et and Town)			8400 D'A	arcy Road				
Route Impact:				Off Duty		ALC: YAS USEN			
Employee Name:	James Cypress								
Run#			Bus#			Tag#			
						resident de la companya de la compa			
What happened (Be Specific and Brief):	Vehicle # 2 came into contact with Operator in the parking lot while walking. Operator claiming injury								
Injuries (if any):				N/A					
Vehicle Damage				N/A					
(Check all the	at apply)	Police	Υ [Ambulance	Υ	Tow	N		
Was the Op	perator sent for Dr	ug/Alcohol Test (Y	/N):			N			
Noti	fied (Indicate nam	ne and time) GM: J. Modlin @ 6:56 AM							
Supervisor	R. Gr	een	AGM	B. Riyad @	4:40 AM	Maint	Market Company		
Safety Train	ing Mgr.	Bud @ 4:4	12 AM		Dispatcher	M. Jar	nes/ V. Taylor		
County Name	and Time:	Telephone		M. Wilson (@ 4:45 AM	(Must he	done within 1 hour)		
(Check C	and the second	relephone		III reison		(IVIOSC DE			
Please note the details of this incident will change when the Supervisor Arrives	ST NOT	Telephone Dela Company And Co	or bulg	SHR SUX					

Consider Employee Information

Accident/Incident/Workers Comp#:		
· · · · · · · · · · · · · · · · · · ·	(Workers Comp#Issued by Sedgwick)	
Name	Birth Date	Hire Date
JAMES CYPIESS	8 12016	0 2-18-16
		35
Driver's License#_C-162-	367-772-650	
2.	1825	·
		•
DOT CARD VALID? Yes or NO (1	F NO, PLEASE EXPLAIN WHY):	
1		
HOME ADDRESS: 1317 CI	apital View TER	
CITY - HYATISUILLE	STATE MP	ZIP CODE 20785
HOME PHONE NUMBER	DAY TIME NUMBER	. EMPLOYEE STATUS (please circle)
3-665-6475	5A117 C	FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?	GENDER MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / No / Unknown	Morf MEWD	2
SHIFT START TIME / END SHIFT TIME	E 4 () AM or RM	
The second secon		

Operator Incident Report Today's Date: Time: Route# Vehicle# Operator Name: ☐ Safety Dept. Dispatch Supervisor Report Submitted to: ☐ Vehicle Damage Passenger Incident Passenger Injury Check One: Passenger Accident ☐ No Damage Vehicle Incident Report ☐ Other passenger Complaint Reported to Command: (Name) Was the incident reported immediately? l did not report the incident immediately because: GROBI Did a SQM respond to this incident? No Yes (SQM Name) Do not have actual date or time Date Incident Occurred: VV 18 19 Time Occurred: ___ Date Reported: 676 10 19 Time Reported: This is a late report Location of Incident Aclass THE Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat# Passenger Name:_ Explain what happened:

Operator Signature: _

Date Submitted:

SPP FR RAV5/2015



SUPERVISOR'S INCIDENT REPORT

Date#:	6-18-19	Time:	4º Am	•	Run:	
Operato	# JAMES CYPI	<u>'e55</u>	Division: <u>0124</u>	Vehicl	:	· · ·
Supervis	sor: Robert Gr	LEEN				
	ı:Address or			27. 2.21.4		•
	Address or	Cross Street		City & State	ine de	asc.
Descript	tion of Event: Open	HOR CY	press. WAS	WALK MY	1N siec	1
+h	e county p	ARKing	lut when	A KED	suv m	JAGE
Co	ostaet with	him i	knocking him	+0+DE	grown.	
	FIRE/RESCUE	. RESpEA	sded.			
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				28		
76,627.	()_ N			20 spales 2000	Section and the section and th	ne agreement (Total
Supervisor	Signature:					
Oupot vicot						



Prince George's Hospital Center Emergency Department 3001 Hospital Drive Cheverly, MD 20785 (301) 618-3754

Patient: James Solomon Cypress

Printed: 06/18/19 08:29 By: Akomeah, MD,

Work / School Release Form

	notice verifies that your employee/student, James Solomon Cypress seen in this facility on: 06/18/19
He/s	the may return to work on: 6/20/19 with the following restrictions:
	None
	No physical activity / PE
	No Heavy Lifting (over Pounds)
	No prolonged standing
	Desk work only
	Other:
	se restrictions apply through: After this date, your employee/student should be able ally participate in all work/school duties or activities.
	mptoms continue and the employee is unable to perform the full duties of their job by this date, please apployee to return to this facility or make an appointment with the referral physician for further evaluation
Brend	Me - S
ignature	
	and treatment that you received today has been provided on an emergency basis only. If your problem vorsens or new symptoms appear, contact your doctor or return to this facility for further care.



Safety & Training Department

(Check one)	Accident		Incident	х	Time Supervis	20PM					
Date of Occurrence:		6/28/2019			Time of Oc	currence:	4:00PM				
Weather:	Clear Day of the Week:			Fri	day	DHD (Y/N):	. N				
Location (Cross Street and Town) Rear of the CAB, Upper Marlboro MD.											
Route Impact:	1 missed pull										
Employee Name:		Eugene Shelton									
Employee Ivalile.			No de Corri	Lugerie Sheiton							
Run#	20	054	Bus#	631	.60	Tag#	LG84952				
What happened (Be Specific and Brief):	intoxicated fell back to her seat. I nonresponsive an	Operator stated that as he was leaving the rear of the CAB, a female patron that was seated and be seemed to be intoxicated fell out of her seat while the bus was in motion. Other patrons on the bus helped the female passenger back to her seat. The operator continued in service to Addison Road Metro Station. While at the station the patron was nonresponsive and could not get off the bus. The ambulance were called and the patron walked off the bus by her own will. A supervisor was also present at the location. At time of the incident there 25 patrons on board and no one else were claiming injuries. The operator was able to continue in service.									
Injuries (if any):			Into	xicated patron fe							
Vehicle Damage				None							
(Check all t	hat apply)	Police	N	Ambulance Y		Tow	N				
Was the C	perator sent for D	rug/Alcohol Test (Y	/N):			N					
•											
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 4:12PM							
Supervisor	D.Bo	vkins	AGM	Kevin Jay @	⊕ 4:10PM	Maint	Donald @ 4:16PM				
Safety Trai	ning Mgr.	S.Ford @ 4	:05PM		Dispatcher	Terr	y/Campbell				
County Name				M. Wilson @ 4:17PM							
(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: June 28, 2019 Time: 15.00 pm Operator Name: Flight Shelton Vehicle # 13160 Route # 2054
	Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? No Reported to Command: (Name) Server Carry I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 38-39 Time Occurred: 15:30 Rm Dp not have actual date or time Date Reported: 6.28-2019Time Reported: 15:55 Pm This is a late report Location of Incident Admission Matter Street
	Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat#
	Explain what happened: AS I was openating to 18 2054 Lening Week Markton LONG Thouse, a ferral Passenger got and my bus and Long thouse, a ferral reservation and she Passed out in her sent. As I was making a left Thru Coina 3-to-5 Mbb, the in toxinated Rossenger felt From her sent. Other Passengers as ited in Putting her back in her sent. And she stated she Cond station on ce I minue in service to Addison Road station on ce I minue in the fassenger The Police and superison arrived on the scene of the Passenger remained Mooneolous with the Ems
6	arrived a netromond, sine gained conseious and assistance refused to go to the haspital and medical resistance The Ems stated she was under the Mathreway of medication

and alcoholo she then got up and walked away o



Supervisor Signature:

SUPERVISOR'S INCIDENT REPORT

Date#: <u>06</u>	28-2019	Time: <u> </u>	5 <i>'30</i>		Run:	2054
Operator #: <u></u>	gene Shelto	^	Division: 0°	<u>124</u>	Vehicle:	. 7. 40
Supervisor:	son. Boykin		·····			
Location: Add	Address or C	tion cross Street		Capitol ci	Heights , ty & State	Md.
Description of I	Event: Operator	shellen i	notified disp	atch that	a female p	ouzzender
had Gallen	on his bus wh	nen leaving	g Opper Marl	boro, Bu	1 ton bib t	notify dispatch
until he a	urivecl@Add	son Ral. S	station, w	hen I ar	rived on th	e scene; the
female po	issenger was	UNCONSC	cious and	P.G. Polic	se was tryi	ng to com -
municate	and Verific	her Ide	entity:	Operator	Shelton	Stated that
•	senger boar	,				
her fare	then sat d	wn. H.	e sayd th	ict, as	he made	a left turn
	enger fell f					
passengers	she got	up and	said the	+ she	waslioh	Ay11, 50
He (Shelton) continued	I in Sen	lice. Once	ma sh	rived to Ac	Idison Rd.
Station,	the female	passen	ger was	UNCONSC	ious and	<u>un responsiv</u> a
He called	dispatch:	When F	P.G. (BUNT	4 EMS	arrived H	vey got
the passe	enger off t	he bus	and cor	<u>nscrous.</u>	After E	MS Checked
her out	and question	oned 4	he passer	nger, th	<u>eg cleterm</u>	nined that
she was	on medica.	tion ar	nd had a	reaction	on due te	Consuming
Alcohol w	ith the me	dication	n: they	passeng	er refuse	d medical
attention	and refuse	ed to	be transf	ported t	o the hos	spitali
	got up an					



Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervis	ime Supervisor Arrived: 8:30 AM					
Date of O	ccurrence:		6/11/2019		Time of Oc	currence:	8:17 AM				
Weather:	Clear Day of the Week:			Tues	sday	DHD (Y/N):	.] N				
Location (Cross Stre	eet and Town)		195	; I 495 @ Landove	r Road - Landov	er, MD					
Route Impact:		1 Missed Pull									
Employee Name:											
Employee Name.				/Jarcia Whitelocke							
Run#	21	.93	Bus#	626	549	Tag#	LG94262				
What happened (Be Specific and Brief):	The second of th	Operator stated that as she was making a left turn onto Landover Rd., Vehicle 2 made contact with Vehicle 1 front right side panel. Supervisor & Police dispatched to assist. Per Supervisor Investigation; No patrons on-board, No injuries claimed, Strategic operator continued in service.									
Injuries (if any):				None							
Vehicle Damage			Right turn indi	cator light detach	ed from bus						
(Check all t	hat apply)	Police] Y	Ambulance	N	Tow	l N				
Was the C	perator sent for D	rug/Alcohol Test (Y/N):			N					
Not	ified (Indicate now	a and time (CDA)		1	I Madlin	@ 0.72 ANA					
Not	ified (Indicate nam	e and time) Givi:			J. Modiin	@ 8:23 AM					
Supervisor	G. Bel	linger	AGM	R. Bandak @	9 8:24 AM	Maint.	JW @ 8:30 AM				
Maria											
Safety	MGR	B. Dunham @	® 8:24 AM		Dispatcher		D. Terry				
					0.005.444						
County Name and Time: (Check one)		Telephone	X	M. Wilson (@ 8:25 AM	/Must be	e done within 1 hour)				
(Check	onej	releptione	^	III Person		(Must be	r done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives											



2			0/19/200	.2 _	• • •	•							
	Operators CDL#/	The Mate		T Main D	OT Med Card	/Exp I)ate		Acc	dent Reports	#L(000	00593	٠.
-	Operators CDL#7 VI-342 - Accident Date	Day of \	Veek Time	of Accide	nt # of Vehi	icles	SmartDri	ve Tri			ne Photos		e Abuse Tested
	Month Day Year			s = 11. /	1		⊠ Ye	ı e	1 No	Z Yes	: DI	VO DY	es E No
-	6-11-12	(U	rsalf 8	Zaneun		777	Na contra		7 755	OTHE	PARTY	h alle tames a	स्य प्रदेशकात्रीय है गाउँ
1	Operator Name (Exactly a	As Printed On L	COMPANX.:	Avalute	A 17-18-18-18-18-18-18-18-18-18-18-18-18-18-	31 - 3 - 1	iaVehic					i fixed Object	EPar(Fa))
- 1	N A .	. \	$\mathbf{x} \mathbf{X} \mathbf{I} = \mathbf{I} \mathbf{x} \mathbf{X} \mathbf{I}$	، ويؤو			Name (Exactly As		4.2	·			
	redmuki abulani) asanbbA	&Street)	ا مدولاء م	Api#	•		Mattie (Exercity As	Etiliten	U	mylmin.		Durier	
-	City or Town		Umic	[~-1·			Address (inplude	Number	& Street)			Apt#	
	Great	Dale of H		Student 1	Divers AVD		Cityor Town			iale		Zíp	
	Employee ID非 ろつしるつ	8 7		Одионе						1 72:03-1	Fanna	Lio, Slate	#of Occupanis
-		of Occupants	#Sealed	#Slan	-		Dale of Birth	Sex		Driver'a L		Divolates	11-pt Completing
_		- 0-	State Vehic	a Year / Make	9-		Insurance Co		M II F	∐Yes &ExpDala	TTIMO		
ľ	Bus ID# Plate# 62649 LG	94268		Chris				.	11-11-11				······································
-	Vehicle Type		HOURSTE KUNTE		Unass		Name (Exactly A	s Printe	i Keğistan	DNJ		•	
-	· Gari		21	27	17		Address (Include	Numbe	r & Siree1)			Apl#	
	·		Policy#& Expire	Bon Dola		•	City of Town			Siate		Zip	
	Ільципсе Со		Policy 14 cx Expire							- 100	7.	Vehica Type	Color
十			Location of Acciden		Rand	?	1910# 95724	State 325	MD YE	ar&Make of Vehic		Sonava_	Grast
	Address/Street on which At intersection with	accident occu	med (0/04)	8066.E	Ser Ban	2	VIN						
						لا_	Telephone#						
ı	🗆 Notatinlersection)f			12/5 Minute 1					•	
	디 On Roadway AtBus Stop? 디 Yes	ETOIT!		o. □ FarSi	iop IIMid-Block	qolar					•		
-	WEDDIR OTOPY TT 100	T140 (1 100/		<u> </u>	Environ	nental Gondițio	15					
	Weather	Surface		Traffic		aij <u>š</u> Daylight	•		Roadis 27 Divi	ray-∦of Lanes ded	. desi	<u>way Characteristi</u> aighland Level	<u>es</u>
- 7	⊠ Clear □ Cloudy	⊡aƊiy □Wet		☐ Y/eÎd	Sign □	Dawn Dusk				ivided halt		aighland Grade aightat I-lillcrest	
	□ Reining □ Snowing	□lcy □Snow		□ Flagr	nan 🏻	Dark Ro	ad-Unlighted ad-Lighled		II Con	crele	□ Cui	ive and Level ive and Grade	
1	1 Foggy 1 Other	I⊐ Olher				Dalk Ro	in-trilinen		II Othe		☐ Cur	va at Hillcrest	
F			<u>Pre Accid</u>	ent Moveme				j		l Road Condition			
١	/1 V2/OV		V1 V2/OV		. V	V2/01			ПHole	Jnusual Condillo s I Deep Rut	Л\$		***
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L	」 口 Making right o Making left iun	n red	☐ ☐ Slowing ☐ ☐ Stopped		n frafilc	ΙďΝ	lerging acking			emaleriai on roa: iced road widih	q ,	\$	
J.	」 □ making left on	red	☐ ☐ Parked☐ ☐ Avoided		177				☐ Olhe				
L	Vehicle Lights		m Signals		Speed Limit	Estir	nafed Speed Lin	<u>ii</u>	Direct	ion of Travel	T	Accident/Collisi	ion With
N	01 2 On [] Off		Left Turn On	Vehicle 1	25 mph	Vehicle	11 <u>25 mp</u>	I	\sim	ehicle 1		Molor Vehicle	
1	02 ZO I I OF	No1 🗆	Right Tum On Four Ways On	Vehicle 2	25 mph	Vehicle	2 <u>2-5</u> mpl		(N)	s e W	□ Bioycli □ Rail Tr	ain	
144	UE, JEM 411 1-4 UII	•	Left Turn On		<u> </u>					ohiole 2 }EW	☐ Fixed (☐ Pedes)	rian	
-		-No-2-17-1	Right Tunc On Four Ways On	**************************************					-37		-El-Animal		
-	 <u>.</u>	INLAZ APIL		· · · · · · · · · · · · · · · · · · ·			Bevelist Action	attic					
Ιп	Crossing With Signal Crossing - No Signal c	rCrosswalk	ا کی	PC	ロ Riding / Walk ロ Riding / Walk	ina Acain	st Highway With	Traffic		NA	П.	Pushing / Working Working in Roadwa	
1 77	Crossing Against Sign Crossing - No Signal/N	al			☐ Emerging Fro ☐ Playing in Ro	aď		~	als	i	Пi	Not In Roadway Other	
111	Proposed in pillinger				፲፲ የጣዚህ ሀሀ ነር	iff Vohicle	a Olher Than Bus	i				• } :	

Venicle Acc	ident Report	на при принастиния выправления в пред		transdev					
A STATE OF THE STA	interest and the second	AR#	A SALES						
□ Backing □ Passing □ Merging □ Merging □ Merging □ Head On □ Head On □ Bus Right Mirror □ Bus Rear Ends Vehicle □ Bus Door Opera □ Sudden Stop □ Wheelchair Lift Operation □ Roll Over □ Roll Away (Not Secured) □ Ran Olf Roadwa □ Type of Trip Wifth Pax Wifthout Pax □ Business □ Fixed Roule □ Frand	Violations Trip Vehicle 1 Toward But	Police Investigated? President Responding Officer Name (Badge / ID#)	Shaper Report# PP 1906 ator 1 DVehicle 2 D	Harges Cornhalt 3925, 1100000573 Bioydist , II Pedestrian					
☐ Charter ☐ Charter ☐ Non Rev ☐ Para Transit ☐ Para Transit ☐ Maintena	Move	15/4	To	NA					
Accident Description									
of handow ward	1 Rolled (202), and merening a	d of the	of which	while both					
Description of Danage Company Vehic	le Minimal 🗆 Moderate I	I Major Ofher V	ehicle 🏻 Minimal I	ZModerate □ Major					
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle		first impact on your vehicle and Bus 2							
Supervisor on Scene? Wes No Supervisor Name (Print): Bables a Communication of Scene Supervisor's Signature Unit Number 212 (Supervisor / Manager Reviewing Substance)									

Cperiatori Incidenti Repolitiva Variation
Today's Date: 6/1/19 Time: 0857 Operator Name: WARGA WHOOK Wehicle # 62649 Route # 2 H
Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Darmage Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? Reported to Command: (Name) SUP. TELLY I did not report the incident immediately because: Did a SQM respond to this incident? No Reported: OSTG Do not have actual date or time Date Incident Occurred: All Prime Occurred: OSTG This is a late report
Date Reported:
Explain what happened: On the Aboace time and date World Making a left torn on to Dodge heading to New Carrolton A light blue heading to New Carrolton A light blue Hynrola Sonata May 90 12403 MD Cuts are into my lane introjethe Right lind bount at my bus. Do Brown when we immediately Boll Was in weld. Dispatch was immediately
På Police-
Date Submitted: 6/11/19

Consider EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:
(Workers Comp#Issued by Sedgwick)
MARCIA Whitelocke 10 109,66 Hire Date 8/7/12
Driver's License# W-342-585-067-777 Employee Number 30630
DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 7929 MANDAN Rd
CITY Greenaelt STATE MD. ZIP CODE 20770
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) O-787-3437 FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M of F M S W D
SHIFT START TIME / END SHIFT TIME
05 (5 AM or PM / AM or PM

tronsden supervisor's incident report Date#: 6/11/19 Time: 81/6a Run: 21 Exp

Operator #: Marcia White locate Division: 0124

Vehicle: 62649. Supervisor: Bobolole Opubus

Location: Landover woul (202) / 495 Rowl Cutages for

Location: Location: City & State

Description of Event: On was in Cept fane Consequed as Curidalans

while Vehicle Hyura's Somata Light Blue in

9077407 was in Colour with Manyland Tog # 9072403 was un . Out side lane, however both Welnels: Came Contact in the process of turing left at the Same time this resulted in Bus 62649 Consider of Vehicle 2 and · dented, Straches on the light siele of the Sonat ponties. A numer dans ge of melicin light was broken from Bus 62649.



Safety & Training Department

(Check one)	Accident	Х	Incident		Time Supervis	or Arrived: 2	r Arrived: 2:30 PM				
Date of O	ccurrence:		6/14/2019		Time of Oc	currence:	2:19 PM				
Weather:	Clear	Day of the	e Week:	Frie	: Y						
						DHD (Y/N):					
Location (Cross Stre	et and Town)		Central Aven	ue @ Addison Ro	ad South - Capit	tol Heights, N	AD.				
Route Impact:	2 - Missed Pulls										
	1										
Employee Name:				Moses Walker							
Run#	18	54	Bus#	631	63	Tag#	LG84951				
						B.					
What happened (Be Specific and Brief):	Vehicle 2 drive	Operator stated that as he was traveling Southbound on Central Avenue, Vehicle 1 Passenger mirror made contact with Vehicle 2 driver side mirror. Supervisor & Police dispatched to assist. Per Supervisor Investigation; No patrons onboard/No injuries claimed. Passenger mirror on Vehicle 1 is detached. Strategic operator continued in service.									
Industrial (If any)				None							
Injuries (if any):				None		TEN MINE					
Vehicle Damage			Passenger	mirror detached	from bus						
(2)		D-II				-	1				
(Check all t	nat apply)	Police	Υ .	Ambulance	N	Tow	N				
Was the C	perator sent for D	rug/Alcohol Test (Y	//N):			N					
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 2:23 PM							
Supervisor	H. Mo	rning	AGM	K. Jay @ :	2:23 PM	Maint.	Harold @ 2:28 PM				
Safety	MGR	B. Dunham @	2:24 PM		Dispatcher		D. Terry				
	1				0.000014						
County Name and Time: (Check one)		Telephone	Х	M. Wilson @ 2:30 PM		(Must be done within 1 hour)					
Спеск	one)	тетернопе		In Person		(ividat be	e doite within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives											

Vehicle Accident Report



		7.1-	Agoldant	Report #			•.
Operators CDL#/Exp Date	Valid DOT Med Card / Exp	Date	Accident	. 4		56140	000 VS86
Accident Date Day of trees.	of Accident # of Vehicles	SmartDrive T		Scene Pl			Abuse Tested.
Month Day Year 10-14-19 Friday 2	1.00 pm 63163		□ No	Mes	□No	LI Ye	es ID-No
COMPANY	VEHICLE 1	Met and a	in the first	OTHER PA	ALL Y		1700
Operator Name (Exactly As Printed On License) Moses Lee Walker	JR	Wehlds 2	D Bicyclist	Pedeşiri	an 🗆 Fixi	ad Object	OPax Fall
Moses Lee Warker Address (Include Number & Street)	Apt#	Name (Exactly As Printe		TO I	1		
5836 Hollyspring Dr	Zip	Gerald Address (Include Number	Cec (1 PV	nh ne	4.	
Capital Height mi	20743		MASCO	29			
Employee ID# Dale of Hile	Student Driver? Y/N	City or Town	Stale	19.	Zip	2060	3
031059 3-13-19 #of Cards #of Occupants #Seated	#Slanding	Dale of Birth Sex		Driver's License			#of Occupants
#Of Caros Following Control of the Caron Control of	D		MOF	Dyes DN	M	D	0
Bus ID# Plate# State Vehicle	Year / Make	Insurance Co	Policy#&ExpDa		7		
Vehicle Type Roule #8 Run#	Gillia	Name (Exactly As Print	ed Registration)		<u> </u>		
Vehicle Type	100	Gerald Address (Include Numb	Ceci	1 Dm	Kner Apl#	1	
VÍN		Z1107 A	QUASCO	. Rd	l ripin		
Insurance Co Policy#& Expirali	on Date	City or Town	State		Zip	2060	2
Logation of Accident		AQUASCO Slate	Year & Ma	ke of Vehicle	Vehicle		Color
Address/Street on which accident occurred 6440	Central, Are	ESOISID M	D 1974	FOR	7	TK	Red
At intersection with		WN 4907	TVS36	1847			
El NotatinjersecijonFeet N S EW of			- 882		54		
III On Roadway II Off Roadway		. 240) - 885		57		
	ロ Far Stop ロMid-Block stop	<u> </u>					
		mental Gonditions	Roadway-#	nFI anes	Roadway Ci	iaracteristic	5
Weather Surface	Traffic Control Light I Stop Sign I Dayligh	t	Divided		Straightar Straightar	nd Level	-
☐ Cloudy ☐ Wet☐ Raining ☐ Icy	ロ Yield Sign ロ Dawn Daraffic Signal ロ Dusk		☐ Asphalt		☐ Straightal	Hillcrest	1
☐ Snowing ☐ Snow		oad Unlighted oad Lighted	☐ Concrete _ ☐ Gravel _		☐ Curve and ☐ Curve and	Grade	
□ Foggy □ Other □ Oth	□ Olher		Other _		☐ Curve at H	lillcrest	
	nt Movement		Unusual Road				
V1 V2/OV V1 V2/OV	V1 V2/0		☐ Holes / Dee	Rut			***
ロ 口 Going Straight Ahead ロ 口 Exiting Bo ロ ロ Making right furn ロ 口 Entering D	Bus Stop II II	Changing Lanes · Passing .	口 Obstruction 口 Construction	I repair zone	v		
☐ ☐ Making Left furn ☐ ☐ Stopped in		Merging Backing	☐ Loose mater		ė.		
ロ making left on red ロ 口 Parked ロ ロ Making U Tum ロ ロ 口 Avoided o	п п	Olher	☐ Other	•			
Vehicle Lights Turn Signals		imated Speed Limit	Direction of	l'ravel	Accid	ient/Collisi	on With
No 1 19 On D Off No 1 ha Left Turn On	Vehicle 1mph Vehic	le 1 30 mph	Vehicle :	~	Other Motor Bicyclist	Vehicle	
No 1 I Right Turn On No 1 II Four Ways On	Vehicle 2mph Vehic	Je 2 30 mph			Rail Train		
No.2 II Left Turn On			Vehiole 2	63. 1	Fixed Object Pedestrian	والأسلام معيار المداعة	
NO 2 PRIght Turn On No 2 Prour Ways On	And the state of t	Annual Strategic Control of the Strategic Cont	N O E		Animal		
		Bicyclist Action					
口 Crossing With Signal 口 Crossing - No Signal or Crosswalk	☐ Riding / Walking Alon ☐ Riding / Walking Aga	inst Highway With Traffi	C C			ing / Working ing In Roadwa	
☐ Crossing Against Signal ☐ Crossing -No Signal/Marked Crosswalk	☐ Emerging From in Fr ☐ Playing In Road		Cars ~			Roadway	
TAnsail - Ho olditana aurea of paguage	T Colling On I Off Vohi	olo Alher Than Rus			1-4 (1010)		I

	Vehliele Acciden	t Report	Tricopout cate and a	J W	ensclev
A Contract C	A Company of the Comp		AR#		
	☐ Passing ☐ Merging ☐ 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	Precinct#	_ Dist.IV Cpl.S.Williv	1400001586
With Pax Without II Fixed Roule III Fixed Roule III Fixed Charter III Charter III Para Transit III Para	rier 🗆 Non Rev move	Vehicle 1 Towed By:	NIA	To	
Accident Description Descripti	hill trave Walker	Imped Imped minor	ted wehic	le Z en	ing hit
					and a second
Description of Damage Vehicle 1 is ALWAYS Your Vel Articulated Bus Name of Witness / Inju	Shuttle Vehicle	Place an X on the exact point Bus 1 Type of Injury Clai		dihe other vehicle. Circle areas	locierate
Supervisor on Scene? - I Supervisor's Signature	Myes: 1 No Su	pervisor Name (Print): _\cdot\	Supervisor/Manager	Reviewing Auf	Dunham

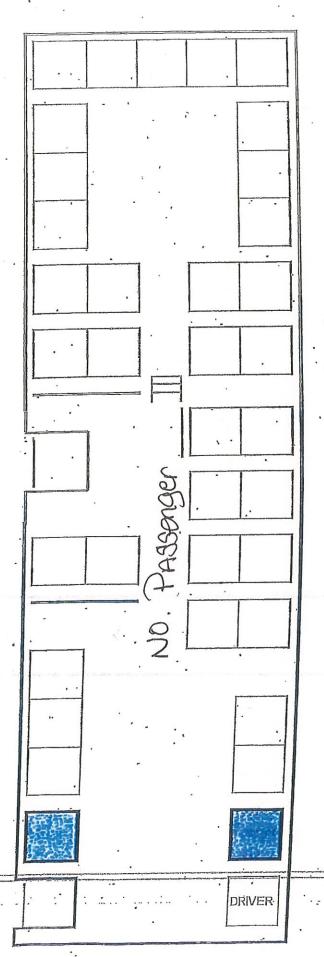
Today's Date: 6-14-19 Time: 1:58-2:00 Pn) Operator Name: MOSES WALKER Vehicle # 63/63 Route # 18
Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Darmage Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Reported to Command: (Name) Reported to Command: (Name)
Date Incident Occurred: 6-14-19 Time Occurred: 158-2:1777 Do not have actual date or time Date Reported: 6-14-19 Time Reported: 158-2:1777 Do not have actual date or time Location of Incident Addison Rd Capital Heights 1770
Passenger Name: Nove Passenger ID/Seat# Nove Explain what happened: The Seat Hand of the light and the light
Furned grown and thats when I not reacted and swewed slight ny hoad and face then Thats when I reacted and Swewed slight ly into the right hand land striking a dump Truck drivers side of pages of the proposed and put

Puriod grow and that when I noticed a bee flying (and) around my hoad and face then That's when I reacted and swewed slight by into the right hand land striking a dump Truck driving side Mirrow upon hithing the Mirrow I ameldiately Stopped and put on yway flashers and went to the Truck drives to make sure that the was alway and started to Call dispatch for Supervisor and proceeded taking pictures while wasting for Supervisor and Police Both the Truck drives and I switched information and Insurance when Supervisors arrived the them teck Photos and Essential Both of our Drivers license an D.O. I. Cands Asked

Then Police came and Took information from the 2 of us and made a report.

Operator Signature: Mann Walker ______ Date Submitted: 6-14-19

y martina a tempo menang tahun menang menang menangkan di peringgan mengangkan menangkan menangkan menangkan m



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: 6-14-19 Time: 2'00 pm Location: 6440 Central Aue

Supervisor: Henry Morning

Contransdev EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:
(Workers Comp#Issued by Sedgwick)
Moses Walker 1/17/863 Hire Date 1/17/863 3-13-2019
Driver's License#_3283798 Employee Number 031059 DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 6836 Holly Spring, Dr. N. Capiet Hought, MD CITY Capital Height STATE Md ZIP CODE 20743
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-878-4786 Same 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 TIMIE / END SHIFT TIME
1:30 AM O(PM) 7:00 AM OT(PM)



SUPERVISOR'S INCIDENT REPORT

Date#: June 14,209 Time: 2:00 pm	Run: 1859
Operator #: Moses Walker Division: 0124	Vehicle: 63163
Supervisor: Henry Morning	
Supervisor: Toward	Heigh hat
Location: 6440 Central Due Capital Address or Cross Street	ity & State
Description of Event: While Travel west	bound on
Central. are Operator state.	to be that
Central are spreasor since	1 0 t 00
why stop traffic light he	start to pur
off a bee what in the it	came into his
face and he swooth at the	s bee. Why do
so le Imperter Vehicle Z.	land land lait
so he Imperated villice 2	7,010 2000 32000
is minor	
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	t .
Companied Signature of Jamy Moraning	· · · · · ·
SOBRIVISH MUHAMMIG.	



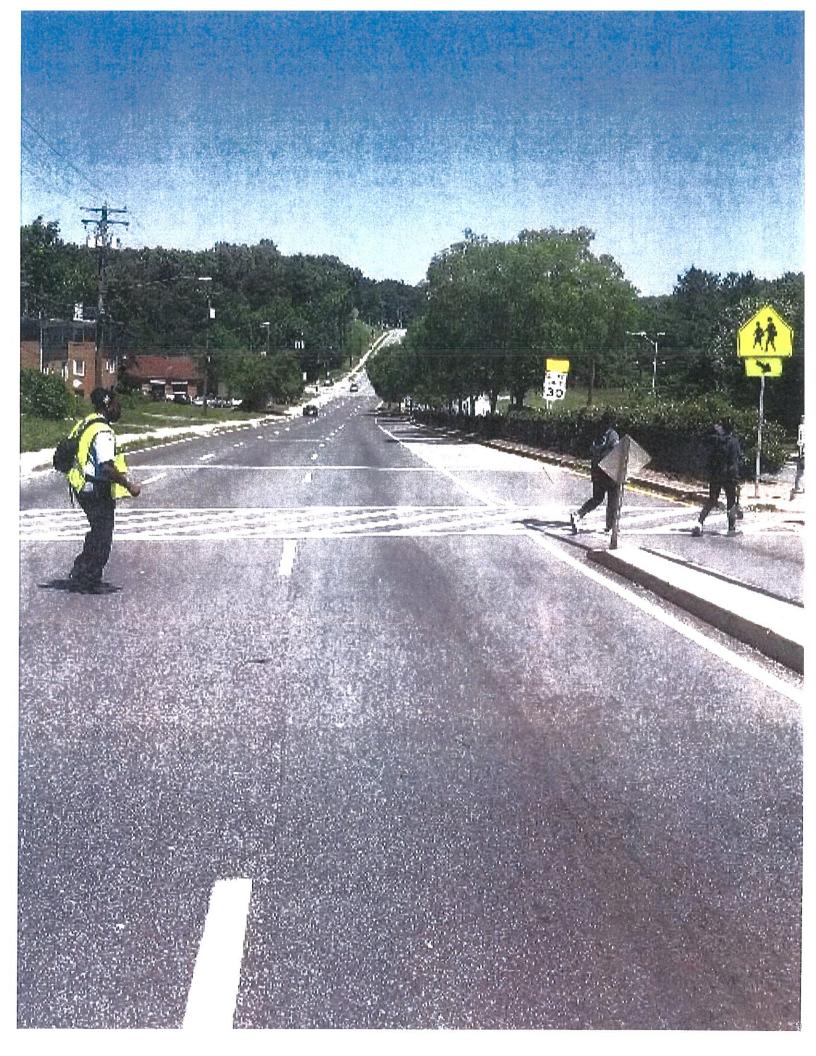
Cpl. S. Williams #3641

 Dist.II
 Hyattsville 301-699-2630
 Dist.IV Oxon Hill 301-749-4900

 Dist.III
 Bowie 301-390-2100
 Dist.V Clinton 301-856-3130

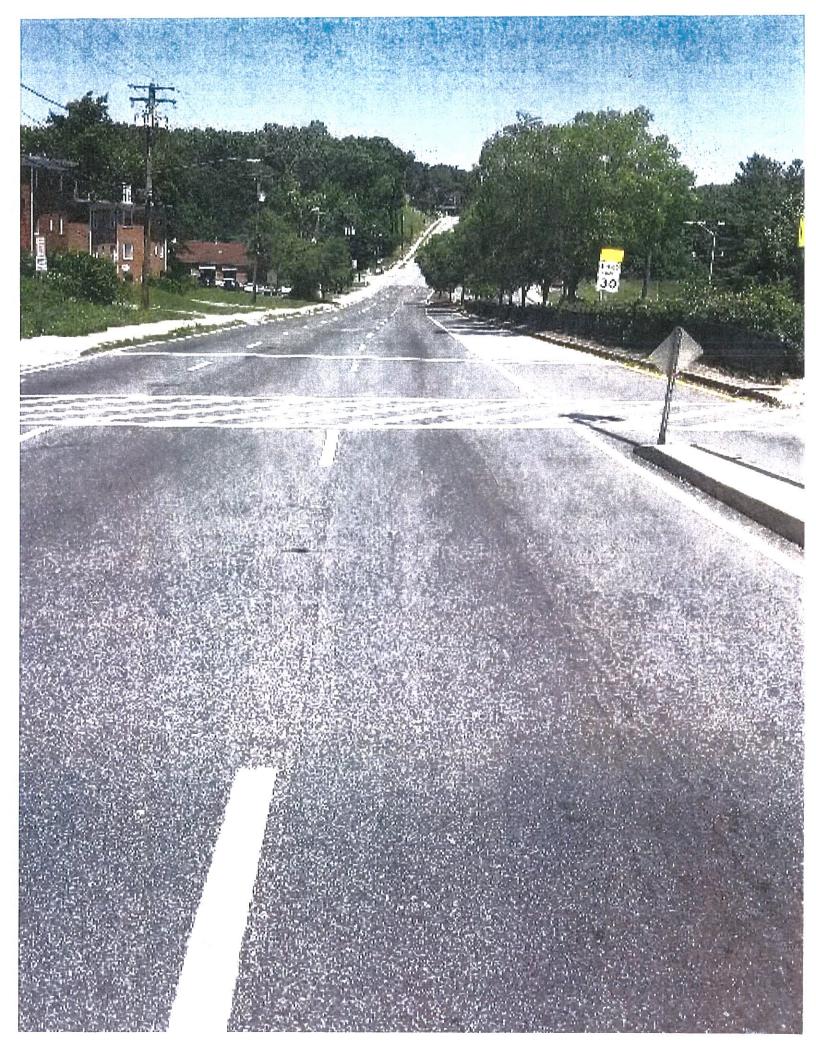
 Dist.III
 Seat Pleasant 301-772-4900
 Dist.VI Beltsville 301-937-0910

Central Switchboard 301-352-1200

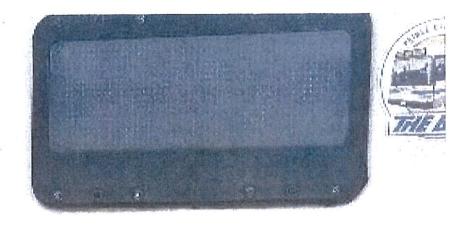






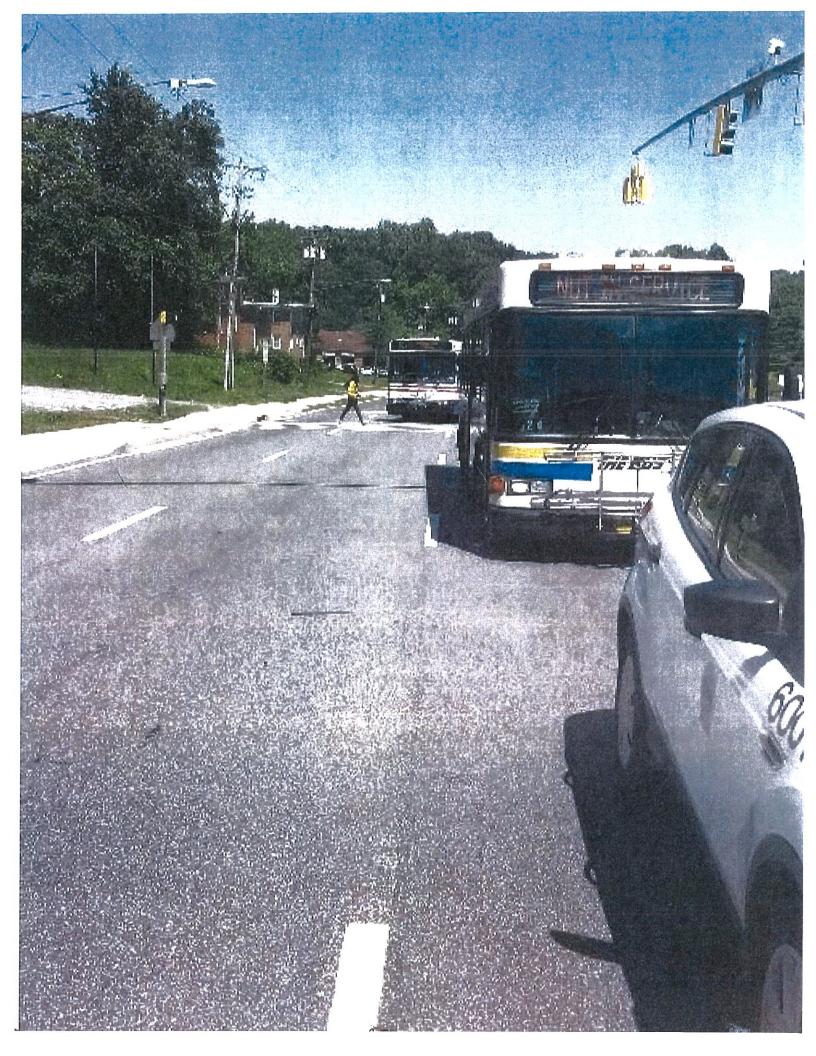


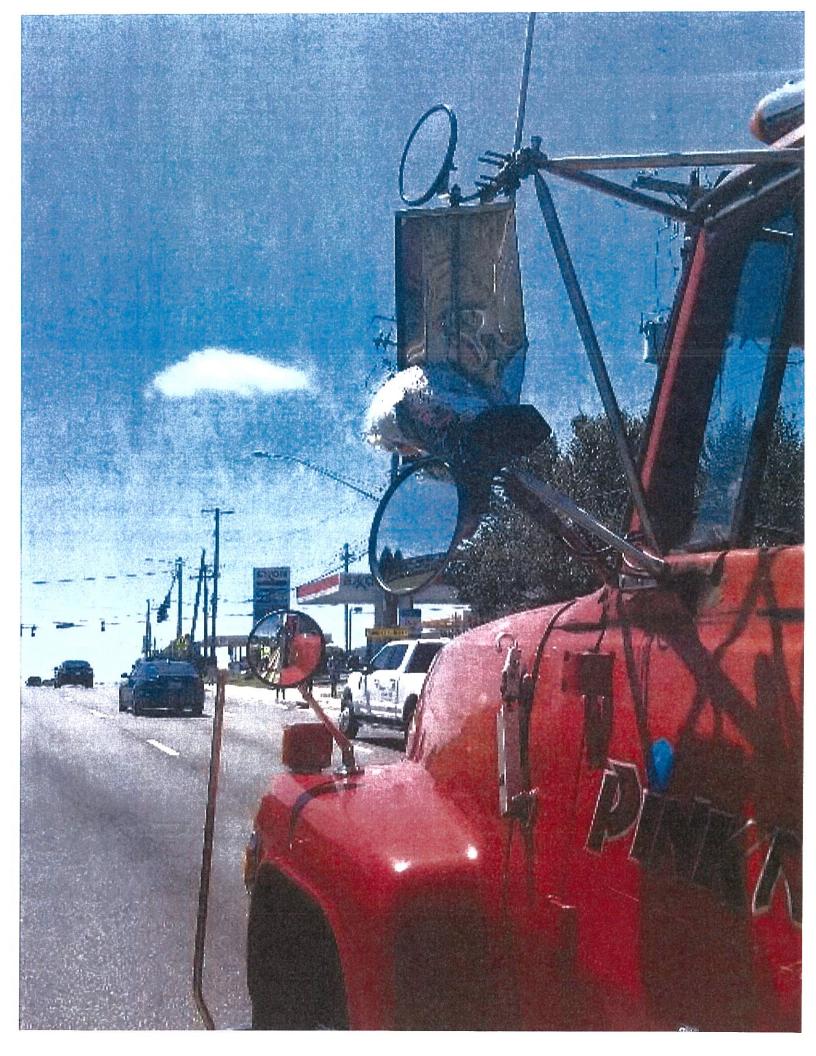




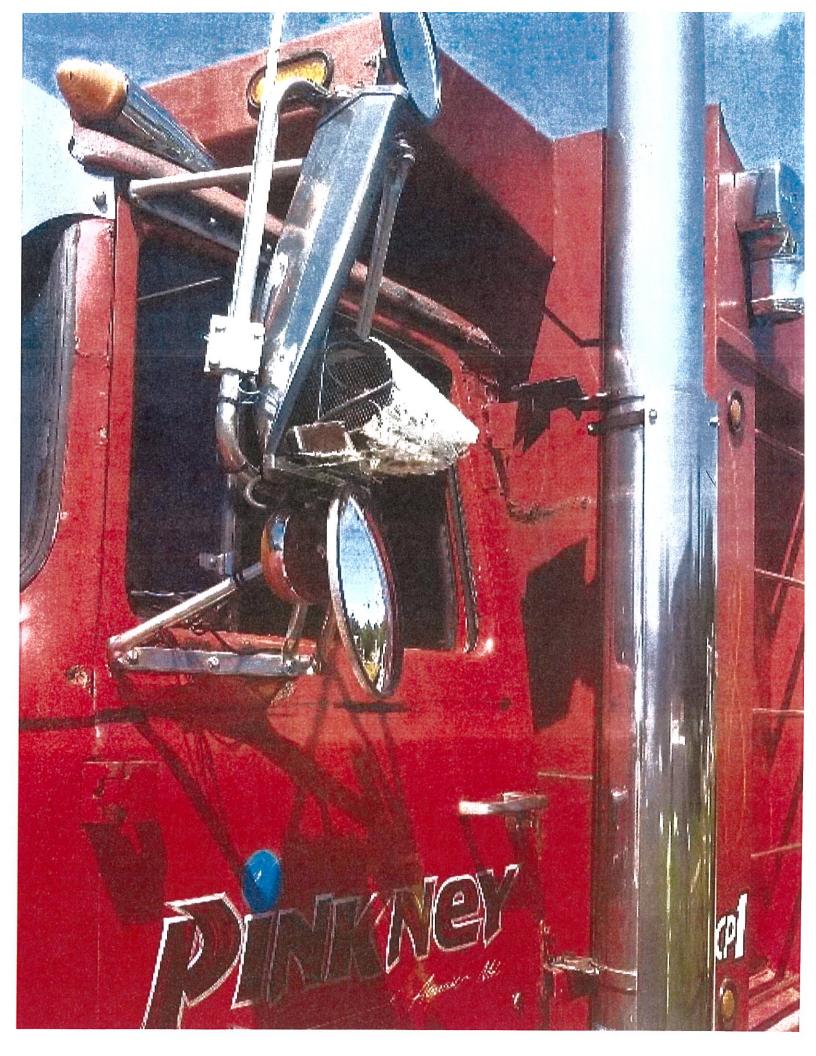
CE GEORGE'S COUNTY TRANSIT















Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervisor Arrived: 7:20 PM		20 PM
Date of O	ccurrence:		6/18/2019	Time of Oc		currence:	6:57 PM
Weather:	Rainy	Day of the	Week:	Tuesday		DHD (Y/N):	. N
vv cutner.	Harry	Day of the	veek.	Tue	suay	טחט (זיוא).	IV
Location (Cross Stre	eet and Town)		Hill Roa	ad @ Central Aver	nue - Capitol Hei	ghts, MD	
Davita Incorporate							
Route Impact:			2	0 - Minute Delay			
Employee Name:				/eronica Baldwin			
Employee Hame.			Visit in the later of the later	reformed Baldwin		Kel Mark Street	
Run#] 23	351	Bus#	632	207	Tag#	LG92004
						10611	2032004
What happened (Be Specific and Brief):	Vehicle # 2 came into contact with the rear of the Vehicle # 1 while Vehicle # 1 was at stop light. There was 1 patron on board Vehicle #1. There is 1 patron occupying Vehicle#2. There is damage to Vehicle #2. There is minor damage to Vehicle #1. Police were dispatched to the scene. Operator is stating she has a neck injury.						
Injuries (if any):			Operator is s	tating she has a n	eck injury		
Vehicle Damage	Minor						
/al 1 II.		2 !!					
(Check all t	nat apply)	Police	Υ	Ambulance	N	Tow	N
Was the C	Inorator cont for D	rug/Alcohol Test (Y	/NI).			N	
was the c	perator sent for b	rug/Alconor rest (1	/14).				
Not	ified (Indicate nam	e and time) GM:			I. Modlin	@ 7:12 PM	
			A Property of the		A THE CONTRACT OF THE CONTRACT	G 7.12 1 W	
Supervisor T. Ogu		ındana AGM		Kevin Jay @ 7:11 PM		Maint	Zaw @ 7:13 PM
HZ COLOR							
Safety Trai	ning Mgr.	S. Ford @ 6	:59 PM		Dispatcher	D. Te	rry/ D. Butler
County Name and Time: M. Wilson @ 7:09 PM							
(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							

Wehlele Accident Report



Operators CDL#1	/Eva Note	Valid DOT Med Card / E	xp Date	Accident	:Report#	<i>-</i> :	•
Operators CDL#1	00-00-00	WYes □ No ()	7-19		Scene Photo	800002	Abuse Tested
Accident Date Month Day Year	Day of Frank	ne of Accident # of Vehicle					
6 18 19	111esclay	.USPM Was		No		No DYe	s I No
	COMPANY	VEHICLE 1	Alexander .	A Leave Land	OTHER PART		and desired the
Operator Name (Exactly A	As Printed On License)	0	□ Vehicle 2	E Bleyclist	☐ Pedeşirlən	Ti Fhed Object	EPax Fall
VUVDUCE	u balauv	Apt非	Name (Exactly As Print	ed On License)	CASSION ASSESSED.	STATE SEEDING SERVICES	NO.
Address (Include Number	rmodutalls	Dr -			DAVID	1 1 10	
Gity or Town	ushts N	D 20743	Address (Include Numb	er&Street) Jasper	ST SE	Apt# 5.	
Employee ID#	Dale of Hire	Sludent Driver? Y(N)	CAPITOL H	State WA	BHNGTON	DC2	0020
	of Occupants #Seated	#Slanding	Date of Birth Sex	/	Driver's License 209 7763	Lic, State	#of Occupants
0	1	0		Policy#&ExpD	DYES DNo	EB/344	
Bus ID# Plate#		Icle Year / Make 2010 / GULLI C	Insurance Co	Louid & Sexhr	ale		
63207 LG Vehicle Type	Roule#& Rur		Name (Exactly As Prin	led Registration)	THE TOTAL PROPERTY.		
GULLI	C 33t		Address (Include Num	har & Streat	·	Apl#	
VIN 15CT	6B27/XA11	78120	Youresa (motodo mant	ou dancon			
Insurance Co	Policy#& Exc	Iration Date	City or Town	State		Zip	•
OLD REA	Location of Accid	B 21268 #7/1/	Plate# State	Year&Ma	ike of Vehicle	Vehide Type	Color .
Address/Street on which	1611	Road	EB7344 D	C 2012	NISSAN	ALTIMA	GRA
Actinlersection with			VIN 1 N 4	IN4AL2APICN487015			
I Not at intersection		ofS	Telephone#				
D On Roadway	☐ Off Roadway						
At Bus Stop? ☐ Yes		ор. 🏻 Far Stop 🖾 Mid-Block sto	, ,				
		The same and the s	ronmental Conditions			V 0V	
Weather ☐ Clear	Surface Dry	Traffic Confrol ☐ Siop Sign ☐ Day	light .	Roadway-#		dway Characteristics traightand Level	<u> </u>
☐ Cloudy	₩et	ロ Yield Sign ロ Daw M Traffic Signal ロ Dus	m	☑ Undivided ☐ Asphalt		iraightanci Grade iraightat Hillcrest	ī
El-Raining ☐ Snowing	□ ley □ Snow	□ Flagman □ Dari	Road - Unlighted	☐ Concrete ☐	DC	urve and Level urve and Grade	
□ Foggy □ Other .	☐ Olher	☐ Unconfrolled ☐ Dark ☐ Other	r Road - Lighted	Other .		urve at Hillcrest	
Z GALL	Pre Acc	ident Movement		Unusual Road	I Conditions		
V1 V2/OV	V1 V2/OV	V1 V	/2/OV	☐ No Unusua ☐ Holes / Dee	d Conditions		•••
Going Straigh		Mu Dian	Changing Lanes	☐ Obstruction	in road		
口 口 Making right fo 口 口 Making right o	n red 🗆 🗆 Slowin	g or stopping in traffic	☐ Passing ☐ Merging	☐ Construction ☐ Loose mater	ial on road		
☐ ☐ Making left iun ☐ ☐ making left on	red \square Parke	d nor 1	☐ Backing ☑ Oiher	☐ Reduced to ☐ Other	ad widih		
□ □ Making U Turn		d object in road	Estimated Speed Limit	Direction of	Travel	Accident/Collision	on With
<u>Vehicle Lights</u>	Tum Signals	2	0	Vehicle		er Molor Vehicle	
No 1 ISI On □ Off	No 1 🗆 Left Turn On No 1 🗆 Right Turn On	2-	ehicle 1mph	N S E	W Bicy	clist	•
No 2 IN On II Off	No 1 ☐ Four Ways Ол	Vehicle 2 35 mph Ve	ehicle 2 _ 2 mph	Vehicle 2	☐ Rail		
	No 2 II Left Turn On			N-S-E-	T Perio	strian	
	No 2 El Right Turn On No 2 El Four Ways On						" *** *********
TO CONTRACT MENT OF THE			an <i>I Bicyclist Action</i> Along Highway With Traffic			T Due to free / 18/	On Mahinin
☐ Crossing With Signal ☐ Crossing -No Signal o	or Crosswalk	T Riding / Walking /	Against Highway With Traffi Front of or Behind Parked	c	L	I Pushing / Working (I Working In Roadwa	
☐ Crossing Against Sign: ☐ Crossing - No Signal/N	Narked Crosswalk	☐ Playing In Road		v V		l Not In Roadway I Other	
Going To / From Stopp	red Rus	☐ Getting On / Off V	ehicle Other Than Bus			Part State Company	

	Veh	liele Acciden	t Report	e approximation in the state of		transdev
	Transcriptive day was a particular particular and the second substitution of the second substitution o			AR#		
to e	☐ Sideswipe ☐ M ☐ T-Bone ☐ He ☐ Right Turn ☐ Be ☐ Left Turn ☐ Be ☐ Bus Rear Ends Vehicle ☐ Be ☐ Weelchair I iff Operation ☐ R	assing erging eath On us Right Mirror us Left Mirror us Door Operation udden Stop olf Over an Off Roadway II Business Trip II Errand	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestran ☐ Hit Animal Violations	Police Investigated? INVes Police Department Responding Officer Name (Badge / ID#) Precinct# 4034 R Citations / Arrests 🗆 Operator	DISTRIC BUCKN FOOT# PP190	ER, 61800002092
	☐ Charler ☐ Charler ☐ Charler ☐ Para Transit ☐ Para Transit	☐ Non Rev move ☐ Maintenance	Vehicle 1 Towed By:		To	
	Accident Description Driver was van into 4	s sitti	ng at Tra	ffic Ligh	tena	car
		· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·
1	Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Ve	ehicle	Place an X on the exact point of Bus 1	I Major Other Ver filest impact on your vehicle and in Bus 2	he other vehicle. Circle :	Çar -►
	Name of Witness / Injured	Age Claimin	ng Injury? Type of Injury Claim	red Injured Transported To	Olher Transported To	Transported By Unit #
Ş	Supervisor on Scene? . \ Yes : 1	□ No Su	pervisor Name (Print):	TAYO OF	JUNDAN	A 1
S	upervisor's Signature		Unit Number	Supervisor / Manager Re	eviewing Bu	& Defea

Operator Incident Report Today's Date: (9 - 18-19 Time: Vehicle# Report Submitted to: Supervisor Safety Dept. Dispatch Wehicle Damage Passenger Incident Passenger Injury Check One: Passenger Accident No Damage Vehicle Incident Report Other Passenger Complaint Was the incident reported immediately? $\sqrt{\ell S}$ 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: 6-18-19 Time Occurred: 7:05 Do not have actual date or time Time Reported: 7.05 Date Reported: 6-18 This is a late report 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:

CDD E Q DOV 5/2011

Operator Incident Report (Continuation Report)



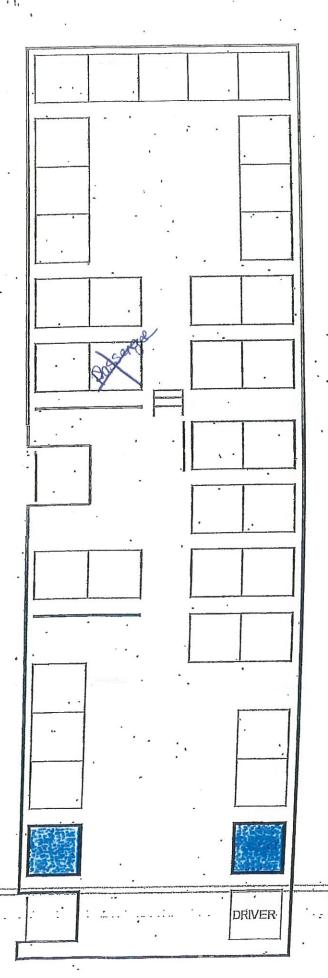
Today's Date: 6-18-19	Time: 7:05 PM
Operator Name: Vertrica Baldwin	Vehicle # 63207 Route # 2301
AND THE PROPERTY OF THE PROPER	
I was sitting at the	light when a car,
Ran into the back	stated he wasn't hurt
one passenger who	Starty he wasn't hart
	·
	· · · · · · · · · · · · · · · · · · ·
	-
7	
· · ·	
	,
ألما يتوجعون أحساس فعمل المناس وحد الجوا فاردام والاحتمام المناس والإستان والمناس والم	And the state of t

Operator Signature:

Date Submitted:

6-18-19

CDD EO DOUE/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: 6-18-10	7 Time: 7.0	5PM
Location:	Road	
Vova	vian Pal	di in
Driver: Y & Y O	Treat day	Curr

Supervisor: TAYO OGUNDANA



Supervisor Signature:

SUPERVISOR'S INCIDENT REPORT

Date#:	6-18-19	. Time:	7.05P	m	Run:	301
Operator	# 30687	R	Division: <u>01</u>	24	Vehicle: 636	07
Supervis	and the same of th	OGNNDAN	JA			_
Location	HILL ROOM	d/ Gentral	Ave	Cap	oitol dights ty & State	MD
	Addı	ess or Cross Street	^	C)	ry & State	_ A +
Descripti	on of Event:	perator	was s	itting	at the li	3n1
AF (Central	Ave ? A	111 Road	and	the car	ran
into	the b		the b			
	No				damage	to
th	e bus					
		wes att	ached.			
	1.0					
			,		1	• .
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000013		N .				
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was a second and the		the first and a first time to go of the way of the state	a l'internation de la constitución de la constituci		mggypankgrg,gerpanirál net P projek a balandi kilanir hamak ngan sa mangan kilanir kilanir kilanir kilanir kil	
						······································
	,	200	AND THE PROPERTY OF THE PROPER		energe to produce to the control of	



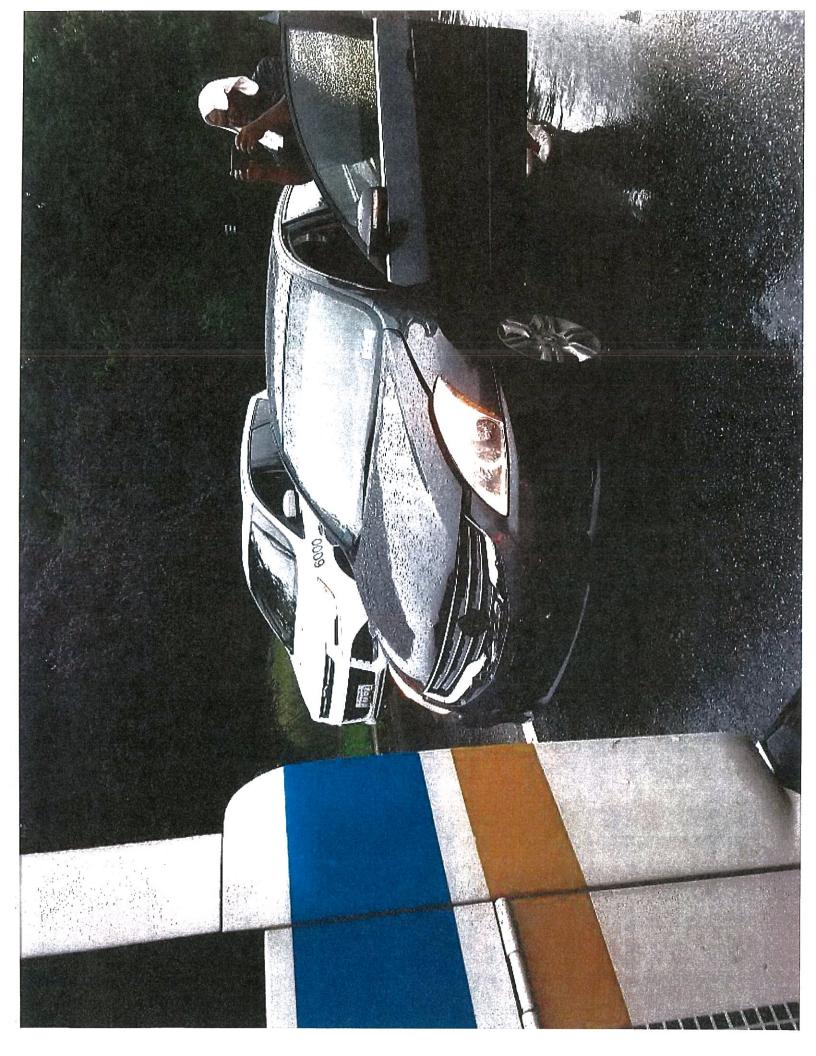
EMPLOYEE INFORMATION

Name Birth Date Hire Date VENTICA BARDON 10,30,77 11-1/3- Driver's License# B-435-843-734-880 Employee Number DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY): HOME ADDRESS: 334 Carmody Hul Dr CITY Capital Hughts STATE 10 ZIP CODE 20743 HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-288-8482 FULL TIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M of F M/S W D	Accident/Incident/Workers Comp#: 1001dent.	
Driver's License# B-435-843-734-880 Employee Number 30687 DOT CARD VALID? Yes Or NO (IF NO, PLEASE EXPLAIN WHY): HOME ADDRESS: 334 Courmody Hull Dr CITY Capital Hughts state D zip code 20743 HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-288-8482 FULL TIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M of F MS W D		
Employee Number DOT CARD VALID? (Fe) or NO (IF NO, PLEASE EXPLAIN WHY): HOME ADDRESS: 334 Courmody HULD T CITY Capital Hughts STATE LD ZIP CODE 20743 HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-288-8482 FULL TIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS YES / No / Unknown M or F M S W D	THUME	1.1
HOME ADDRESS: 334 Covernody Hul Dr CITY Capital Hughts State LD ZIP CODE 20743 HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-288-8482 FULL TIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M or F MS W D	2M201	
CITY CADITAL HUSTS STATE MD. ZIP CODE 20743 HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-288-8482 FULLTIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M or F MS W D *SHIFT START TIME / END SHIFT TIME*	DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):	
CITY CADITAL HUSTS STATE MD ZIP CODE 20743 HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-288-8482 FULLTIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M or F MS W D *SHIFT START TIME / END SHIFT TIME*		
CITY CADITAL HUSTS STATE MD. ZIP CODE 20743 HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-288-8482 FULLTIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M or F MS W D *SHIFT START TIME / END SHIFT TIME*		
HOME PHONE NUMBER DAY TIME NUMBER 202-288-8482 FULL TIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M or F M S W D *SHIFT START TIME END SHIFT TIME*	HOME ADDRESS: 334 Carmody Hill Dr	
202-288-8482 FULLTIME OR PART TIME IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown M or F M S W D *SHIFT START TIME END SHIFT TIME*	CITY Capital Huights STATE MD	ZIP CODE 20743
Yes / No / Umknown M or F MS W D *SHIFT START TIME / END SHIFT TIME*	1 per titul	
0.00	19	NUMBER OF DEPENDANTS
	SHIFT START TIME / END SHIFT TIME 2'26 AM or PM / 9 : 0 2 AM or PM	

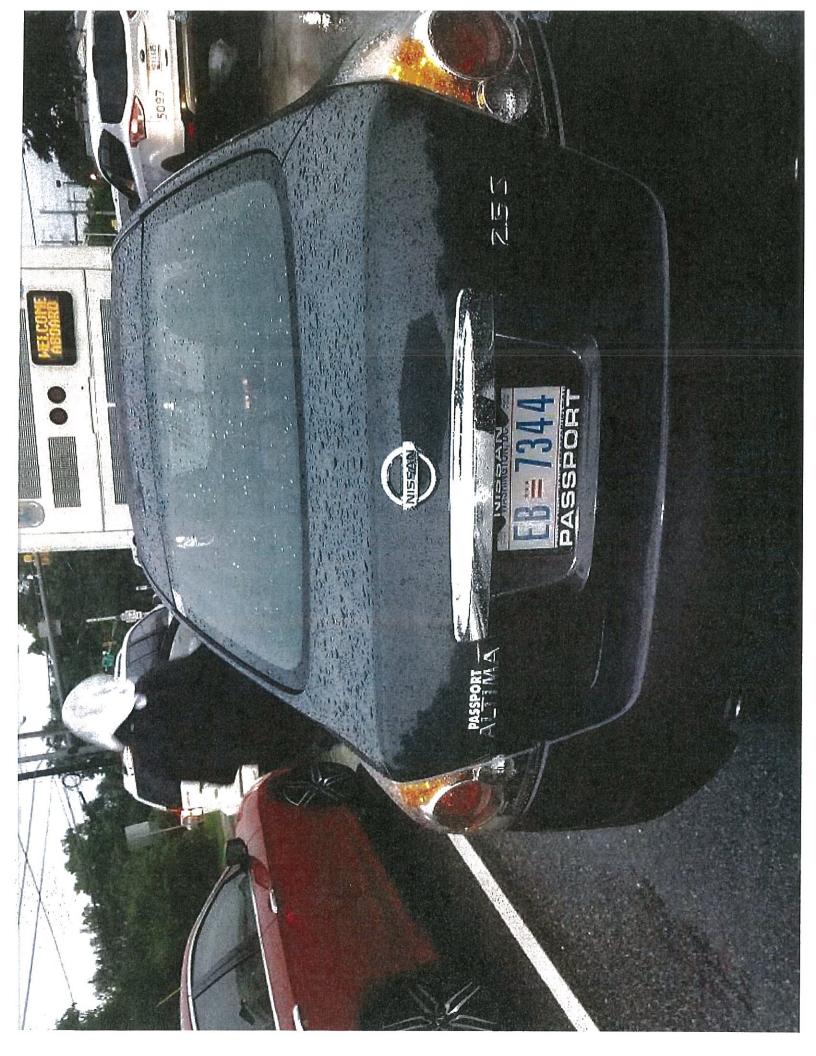
PP19061800002092 Officer Buckner # 4034 District 3 301-772-4900

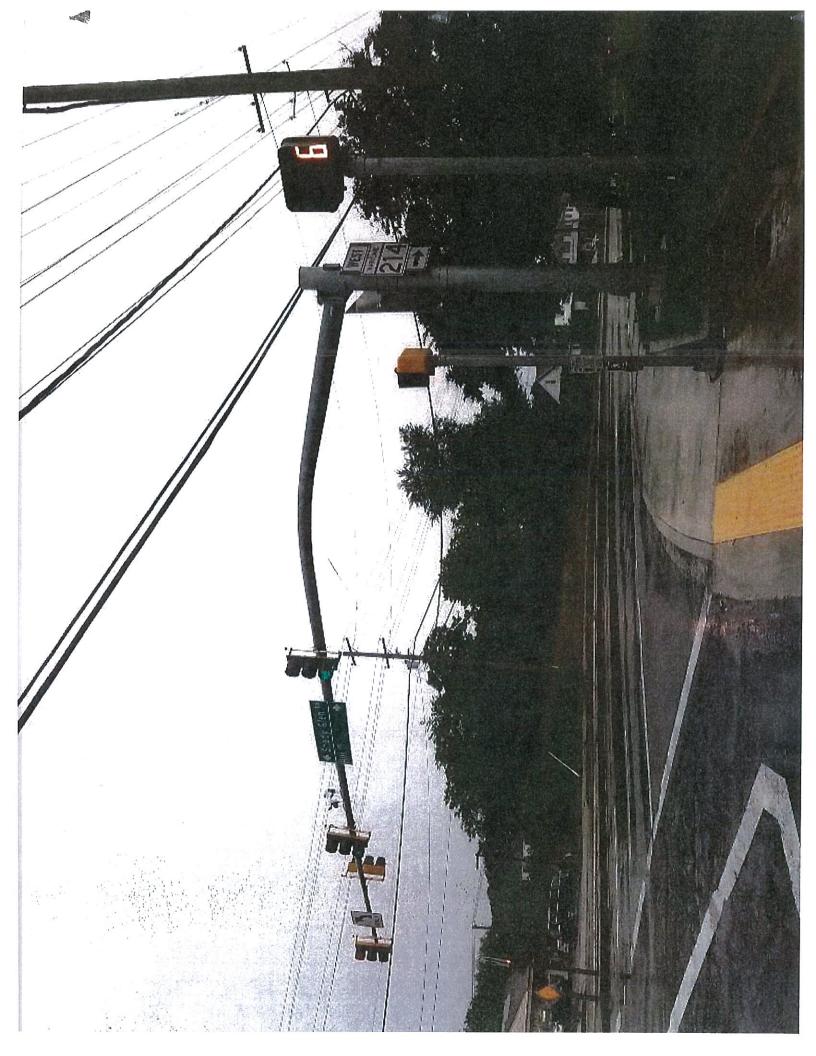














Safety & Training Department

			arety a training	Department			
(Check one)	Accident	Х	Incident		Time Supervis	or Arrived: 12	::05PM
Date of O	ccurrence:		6/20/2019	Time of Occur			11:51AM
Weather:	Clear	Day of th	ne Week:	Thur	sday	DHD (Y/N):	N
1							
Location (Cross Str	eet and Town)		Cam	pus Way & Lotts	ford Road , Larg	o MD.	
Route Impact:				None			
Employee Name:				Jeence Lea			
Run#	22	801	Bus#	626	33	Tag#	LG94092
						1-8"	2051052
							f vehicle # 1 causing
What happened							was thrown and hit
	her knee on one o	of the poles. There	were 6 patrons o	n board and two	were claiming	injuries. The tv	wo were transported
(Be Specific and		by am	bulance.A superv	visor was dispatc	hed to the locat	ion.	
Brief):							
						VIII SALDANA	
Injuries (if any):			Tue Datas as / se	na haali and tha			
injuries (ii aliy):			Two Patrons (or	ne- back, and the	otner knee)		
Valida Damasa							
Vehicle Damage				None			
(Check all t	hat apply)	Police	N	Ambulance	Υ	Tow	N
Was the C	Operator sent for D	rug/Alcohol Toot (Superi	- 200			
			- 00/	118010			
Not	tified (Indicate nam	ne and time) GI	CIVEL	1			
			Dup.	00 t			
Supervisor	K.Al	ston	120	poo		nt	Oneal @ 12:04
	NAME OF TAXABLE PARTY.		A L	1		1000	
Safety Trai	ning Mar	G.Bellinge				a we is	og / Comphell
Salety ITal	ming wign.	G.beilinge				ornir	ng / Campbell
County Nam							
(Check	one)	Telephone				st be	done within 1 hour)
							a a ser a ser a del proposition de la constante
Please note the	k i i i						
details of this incident	A ¹						-
will change when the							
Supervisor Arrives							
							ļ
	~						

St 50 1 Transport

Operator Incident Report
Today's Date: 6-20. 2019 Time: 12:11 pm Gnerator, Name: Janesce 120 Vehicle # 62633 Route # 2801
Report Submitted to: Supervisor Dispatch Safety Dept. Chark One: Wassenger Accident Passenger Incident Passenger Injury Vehicle Damage
Check One: Lurrassenger Accident Labourger instantial
Was the incident reported immediately? Ves Reported to Command: (Name) R Completed
I did not report the incident immediately because:
Did a SQM respond to this incident? No. Pres (SQM Name) Koyin Hustin
Date Incident Occurred: 120 P Time Occurred: 12:11 pm Do not have actual date or time
Date Reported: 10.20, 19 Time Reported: 12,12 pm 1 This is a late report: Location of Incident: Campus Line South 4 Lot Ford Rd Intersection of Incident Campus Line South 4 Lot Ford Rd Intersection
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Shyra Miller Passenger ID/Seat#
Explain what happened: On June 20, 2019 at 12:11pm Junes
at the light of Campus way south and lotts ford
Rol washing on the light to turn green, after
clear he fore I a hern Into the Intersection;
Dut of Nowhere a van come speeding arross
The INtersection making He have to Skim.
on the brackes to prevent an accident.
one of the patrons on the bas hit there
hack on the railing by the fave box. after
that I askwas everyone or theet's when
the other potrons said she hit her have
on the side of the seat I call dispatch
Us. Campbell as me It anyone needed Medical
Conno R. Lon note Submitted. 10.7.11. 10

Operator Incident Report (Continuation Report)



Today's Date:	Time;	
Operator Name:	Vehicle#	Route#
		er noordattassaabanses (V-CF) yeeg Oo (eest te COCO -aaaaa se tiistele tiili OO aaaaa
I had six patron pame but one hit her knee. Shyra Miller - Shakira Camen Carrington Jones Lrving Creighton Kenneth Taylor Uso the patron I	Jes they old of Here amblain away Kevin Au away Kevin Au and Jes	she coull ce come air shin came air all there and there was walking
	,	
		, , , , , , , , , , , , , , , , , , , ,
		,
	. 1	
rator Signature: Jeane Ce	Date Submit	ted: 6 20 19 SPP F.8 Rev 5/2015



Safety & Training Department

(Check one)	Accident	Х	Incident		Time Supervis	or Arrived: 8	:31 AM	
Date of O	ccurrence:		6/24/2019		Time of Oc	8:31 AM		
Weather:	Clear	Day of the	e Week:	Mor	nday	DHD (Y/N)	: N	
Location (Cross Stre	eet and Town)	Centra	l Avenue @ Lar	go Road (Motor V	ehicle Administ	ration). Large	o. Marvland	
						ration, cargo	, ivial ylana	
Route Impact:			De	elayed 30 minutes	5			
Employee Nove	1							
Employee Name:		Michael Greenlee						
Run#	26	501	Bus#	632	215	Tag#	LG92132	
What happened (Be Specific and Brief):	Vehicle (2) made contact with Vehicle (1) while passing Vehicle (1) inside of the Motor Vehicle Administration. Supervisor and Police was dispatched to the location. There were no patrons onboard. There were no injuries claimed. Strategic operator continued the route.							
Injuries (if any):		William Rose To the Control		None				
Vehicle Damage		Vehicle (1)	minor coratches	on right rear/Veh	sicle (2) left mirr	or loose		
Temore Burnage		Vernere (1)	mnor scratches	on right rear, ver	iicie (2) ieit iiiiii	or loose		
(Check all t	hat apply)	Police	Y	Ambulance	Ambulance N		N	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		/81 1 1 7 . 6						
was the C	perator sent for D	rug/Alcohol Test (Y	/N):			N		
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 8:41 AM		
Supervisor	R. Gı	reen	AGM	R. Bandak @	9 8:41 AM	Maint	O'Neil AM @ 8:54 AM	
Safety Trainin	a Suporvicor	G. Bellinger @	A O.OF AM		Diamatahan	N4 la		
Salety Hallill	g Supervisor	G. Beilinger G	6 0'22 VIAI		Dispatcher	IVI. Jai	mes/V. Taylor	
County Name	and Time:			M. Wilson @	9 8:56 AM			
(Check one)		Telephone	х	In Person		(Must be	done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								

Vehicle Accident Report

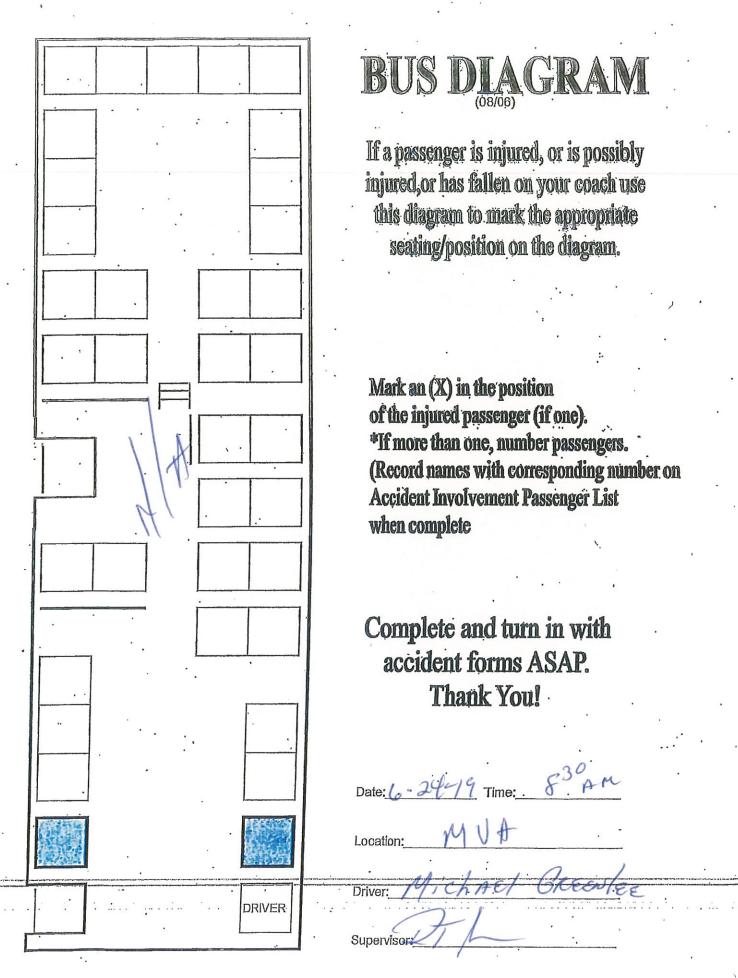


Operators CDL#/	Exp Date	Valid DO	Med Card / Ex	Date - 22		Acciden	t Report#	NIP	-	,
Accident Date	Day of Week	Time of Accident			rive Trig	gered	Scene I	Photos	Substanc	ce Abuse Tested
Month Day Year	MA 6 . 17 81 7	830	2	ПУ	es 💆	No	Yes	□No	ПΥ	es ANo
6 24 19		0		Z/15	1	0	/	APTV	en nanes	95.3 2018 10 10 10
Operator Name (Exactly A		VEHICL	E1	-	In a	A. S. W.	OTHER P	A A CONTRACTOR OF	Arranda A	function and
michael		c. 6		□ Vehi	cle 2	☐ Blcyclist	☐ Pedestr	ian 🗆 Fix	ed Object	ElPax Fall
Address (Include Number	& Stroot	I Apt#		Name (Exactly A	s Printed O	n License)				
1917 Co	s rentro	DR		Add - Harling	- Mushes 0	Cleant		Apt#		
City or Town	H.1/s	State Zip	748	Address (Includ	e Number &	Sireet)			,	
Employee ID#	Dale of Hire	Student Drive	r? Y(N)	City or Town		State		Zip		
/2274 #of Cards #o	f Occupants #Seated			Date of Birth	Sex		Driver's Licens	e Lio, Si	ate	#of Occupants
6	. downprine	-	-		ПМ	MF	□Yes □N	lo		
Bus ID# Plate#	State	Vehicle Year / Make		Insurance Co		Policy # & Exp D	ale		-	2019
	92132 MD	Cilly 3		Name (Exactly)			111321	Lled	_ 0	2011
Vehicle Type (1)	Roule#	& Run# 24 R	-1	PRIN	de l	G Ear	963 1	COUNT	-y G	TMUO
	27144117			Address (Includ	e Number &	Street)		Apt#		
Insurance Co	Policy#	& Expiration Date	C	City or Town		State	mo	Zip	207	47
old Repul	Location of A	NTB 2126	. 0	Plate#	State	Year & Ma	ke of Vehicle	Vehicle		Color .
Address/Street on which	-	MUA			MD		1 200	8 G:	Ilis	
At intersection with	.1 .			VIN	LGR		8/070			
	Feet NG	E W of		Telephone#	300					11-
☐ On Roadway	☐ Off Roadway					131	63 Bu	es the	& W	45 Hit
At Bus Stop? El Yes		ear Stop II Far Stop	□Mid-Block stop			62.0	15.00	or -ou	, -0,	STULL
			Enviro	nmental Conditio	ns					
Weather	Surface	Traffic Con		ht		Roadway - #	of Lanes	Roadway Ch		<u> </u>
☐ Clear ☐ Cloudy	Dry Dwet	☐ Stop Sig ☐ Yield Sig	n 🗆 Dawn	III.		Undivided	př.	☐ Straight ar	nd Grade	
☐ Raining☐ Snowing	□ lcy □ Snow	☐ Traffic Si ☐ Flaoman		load Unlighted		☐ Asphalt ☐ Concrete ☐		☐ Straight at		
☐ Foggy	☐ Other	☐ Uncontro		load - Lighted		☐ Gravel ☐ Other		☐ Curve and ☐ Curve at H		
□ Other .		Other		· · · · · ·				CHIVE ALL	moreat	
V4 V0/OV	V1 V2/C	Accident Movement	V1 V2	OV.		Unusual Road No Unusua				
V1 V2/OV ☐ ☐ Going Straight		Exiting Bus Stop			1	☐ Holes / Dea	p Rut			
☐ ☐ Making right fu	ım ⊅ .□ E	Intering Bus Stop	100 T	Changing Lanes Passing	. 1		n / repair zone			
☐ ☐ Making right or ☐ ☐ Making left turn	1 1 18	Blowing or stopping in tra Stopped in traffic		Merging Backing		□ Loose mate □ Reduced ro				
☐ ☐ making left on	red 🗆 🗷 I	Parked voided object in road		Other	91/	J Other	au widui			
☐ ☐ Making U Turn Vehicle Lights	Turn Signals	Posted Sp	eed Limit E	stimated Speed L	imit	Direction of	Travel	Acci	dent <i>i</i> Collis	ion With
No 1 ☑ On ☐ Off		Vehicle 1	5 mph Veh	icle 1 _ I _ m	ph	Vehicle	1 8	Other Motor	Vehicle	
· /	No 1 ☐ Right Tum C	On	/			N S E	WE	☐ Bicyclist		*
No 2 ☐ On ☐ Off	No 1 A Four Ways (On Vehicle 2 _	mph Veh	icie 2 _O_ m	ph	Vehicle	2	1 Rail Train 1 Fixed Object	. ,	
	No 2 LI Left Turn On		-			N-SE	-10/	I Pedestrian I-Animal		
	No 2 ☐ Right Tum C No 2 ☐ Four Ways C)n						_ , p,,,,,,,,,		
D Ot Will Ot I	/		Pedesfrián Riding / Walking A	I Bicyclist Actio						
☐ Crossing With Signal ☐ Crossing - No Signal o	or Crosswalk	口	Riding / Walking A	ainst Highylay Wi	th Traffic				ing / Working ing In Roadv	g On Vehicle
☐ Crossing Against Sign ☐ Crossing - No Signal/N	al		Emerging From In Playing In Road	Front of of Behind	Parked Ca	ars		□ Not I	n Roadway	
☐ Crossing - No Signal/N ☐ Going To / From Stopp	oed Bus		Getting On / Off Ve	hicle Other Than E	Bus			□ Othe		1/00/15
		-						CI	PF.20 7	(12015

Vehicle Accide	nt Report	Transdev
Secretary treatment of the secretary		AR#
☐ Backing ☐ Passing ☐ Merging ☐ Head On ☐ Head On ☐ Bus Right Turn ☐ Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Over	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? ☐ Yes INo Police Department Responding Officer Name (Badge / ID#) Precinct# Report# Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian
☐ Roll Away (Not Secured) ☐ Ran Off Roadway Type of Trip	Violations	2
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:	To
Accident Description	made Con	stret with VEhicle ()
	:0.0.0	
	•	
		·
· · · · · · · · · · · · · · · · · · ·	•	
Description of Damage Company Vehicle	Minimal D Moderate	□ Major Other Vehicle □ Minimal □ Moderate □ Major
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Name of Witness / Injured Age Claim	Place an X on the exact point and the exact point of the exact point o	of first impact on your vehicle and the other vehicle. Circle areas of other damage, Bus 2 Truck Car Impact on your vehicle and the other vehicle. Circle areas of other damage, Gar Injured Transported To Other Transported To Transported By Unit #
Supervisor on Scene? Yes : 🗆 No. J	Supervisor Name (Print):	Supervisor / Manager Reviewing Buff Duffer SPP F.20 7/2015

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Operator Incident Report		, 主身是與「井門公師」(2)
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	The second second	The same of the same of the safe of the sa

and the state of t
Today's Date: 142019 Time: 8:30 9m
Operator Name: Mich dol Green Qe Vehicle# 63215 Route # 2601
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? Yes Reported to Command: (Name) Supervisor Other
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 4nd 2820 Time Occurred: 8:30 9m Do not have actual date or time
Date Incident Occurred: June Occurred: 1 Ime O
Date Reported: 8:30 9m This is a late report.
Location of Incident MVA on Central Ave
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: A.S. I was pulling into the bus stop at MVA, I made contact with the minron on quother Bo
nerator Signature: Michael Filmer Date Submitted: June 24, 2019





EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:	Accident	
	(Workers Comp#Issued by Sedgwick)	
Name	Birth Date	Hire Date
MICHAEL GREENLE	09/20/56	5-20-03
Driver's License# 6-654-	234-729	
Employee Number /2	276	
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLAIN WHY):	
	· · · · · · · · · · · · · · · · · · ·	
HOME ADDRESS: 1917 Co	lebrooke DR	
7		
CITY-TEMPLE Hills	STATE MD	ZIP CODE 20748
1.9		
HOME PHONE NUMBER	DAY TIME NUMBER	EMPLOYEE STATUS (please circle)
3-894-6437	SAME.	FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?	GENDER MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / No / Unknown	MorF MOWD.	8
Yes / No / Offictiowit	WIDIT	
	ngde .	•
*SHIFT START TIME / END SHIFT TIME	,20	
	AM gr PM	

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



SUPERVISOR'S INCIDENT REPORT

21/19	830		2601
Dateir.			
Operator #: Michael Greentee	Division: <u>0124</u>	Vehicle:	6571
Supervisor: Robert Green			
Location: MUA LAR	y mo	ity & State	
Address or Cross Street		1.50	2007
Description of Event: Operator G	reentee in Das	63213	MAGE
Contact with Bus	63165 DRIVERS	Side n	ninken
inside of the motor	- Vehicle Admin	1stration.	There was
minimal damage to 1	noth buses, A	150 there	e WEre
No injuries clining			
No INJUINE CHANGE	- I - I - I - I - I - I - I - I - I - I	39	0
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	7	*	
Supervisor Signature:			

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: 6-24-19						
Time of Accident:						
Employee Name Michael Greekez Employee ID#: 1227	<u>6 </u>					
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 <u>required</u>)					
If there was no fatality, ask the following questions:	X.					
Has any individual suffered a bodily injury and immediately received mediately treatment away from the scene of the accident?	eal 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? Yes No						
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 						
(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 If No, please provide a reason below.					
Transport/Collection Site Information:						
Collection site location:						
Transported by: Time :	transported:AM/PM					
On scene Supervisor: Kobent Green						

Notification of Drug/Alcohol Testing



Emplo	oyee: Micha	el Gre	EEN/EE		Notified:		
Date:	6-2	4-19		Arı	rival Time	at Clinic:	· · · · · · · · · · · · · · · · · · ·
٠				Depar	rture from	Clinic:	
	onsistent with T ransit Administ						
Type of To	est:	☐ Drug		1		•	
(Be advised	that all Post Accident to	esting must include b	oth drug and alcohol	tests.)	Λ	145	,
	ng Circumstances			\	H		
	ndom	Reasonable	e Suspicion .	N	[]		
. Po	st-Accident	Return-to-	Duty	11			٠.
☐ Fo	llow-up	☐ Pre-Emplo	yment				
(Check the one		Jnobserved					
and/or the f for the com Bargaining Employee S	is required by Federallure or refusal to see pany and may subject Agreement. Signature:	submit to this test	will disqualify yo	n from the pe ined by comp	erformance pany policy . Date:	of safety-sens	sitive functions ollective

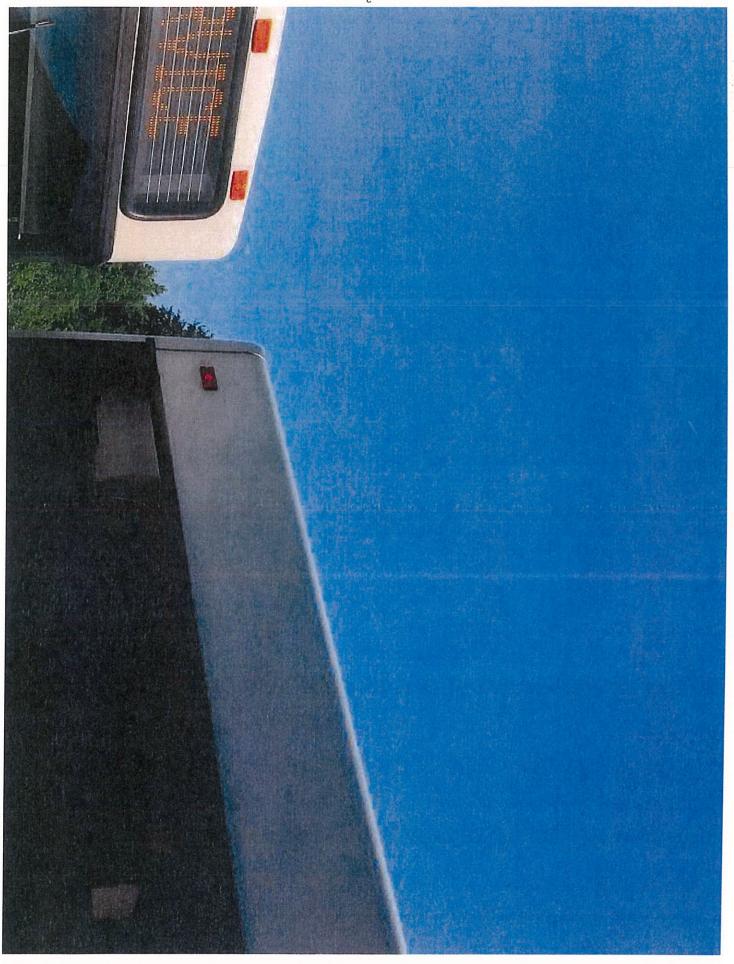
Cpl. Evans 73649 District II (301) 390-2100

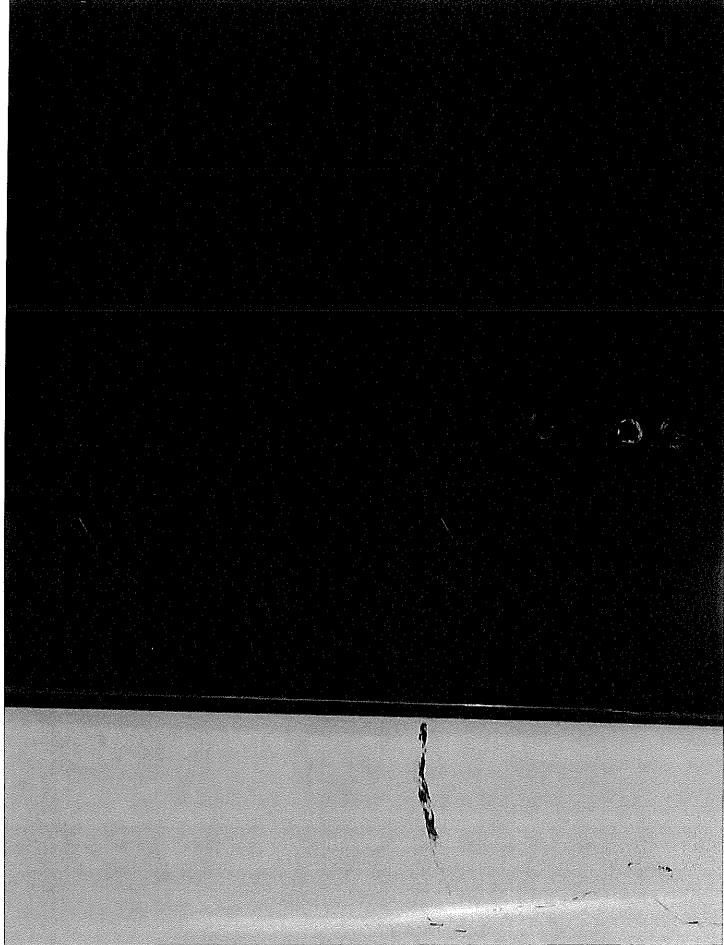
Care Number PP19062400000535

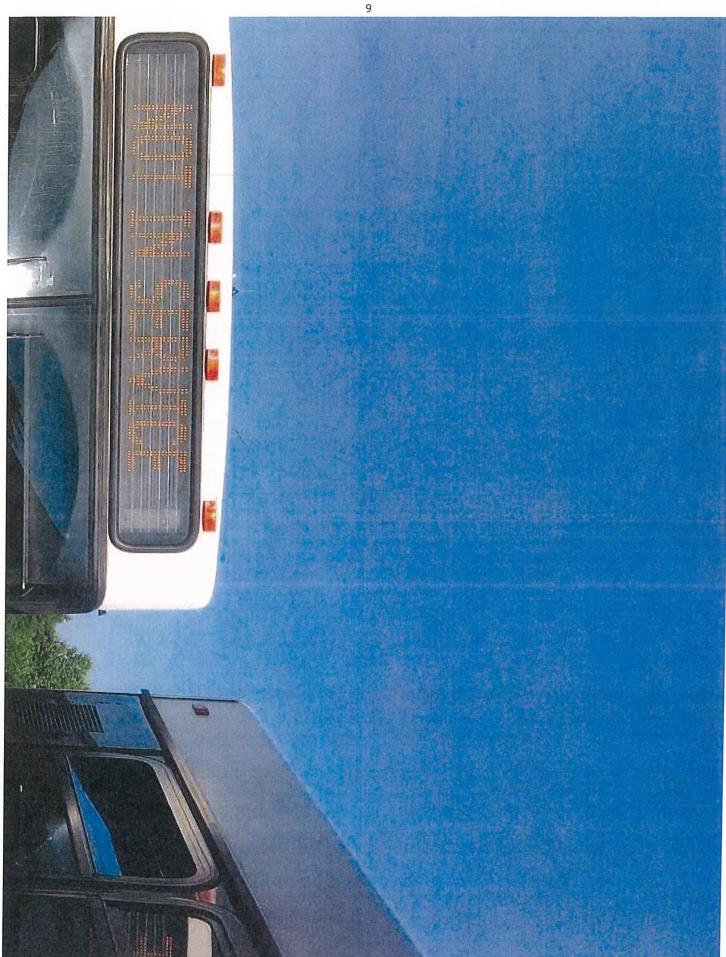
Re: Accident

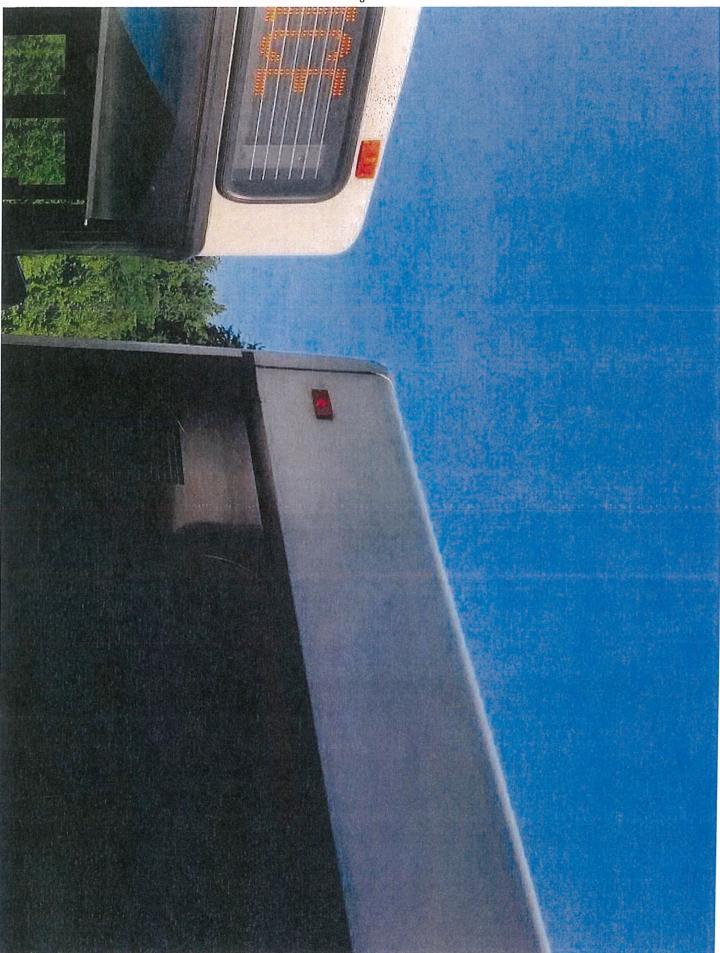
* Cleared prior to arrival













Safety & Training Department

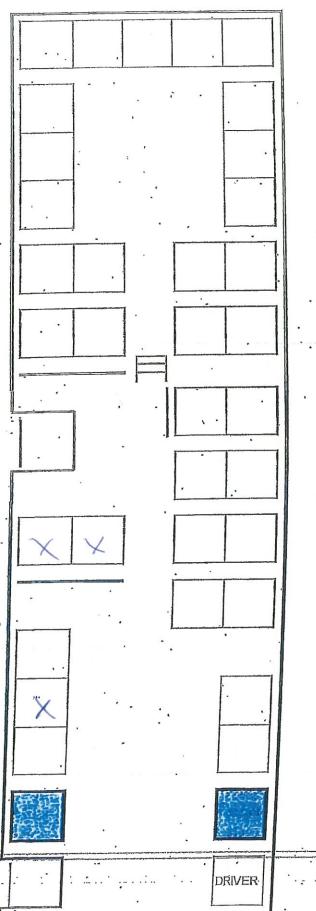
(Check one)	Accident X Incident			Time Supervisor Arrived: 4:45 PM					
Date of O	ccurrence:		6/3/2019		Time of Oc	currence:	4:28 PM		
Weather:	Clear	Day of the Week:		Mor	nday	DHD (Y/N)	: N		
Location (Cross Stre	et and Town)	Southern Avenue @ Wheeler Road, Temple Hills, Maryland							
Route Impact:				(3) missed pulls					
Employee Name:				Kareem Cauley					
Run#	33	152	Bus#	631	.49	Tag#	LG81868		
What happened (Be Specific and Brief):	(1) to make contac	Vehicle (1) was traveling on Southern Avenue @ Wheeler Road when Vehicle (2) abruptly changed lanes causing Vehicle (1) to make contact with Vehicle (2) right rear bumper. Supervisor and Police was dispatched to the location. Vehicle (2) fled the scene before Supervisor and Police arrived. There were 3 patrons on board. There were no injuries claimed. Strategic operator continued the route.							
Injuries (if any): None									
Vehicle Damage			Vehicl	e (1) right headlig	ght				
(Charla III a	h	Police) _Y [Amshulanaa	N. I	T	N.		
(Check all t	пат арріу)	Police	Y	Ambulance	N	Tow	N		
Was the C	Operator sent for D	rug/Alcohol Test (\	r/N):			N			
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 4:39 PM			
Supervisor	D. Jackson	@ 4:29 PM	AGM	Kevin Jay @	9 4:31 PM	Maint	Donald @ 4:41 PM		
Safety Trai	ning Mgr.	Shirlette Ford	@ 4:30 PM		Dispatcher		Boykin		
6 t N	J =:			NA NACI	O. 4-2CD14				
County Name and Time: (Check one)		Telephone	х	M. Wilson @ 4:36PM In Person			(Must be done within 1 hour)		
(Sieskone) Isopriorie A mileson (Sieskone)									
Please note the details of this incident will change when the Supervisor Arrives									

Wehlcle Accident Report



Accident Date Day of Week Time of Accident Ser Vicinities Sincet Differ 1 Day of Week Day	Accident Date Date Date Common Date Dat	Operators CDL#1	Exp Date	1	Valid DOT	Med Card	J. Exp D	Date		Acciden	Report#			٠.	
Accident Date Date Date Company Comp	Accident Date Date Date Common Date Dat	06-14	1-202	7	HYes L	I No O	o -	SmartDri	ve Tri	agered	Scen	e Photo	s Substance	e Abuse Teste	d.
Control Numer (Southy As Printed Good Longer)	Comparison Com	Accident Date	Day of Week	Time of	Accident	ALOI ACIII	DICS	Omaria.		00	M Yen	П	INO ITV	as 14 No	
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Matter (Each of Nation Williams & State)	Consider (Fields) Marine (Fields) Field (Fields) Fiel	Operator Name (Exactly A	s Printed On License)			1		i Vehic	62	D Bleyclist	☐ Pede	shian	Di Fixed Object	CPax Fall	
12 2.5 c. Friedrich State Stat	12 2 5 CH 10 2	KAREEM	DEMARC	U.5	Ant#	151		but include our bid bill with the second			ASSES Y	C. Alter	Marie I Season Control Co	A. 1 1930	-
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Bergore IDF 10 or First	Date of High Date and Part Date of High Dat	MASKING	vot	East Court				City or Town		State			Zip		
Fed Coach Welf Occupied State	Best Construction Best	Employee ID#	Date of Hite	- 1	amacht pite			any ar y				•			
Bail Table Pillo # Los 8 Rev Pillo # Rev	Pain	#of Cards #o		ed .	#-Slanding			Date of Birth	Sex		Driver's Lic	ense	Lio, State	#of Occupants	
Part	Patient Pati	Part and the second	3 3						. Ц			□No			
Note Secolar Note				Vehicle Ye	ear/Make	()		Insurance Co		Policy#&Exp1	Jate				
Address (Include Number & Street) Apt	Address (Include Number & Street)	63144 FP 8	186.8 MD	20 C	17-6	illic		Name (Exactly A	s Printer	l Registration)					
Address (Include Number & States)	Address (Include Number & Street) Address (Include Number & St														
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Meather Surface	Meather Surface	🗆 Notat intersection	Feet N S	E W of_				Telephone#							
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Weather Surface Traffic Control Light Roadway # of Lanes Roadway Characteristics I Clear JDy	Weather Surface Traffic Control Light Roadway # of Lanes Roadway Characteristics First Control Light First Control Light First Control Light First Control Light First Control	At Bus Stop? ☐ Yes	□No (if yes) □ N	lear Stop. I	□ Far Stop			<u> </u>							
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□ □ Making right turn □ □ Slowing orstopping in fraffic □ □ Merging □ Loose malerial on road □ Loose malerial on road □ Reduced road width □ Other □ Making left on red □ □ Parked □ □ Other □ Other □ Making U Turn □ □ Avoided object in road □ □ Other ○ Vehicle Lights Turn Signals Posted Speed Limit Setimated Speed Limit Vehicle 1 □ Direction of Travel Accident / Collision With		Going Straight		Exiting Bus	Stop		пο	hanging Lanes	.	☐ Obstruction	in road				
I Making left furn I Slopped in traffic I Backing I Reduced road width I Parked I Direction of Travel Accident / Collision With	I Making left furn I Slopped in traffic I Backing I Reduced road width I Other I Making UTum I Avoided object in road I Other Vehicle Lights Tum Signals Posted Speed Limit Estimated Speed Limit Other Vehicle Lights Tum Signals Posted Speed Limit Estimated Speed Limit Other Molor Vehicle No 1 I Left Turn On Vehicle 1 3			Entering Bur Slowing or s	s Stop topping in tr	attic	ПР	assing forcing				ne .	3		
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Vehicle Lights Tum Signals Posted Speed Limit Estimated Speed Limit Direction of Travel Accident / Collision With	Vehicle Lights Tum Signals Posted Speed Limit Estimated Speed Limit Direction of Travel Accident / Collision With			Avoided obje	ect in road	口						,		3200	_
No 1	No 1				Posted Sp	eed Limit	Estin	nated Speed Lin	nit	Direction of	Travel		Accident/Collision	on With	
No 1	No 1 II Right Tum On No 1 II Right Tum On No 1 II Four Ways On Vehicle 2mph	No 1 □ On □ Off			/ehicle 1	30mph	Vehicle	1 <u>20</u> mpl	ħ		1			9	
Vehicle 2 No 2 ☐ Left Turn On No 2 ☐ Four Ways On Pedestrian / Bicyclist Action Pedestrian / Bicyclist Action ☐ Pushing / Working On Vehicle	Vehicle 2		No 1 D Right Tum	On V	ehicle 2	mph	Vehicle	2 mpf	h	N S E	W	☐ Rail	Train		
No 2 I Fell With On No 2 II Four Ways On Pedestrian / Bicyclist Action Processing With Signal I Riding / Walking Along Highway With Traffic I Pushing / Working On Vehicle	NO 2 I Tell Unit On NO 2 II Four Ways On Pedestrian / Bioyelist Action NO 2 II Four Ways On Pedestrian / Bioyelist Action I Riding / Walking Along Highway With Traffic I Riding / Walking Analost Highway With Traffic I Riding / Walking Analost Highway With Traffic I Riding / Walking Analost Highway With Traffic	NOT THOU TOU						•							
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□ Crossing With Signal □ Riding / Walking Along Highway With Traffic □ Pushing / Working On Vehicle	☐ Crossing With Signal ☐ Riding / Walking Along Highway With Traffic ☐ Pushing / Working On Vehicle ☐ Riding / Walking Against Highway With Traffic ☐ Warking In Readway.	 	No 2 _ I Four Ways	On	··	Paile	strián I F	Bicvelist Action	!. .			· · · -			1
	T Riding / Walking Against Highway With Traffic	☐ Crossing With Signal			口	Riding / Walki	ng Along	Highway With T	raffic						
Consign Areject Signal II Emerging From in Front of or Behind Parked Cors II Not in Readway	T Crossing Against Signal LI Emerging From in Front of or Bening Parket Cals TI Not in Roadway	☐ Crossing - No Signal o	r Crosswalk =1		口	Emerging From	m in Fron	ist Highway With nt of or Behind Pa	rrantic erked C	ars			☐ Working In Roadwa ☐ Not In Roadway	ay	
T Coording - Mo Signal Markeri Crosswalk	1 Crossing Against Signed 1 Crossing - No Signal/Marked Crosswalk 1 Cotting On A Off Vehicle Other Than Bus	☐ Crossing - No Signal/M	Tarked Crosswalk		口	Playing In Roa	ad		*	•					

Vehicle Acciden	t Report	Transdev
States (a) The department of the states of t		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 Olf Roadway	□ Railroad Crossing □ Hit Fixed Object □ Hit Pedestrian □ Hit Animal	Police Investigated? ☐ Yes ☐ No Police Department Responding ☐ C POLICE Officer Name (Badge / ID#) ☐ C POLICE Officer Name (Badge /
With Pax Without Pax II Business Trip II Fixed Route II Frand II Charter II Charter II Non Rev move II Para Transit II Para Transit II Maintenance		To
Accident Description OPERALOR WA	s traviin	SINA BUS JANE
		tly change lanes
	-hicle 1.	to MAKE contact.
woth VEhicle?	- IN the	REAR OF VEhICLE
Description of Damage Company Vehicle	□-Minimal □ Moderate I	□ Major Other Vehicle □ Minimal □ Moderate □ Major
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle → — — — — — — — — — — — — — — — — — —		of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car
Supervisor on Scene? . 🗆 Yes : 🗆 No Sc	pervisor Name (Print): 1:	DONALD JACKSON
	Unit Number	Supervisor / Manager Reviewing Sul humbur



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: 6-3-19 Time: 4:30 PM

Location: SOUTHERN AVE

Driver: KAKEEM CAUTEY.

Supervisor: D. JACKSON.

Operator Incident Report Time: Today's Date: Route# Operator Name: Supervisor Dispatch ☐ Safety Dept. Report Submitted to: Vehicle Damage Passenger Injury Passenger Incident Check One: Passenger Accident ☐ No Damage Vehicle Incident Report ☐ Other Passenger Complaint Reported to Command: (Name) 160 Was the incident reported immediately? VES I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) M 6-3-19 Time Occurred: 4:38 Do not have actual date or time Date Incident Occurred: Date Reported: 03-19 Time Reported: This is a late report wheeler oxphern Location of Incident Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat# Passenger Name: Explain what happened:

otan Sign of when

Date Submitted: OG-08-19

Contransdev EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:
(Workers Comp#Issued by Sedgwick)
Name Birth Date Hire Date
Karoem Cauley Die 14/1994 Dle 18-82018
Driver's License#_ 3593 3547558
Employee Number 30998
DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 1225 Clifton St WW Apt 301 washington &
CITY - WOShington STATE DC ZIP CODE 20009
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle)
301-310-2262 FULLTIME OR PARTTIME
IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS
Yes (No Unknown Mor F MSWD
SHIFT START TIME / END SHIFT TIME
11:30 AMORPM/ 8:00 AMOREM



SUPERVISOR'S INCIDENT REPORT

Date#: 6-3-2019 Time: 4:43 pm Run: 3352
Operator #: K. Couley Division: 0124 Vehicle: 63149
Supervisor: D. Jackson
Location: Southern Five. Address or Cross Street City & State
Description of Event: I ARRIVED ON the SCENE At
4:43 pm, AND the operator stated that
While he was Driving in the bus lane,
A Vehicle ABRUPTLY Change lanes, And
got in Front OF him. Causing Vehicle 1
to MAKE CONTACT WITH VEHICLEZIN Its
REAR. VEHICLE I WHEN IT MADE CONTACT
with Vehicle 2 it busted the head light
ON the PRISSENGER SIDE OF the bus. Also
There was 3 patrons on BOARD At the
time of the INCIDENT THERE ARE NO
INJURIES to REPORTAT this time, Also
VEHICLE Z FLED The SCENE. OPERATOR
WAS TAKEN OUT OF SERVICE, OPERATOR
got VELICLE Z tAG INFORMATION
DEFORE it FlED the SCENE.
<i>"</i>

Supervisor Signature: Douald Jawson

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: 6-3-19	
	Time of Accident: 4.35 AM/PM	
	Employee Name: KAREEN CACIEY Employee ID#:	
	Decision Questions:	
	A CANADA TO CANA	
	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 <u>required</u>) 	
	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? Yes No	
	If you answer <u>YES</u> to questions 1 and/or 2, 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? YesNo	
	(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 site location:	
=	Transported by: Time transported: AM/PM	_
	19 01 0)).	
	On scene Supervisor: Wurter Faceson	

Notification of Drug/Alcohol Testing



	Employee: KAREEN CAULEY Notified:	
	Date: 6-3-19 Ärrival Time at Clinic:	
·	Departure from Clinic:	
	Consistent with Transdev's Drug and Alcohol Testing Policy and in accordance with Federal Transit Administration regulations, you are being requested to submit to testing as follows: Type of Test: Alcohol Drug	
	(Be advised that all Post Accident testing 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. Unobserved	
	This testing is required by Federal Transit Administration Regulation [49 CFR parts 655]. A confirmed positive result and/or the failure or refusal to submit to this test will disqualify you from the performance of safety-sensitive functions for the company and may subject you to disciplinary action as outlined by company policy and/or the Collective Bargaining Agreement. Employee Signature: Date: 6-3-19	

Dunham, Bud

From:

Ford, Shirlette

Sent:

Monday, June 03, 2019 7:33 PM

To:

Dunham, Bud

Subject:

FW: Accident 6/3/2019

Bud,

This is the tag number from the car that fled the scene of the accident. I also informed Operator Cauley that he is out of service until he comes in to speak with you.

From: Kareem Cauley [mailto:kareem.cauley@icloud.com]

Sent: Monday, June 03, 2019 7:12 PM

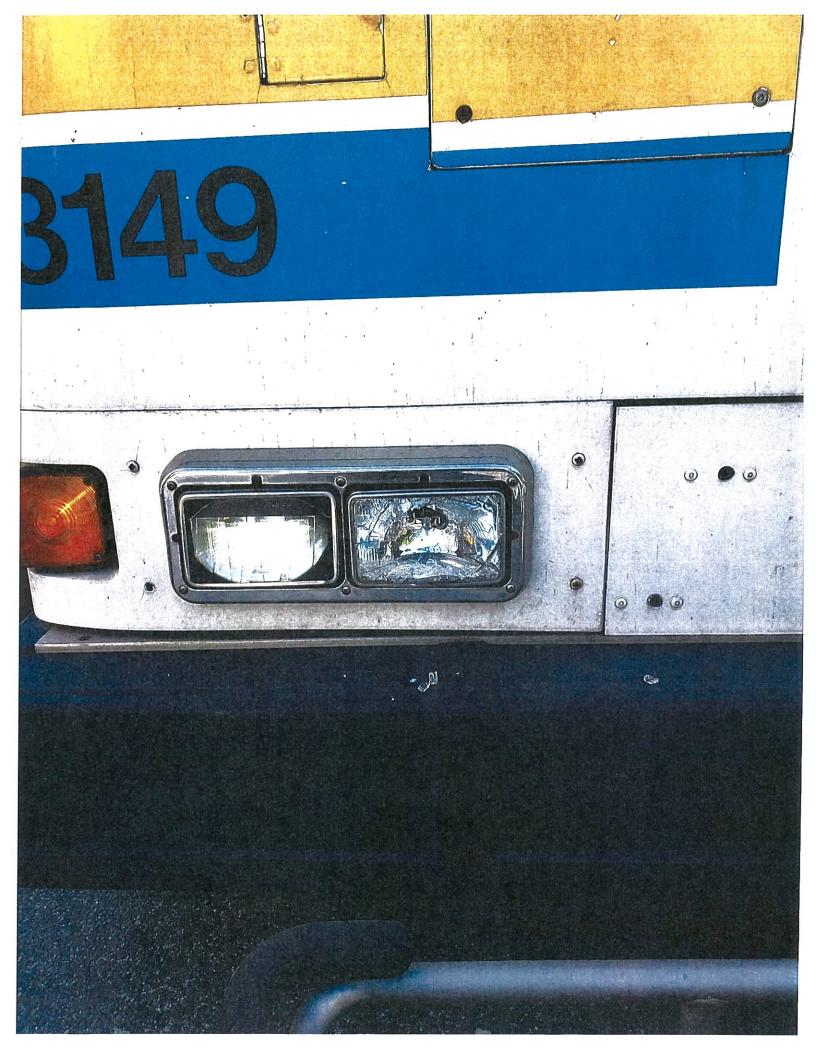
To: Ford, Shirlette

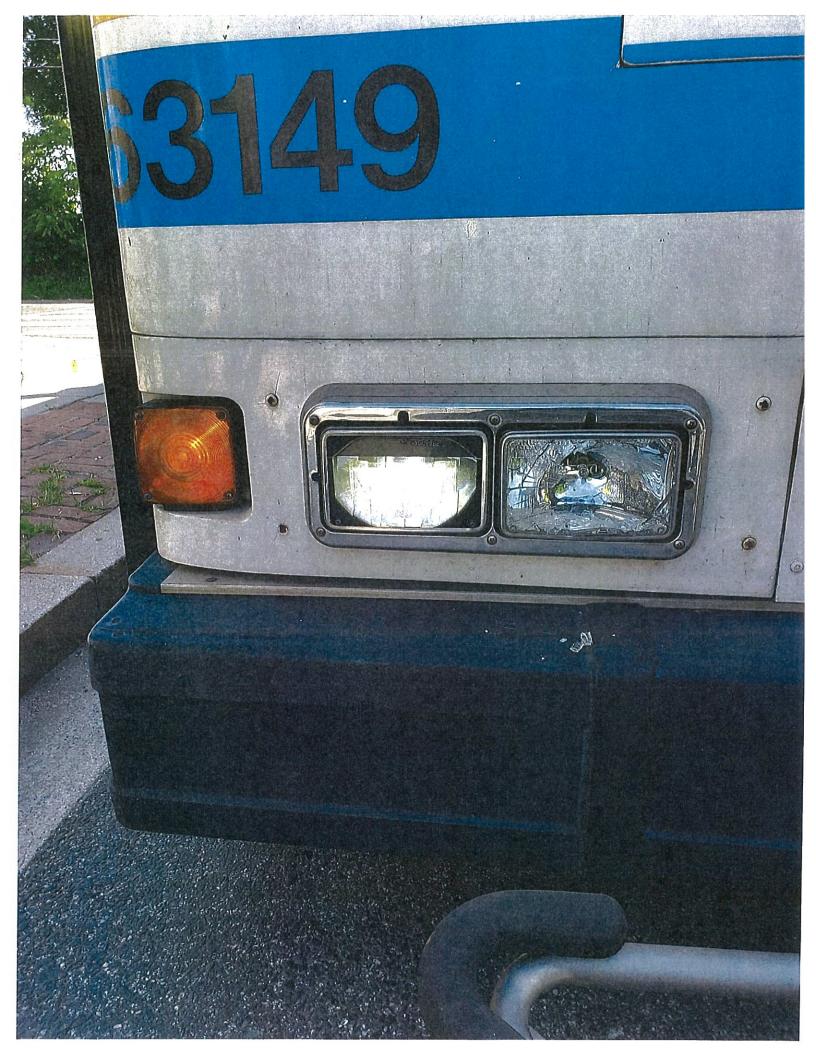
Subject: Accident 6/3/2019



Sent from my iPhone









Safety & Training Department

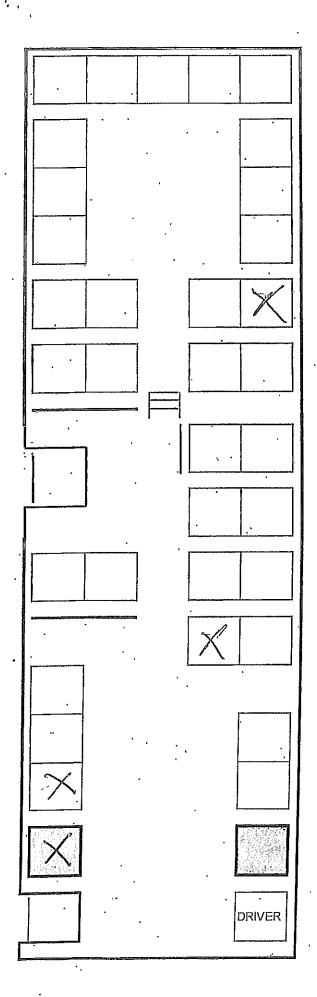
(Check one)	Accident	Х	Incident	ident Time Supervisor			or Arrived: 1:12 PM		
Date of O	Occurrence: 6/6/2019			Time of Occurrence: 12:57 PM					
Weather:	Clear	Day of the Week:		Thursday		DHD (Y/N)	.] N		
	7133333								
Location (Cross Stre	Location (Cross Street and Town) Marlboro Pike @ Kipling Parkway, District Heights, Maryland								
Route Impact:		None							
Employee Name:			V	onstantine Smith		A CONTRACTOR			
Employee Name.				onstantine Siniti					
Run#	24	54	Bus#	63144		Tag#	LG81821		
What happened (Be Specific and Brief):	Vehicle (1) was stopped at the traffic light on Marlboro Pike @ Kipling Parkway to make a left turn onto Kipling Parkway. Vehicle (2) made contact with Vehicle (1) right side panel. Supervisor and Police was dispatched to the location to assist. There were (4) patrons on board. There were no injuries claimed. The operator continued on route.								
Injuries (if any):	None								
Vehicle Damage	Right rear door clearance light crack								
(Check all that apply) Police			Y	Ambulance	N	Tow	N		
Maraka ((0) - 1 - 1 - 1 - 1 (1)	(/NI)-						
was the C	Operator sent for D	rug/Alconol Test (Y	7/N):			N			
Not	tified (Indicate nam	e and time) GM:		J. Modlin @ 1:03 PM					
Supervisor	O. Ogu	ndana	AGM	Kevin Jay @	9 1:03 PM	Maint	Ray @ 1:23 PM		
Safety Trai	ning Mgr.	B. Dunham @	0 1:00 PM		Dispatcher		Boykin		
County Name and Time:				M. Wilson (@ 1:02 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									

Vehicle Accident Report



Contract
Accident Date Morth Day Services CONTRANY CO
CONPANY VEHICLE 1
Control Name Exactly As Printed On Details Packed Object Deax Fall
Address (include Number & Street) Aptile Street Name (Earcity As Printed On License) Aptile Name (Earcity As Printed On License) Address (include Number & Street) Address (include Number
None Exactly As Printed On Locates Ready April Replace Ready April Read
City or Town
Store
City or Town
Single Second S
#
But IDW Plate # State Verificity Year / Make 33144 LG81821 MD Guller C State
Name (Executly As Printed Registration) Name (Executly As Printed Registration)
Name (Exactly As Printed Registration) Name (Exactly As Printed Registration) Apt.#
Address (Include Number & Street)
Size Policy#& Expiration Date Policy#& Pol
Insurance Co
Location of Accident Color Plate # Pla
At Intersection with
Not at Iptersection Feet N S E W of Telephone #
Notat Description
At Bus Stop? Yes Yok Weather Surface Traffic Control Light Roadway # of Lanes Roadway Characteristics Weather Surface Traffic Signal Dawn Dawn Double Straight and Level Straight and Level Straight and Grade Straight and Level Straight and Grade Straight and Hillcrest Straight and Hillcrest Straight and Hillcrest Concrete Curve and Level Curve and Level Dark Road - Lighted Gravel Curve and Level Curve
At Bus Stop?
Environmental Conditions Environmental Condi
Weather Surface Hains String St
Clear MyDry MyDr
Raining
□ Snowing □ Snow □ Prayman □ Dark Road - Lighted □ Gravel □ Curve and Grade □ Other □ Other □ Other □ Other □ Curve at Hillcrest □ Curv
Other Othe
V1 V2/OV V1 V2/OV V1 V2/OV V1 V2/OV U1 No Unusual Conditions Graph Going Straight Ahead In Exiting Bus Stop Graph
V1 V2OV
☐ ☐ Making right turn ☐ ☐ Entering Bus Stop ☐ Passing ☐ Construction / repair zone ☐ ☐ Making right on red ☐ ☑ Slowing or stopping in traffic ☐ ☐ Merging ☐ Loose material on road ☐ ☑ Making left turn ☐ ☐ Stopped in traffic ☐ ☐ Backing ☐ Reduced road width
☐ Making right on red ☐ Making or stopping in traffic ☐ ☐ Merging ☐ Loose material on road ☐ Making left turn ☐ ☐ Stopped in traffic ☐ ☐ Backing ☐ Reduced road width
□ 15 Making left turn □ □ Stopped in traffic □ □ Backing □ Reduced road width
☐ ☐ Making U Turn ☐ ☐ Avoided object in road
Vehicle Lights Turn Signals Posted Speed Limit Estimated Speed Limit Direction of Travel Accident / Collision With
No 1 Don Doff No 1 Deft Turn On Vehicle 1 25 mph Vehicle 1 15 mph Vehicle 1 Vehicle 1 Defreyelist
No 1 🗆 Right Tum On No E W 🖂 Larly Train
Vehicle 2
No 2 No Left Turn On No 2 ☐ Right Turn On ☐ Pedestrian ☐ Animal
No 2 ☐ Four Ways On
Pedestrian / Bicyclist Action Ti Crossing With Signal Di Riding / Walking Along Highway With Traffic Di Pushing / Working On Vehicle
☐ Crossing - No Signal or Crosswalk ☐ Riding / Walking Against Highway With Traffic ☐ Working In Roadway
☐ Crossing - No Signal of Crosswalk ☐ Emerging From in Front of or Behind Parked Cars ☐ Not In Roadway ☐ Crossing - No Signal/Marked Crosswalk ☐ Crosswalk ☐ Crossing - No Signal/Marked Crosswalk ☐ Crosswalk
Going To / From Stopped Bus Getting On / Off Vehicle Other Than Bus SPP F.20 7/2015

Vehicle Acciden	t Report		T to	ransdev
	•	AR#		
☐ Backing ☐ Passing ☐ Sideswipe ☐ Merging ☐ Head On ☐ Head On ☐ Right Turn ☐ 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? Solves Police Department Responding Officer Name (Badge / ID#) Precinct# Re Citations / Arrests □ Operato	District I Corporal PP1900	600001181
Type of Trip	Airtgnoirs			Į:
With Pax Without Pax ☐ Business Trip M 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				
on Marlboro pile a left on K The vehicle the bis make while the bis middle lane A total of No injuries. Modine Anisa C Rasco Tohnisha	re before ipling of a large of was to make to make to 240 486 ross 30 240	oft on already e 9 lof trons on -2397 01-458-9 297 33	1124 1124	vith ropike
Description of Damage Company Vehicle	Minimal □ Moderate	☐ Major Other Vel	nicie Minimal 🗆	Moderate □ Major
Description of Damage Company Vehicle Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle ———————————————————————————————————		of first impact on your vehicle and l	the other vehicle. Circle are Truck →	eas of other damage,
Name of Witness / Injured Age Claim	ning injury? Type of Injury Cla	imed Injured Transported To	Other Transported To	Transported By Unit#
NA	Na			·
Supervisor on Scene? (A) Yes □ No	Supervisor Name (Print):	TAYO OG	ANADUM	
Supervisor's Signature	Unit Number 1.3	Supervisor / Manager	Reviewing 1 Ay	10 OGUNDAN



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: 6/6/19 Time: 1-05Pm.
Location: MATROPILE KIPPERLANE PARKWAY
Driver: KONSTANTINE SMITH
TAYO DEWATORATA

Operator Incident Report



Today's Date: 6-6-19 Time: 13-5-1400
Operator Name: Kornstantine Sm, TH Vehicle # 63/44 Route # 2454
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) Disparch our radic
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name) Tayo OGundana
Date Incident Occurred: 6-6-19 Time Occurred: 13 05 Do not have actual date or time
Date Reported: 6-6-19 Time Reported: 1307
Location of Incident Mariboro RIKE. Corner of Kapping Kippling
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: Approaching The light on Marlboro and Rilke and Kippling I pulled over To gass a line of stopped Cars as They waited for The red light. I was lined up and in The Left Turn lains Continusly approaching The break line and watching for any sudden action by the cars in line standing still. I had given extra room from the line between The bus and the stapped line of Vehicles, I then heard a sound as something made contact with the bus. I looke, Thinking I had fur over something and saw in The side missor, a car sticking out of the line and in Contact with The side of the bas. I immediately stapped, hit The camera, Then culted Base about The 1050.
Operator Signature: Armslesh Smith Date Submitted: 2-6-6-19 SPP F.8 Rev 5/2015



EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:ACCID	ENT	
(Workers Con	np#Issued by Sedgwick)	
Name Smith Konstantine Manrice	Birth Date <u>04, 20, 196</u> 8	Hire Date &-6-2018
Driver's License# 5-530-475-590- Employee Number 31014 DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN		
HOME ADDRESS: 9901 TOMCAN DRI	VE	
CITY UPPER MARLESORD STATE		CODE 20772
HOME PHONE NUMBER DAY TIME NUM 757-401-8495 757-4		IPLOYEE STATUS (please circle) LL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? GENDER Yes No Unknown Mor F	MARTIAL STATUS NU	MBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME 12.15 AM or PM/ 2039 AM or P	∂	

Transdev supervisor's incident report
Date#: 6/6/19, Time: 1:05Pm. Run: 2454
Operator #: Konstantine Swith Division: 0124 Vehicle: 63144
Supervisor TAYO OGUNDANA-
Location: 6346 Marlboro Pike road MD.
Address or Cross Street City & State
Description of Event:
Operator Smith was already in the
naiddle lane early before vehicle 2

Operator Smith was already in the
Operator Smith was already in the middle lane early before vehicle 2
made a left to the middle lane and
hit vehicle 1 on mallson pike road
Protures & police reported was
·
taken. A total of 4 patrons on the bus
with no injuries reported.
Modrne 240 486 2397
Anisq Cross 301-458-9124
Rasco 240-297-3360
Johnisha Goodson 202-971-5140

. Supervisor Signature: _

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: 6619	
Time of Accident: 1.05 AMPM	[A·
Employee Name: Employee ID #:	<u>+</u>
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-A	.ccident test is <u>required</u>)
If there was no fatality, ask the following questions:	v
1 Has any individual suffered a bodily injury and immediately received medica treatment away from the scene of the accident?	vl 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 th vehicle was transported away from the scene by a tow truck or other vehicle	e ?? Yes No
If you answer <u>YES</u> to questions 1 and/or 2, a DOT/FTA Post-Accident test is rec the following question	quired <u>unless</u> you also answer <u>YES</u> to
 Can you determine, using the best information available at the time of the decise employee's performance can be completely discounted as a contributing factor to the complete of the decise employee. 	sion, that the o 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 site location:	
Transported by: Time t	ransported: AM/PM
On scene Supervisor:	

Notification of Drug/Alcohol Testing



Employee:	Notified:
Date:	Arrival Time at Clinic:
	Departure from Clinic:
Consistent with Transdev's Drug a Federal Transit Administration regulation	and Alcohol Testing Policy and in accordance with as, you are being requested to submit to testing as follows
Type of Test: Alcohol Drug	·
(Be advised that all Post Accident testing must include both	a drug and alcohol tests.)
Testing Circumstances:	
Random Reasonable S	Suspicion \
Post-Accident Return-to-Dr	ity .
☐ Follow-up ☐ Pre-Employn	nent
(Check the one that applies) Observed Unobserved	NLA.
and/or the failure or refusal to submit to this test wi	tration Regulation [49 CFR parts 655]. A confirmed positive result ill disqualify you from the performance of safety-sensitive functions y action as outlined by company policy and/or the Collective
Employee Signature:	Date;
Supervisor Signature:	Date:

MISSION STATEMENT

To work in partnership with the citizens of Prince George's County toward providing a sale environment and enhancing the quality of life consistent with the values of our community.

District Lount Commissioner + 301-952-5078

District Lount Commissioner + 301-952-5078

District Lount Commissioner + 301-952-5000

District Lount Commissioner + 301-952-5000

District Lount Commissioner + 301-930-25100

District Lount Commissioner + 301-72-49000

District Lount Commissioner + 301-73-749-9000

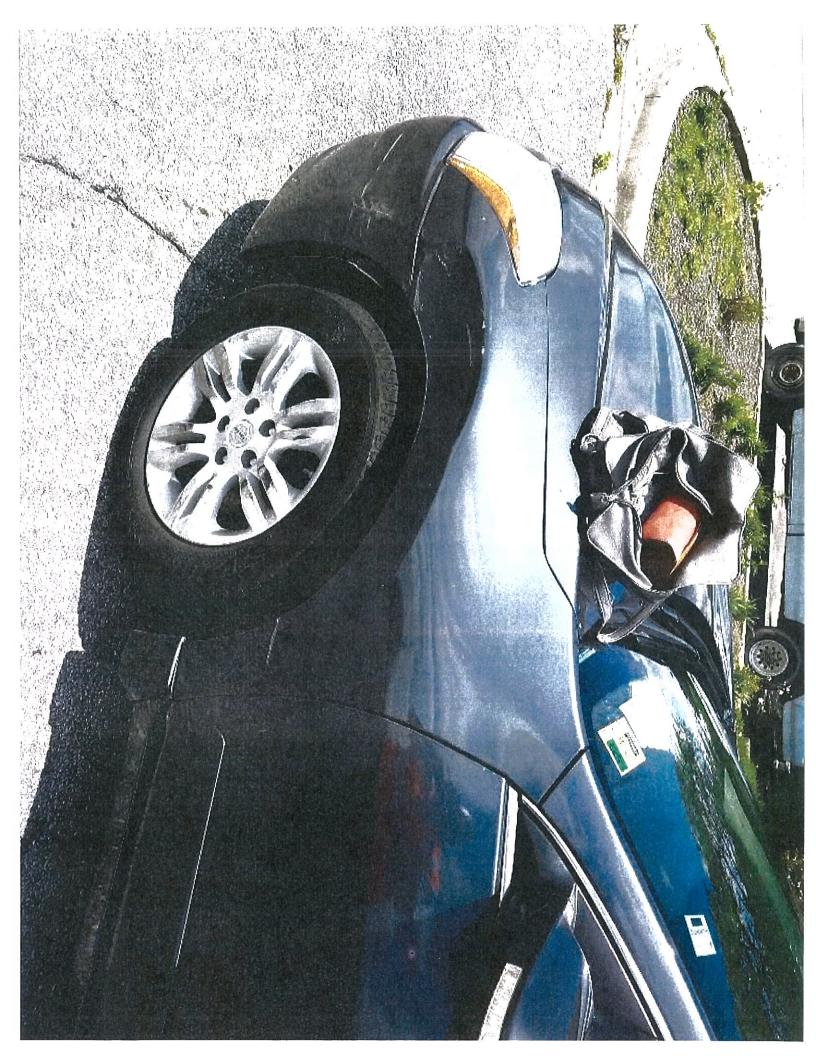
District Lount Commissioner + 301-85-3130

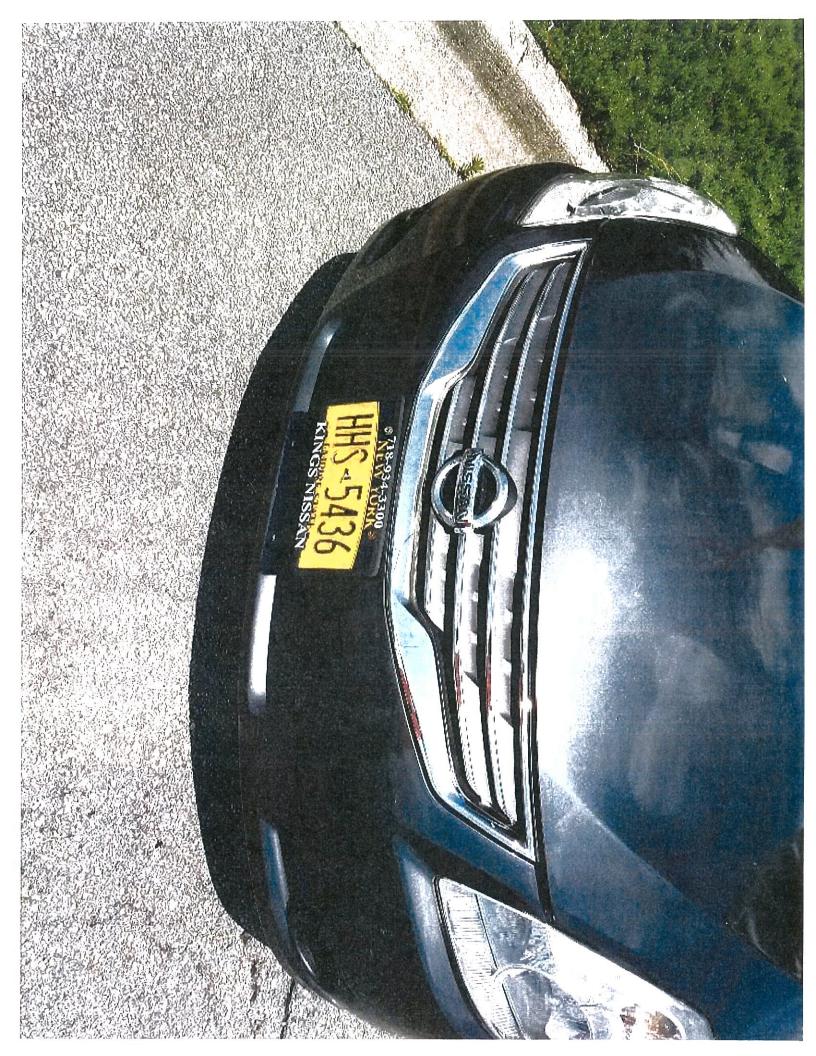
District Lount Commissioner + 301-85-3130

Non-Emergency Contral Switchboard + 301-352-1200

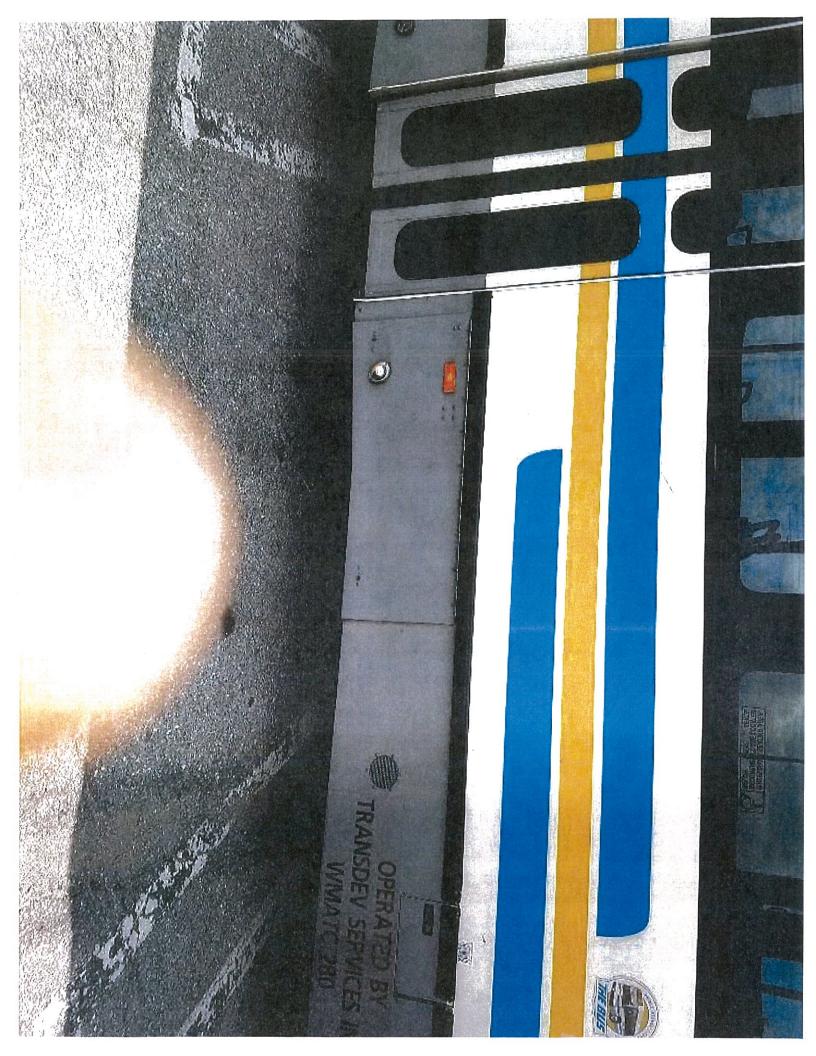
Crisis Response Community Hotine + 301-429-2185

Case Number: 7719060600001181















Safety & Training Department

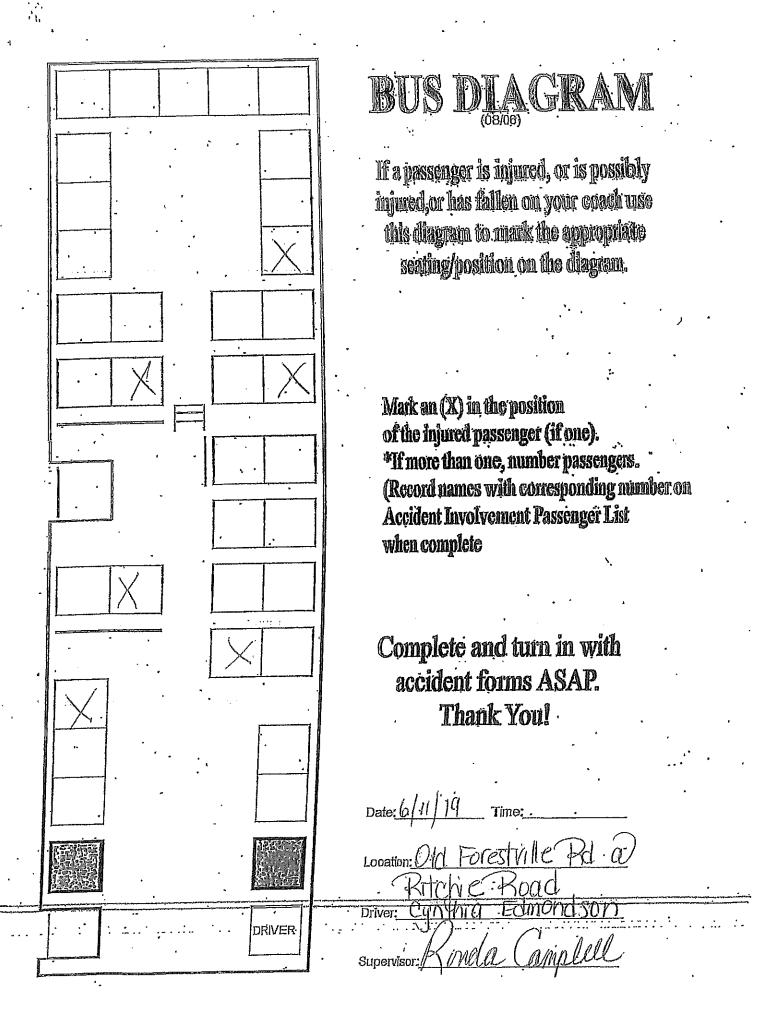
(Check one)	Accident X Incident Time Supervisor Arrived: 10:20 AM				l0:20 AM			
Date of Occurrence:		6/11/2019			Time of Oc		10:08 AM	
Weather:	Clear Day of the		e Week:	e Week: Tueso		DHD (Y/N)	ı: N	
Location (Cross Street and Town) Old Forestville Road @ Parston Drive - District Heights, MD							1D	
Route Impact:	15 - Minute Delay							
Employee Name:	Cynthia Edmondson							
Employee Humer	47.00			Traile Editionasor	A CONTRACTOR OF THE PARTY OF TH		Secretary and the second	
Run#	24	103	Bus#	631	.98	Tag#	LG92013	
							ed away from the bus	
What happened	stop. Supervisor	dispatched to assis		or Investigation; 6 or continued in se	D _{in}	ard, No injuri	ies claimed, Strategic	
(Be Specific and			Орегис	n continued in se	, vicc.			
Brief):	6 = 11							
Injuries (if any):	None							
Vehicle Damage None								
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N	
Was the C	perator sent for D	rug/Alcohol Test ()	//N)·			N		
The Market Land	perator sent for b	rug/Alconor rest (
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 10:12 AM				
					R. Bandak @ 10:11 AM			
Supervisor	R. Can	npbell	AGM	R. Bandak @	0 10:11 AM	Maint.	Ray @ 10:20 AM	
Safety	MGR	B. Dunham @	10:20 AM		Dispatcher		D. Terry	
County Name and Time:				M. Wilson @ 10:16 AM				
(Check one) Tele		Telephone	Х	In Person		(Must be done within 1 hour)		
Please note the								
details of this incident will change when the								
Supervisor Arrives								
)∓	



			Apoidont	Report# 1/		
Operators CDL,#/Exp Date F-355-132-234-091	Valid DOT Med Card / Exp I Myes DNo 6-27-	Jate 1	ACCIDENT	NIH		
Accident Date Day of Week Time of	FAccident # of Vehicles	SmartDrive Ti	rigigered	Scene Photo	s Substanc	e Abuse Tested
Month Day Vear		□ Yes	IJ No	□Yes □	No DY	es Mi No
16-11-19 (wesacly) 10.	17am 1		' i		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	क चार्यक्षकार के क्रिक्ट
COMPANY	VEHICLET	Mary and the		other part	· 11	
Constitute on Bonfari On License)	ì	Z ebldev II	ii Bloydist	🖪 Pedesbian	ti thèd Object	OPan Fall
Cynyhia Edmondson	, , , , , , , , , , , , , , , , , , ,	Name (Exactly As Printe	d On License)	1 ^		
Address (Include Number & Street)	Aptili .	112000	'N	1/4		
Gilyar Town Slale	Zip. 0. 4 7	Address (Include Numb	er & S(reel)		Api#	
Gity or Town ACCOKEEK MD.	20607	М	State		Zip	
Employee ID# Daje of Hipe	Student Driver? Y/N	City or Town	, Grate	•	, , ,	
1000	##Slanding _ /	Dale of Birth Sex		Driver's License	Lio,Slate	#of Occupants
#of Cards #of Occupants #Seated	(7)		1MDF	□Yes □No	·	
- Letela Mobiele	Year/Make	Tosurance Co	Policy#&ExpD		-	
Bus 10# Plate# 13 MD G						
		Name (Exactly As Print	ed Registration)			
Vehicle Type Roule # & Rune # 24 - 0	יבטדי	Address (Include Numi	er & Street)		Apl#	
15668271A1178111	•		•			
Insurance Co Policy#& Expiration	n Dale	City or Town	State		Zip	,
1012 Republic 134141	·	vPlate# State	Vone 8 M	ake of Vehicle	Vehide Type	Golor .
	The Doord	\Plale# State	16m din	MAN Investor		
Address/Street on which accident occurre. FOYESTY	ne rocc	VIN	1/1/		1	
Atiplersection with Ritchie Road		<u> </u>	MA			
□ NotatinjersecilonFeet (NS E W of		Telephone #	allin			
21 On Roadway CI Off Roadway			NIA			
	□ FarStop □Mid-Blockstop					
The state of the s		mental Conditions			Y	
Weather Surface	<u>Traffic Control</u> <u>Light</u> Ef Stop Sign El Daylight	, •	<u>Roadway-#</u> El Divided		a <u>dway Characteristi</u> Shaighlan d L evel	<u>CS</u>
百 Clear 巴Dý	☐ Yield Sign ☐ Dawn	L	☐ Undivided	Ц	Straightand Grade	
☐ Raining ☐ loy	口 Traffic Signal 口 Dusk 口 Flagman 口 Dark Ro	ad-Unlighted	□ Asphalt □ Concrete	冠(0	Straightat Hillcrest Curve and Level	·
☐ Snowing ☐ Snow ☐ Snow ☐ Ciher ☐ Ciher	. 🗆 Uncontrolled 🗆 Dark Ro	ad - Lighted	☐ Gravel .	□(Curve and Grade Curve al Hillcrest	
☐ Other	□ Other .	•	Olher .		Mines Willimeer	
Pre Accide	it Movement		Unusual Roa	d Conditions		
V1 V2/OV V1 V2/OV	V1 V2/0	· ·	I No Unusua II Holes/Dea	ep Rut		Section of the second section is
口 II Going Straight Ahead M 口 Exiling Bu	. 7(Changing Lanes	口 Obstruction 口 Construction	iπroad		
可 I Making right on red I I Slowing of	rstopping in traffic 📅 📆 🕆	Passing . Merging	☐ Loosemale	rial on road	• •	
Making left furn D Stopped in	i tratic 🗆 / 🗆 E	łacking	☐ Reduced to	ad width		
☐ ☐ making left on red ☐ ☐ Parked ☐ ☐ Making UTum ☐ ☐ Avoided of			1		110.00	* 301711
Vehicle Lights Tum Signals	Posted Speed Limit Esti	mated Speed Limit	<u>Direction of</u>	Travel	<u>Accident / Collis</u>	<u>IOTI YVJETI</u>
No 1 12 On 12 Off No 1 12 Left Turn On	Vehicle 1 20 mph Vehicl	le1 <u>15.</u> mph	Vehicle		er Molor Vehicle	
No 1 II Right Tum On	Vehicle 2mph Vehicl	e2mph	(N) S E	W ☐ Bicy ☐ Rail	Train	
No 2 🗆 On 🗀 Off No 1 🗀 Four Ways On	Actions v autou		Vehlole	Z MFixe	d Object	.
No 2 I Left Turn On			N5-E-	W El-Anim		
No 2 - LI Right Turr On No 2 - LI Four Ways On	<u> </u>	<u></u>				
** ** ** * * * * * * * * * * * * * * * *	Pedestrián / ☐ Riding / Walking Alon	<u>Bicýclist Action</u> n Highway With Traffic			🛘 Pashing / Working	On Vehicle
☐ Crossing With Signal ☐ Crossing - No Signal or Crosswalk	isoA pniklaW Looking Fri	nst Highway With Traffi	C	j	☐ Working In Roadw	ву
Crossing Against Signal Crossing Against Signal Crossing Against Signal	☐ Emerging From in Fro ☐ Playing in Road	nt of or Behind Parked	∪ajs Y		□ NotIn Roadway □ Olher	1
— U TTENED WIN THRUSHIN HANNEN LANGENTING	me i minis in inces			1	그 기타다	

Véhliéle Acciden	t Report	Ca Vicinadev
CONTROL OF THE STATE OF THE STA		AR#
☐ Backing ☐ Passing ☐ Merging ☐ Merging ☐ Head On ☐ Bus Right Turn ☐ Bus Rear Ends Vehicle ☐ Uhelicle Rear Ends Bus ☐ In Coll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway ☐ Type of Trip	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? ☐ Yes ☐ No Police Department Responding
With Pax Without Pax II Business Trip In 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		
on old Forestville Ro in contact with 4h to thist out of pa	nicle #1 kul bad vehicle e bus stop antion.	#1 nant side mirror came p sign, causing the mirror
Description of Damage Company Vehicle Vehicle 1 is ALWAYS Your Vehicle.	Place an X on the exact point	☐ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Major to first impact on your vehicle and the other vehicle. Circle areas of other damage.
Articulated Bus Shuttle Vehicle	Bus 1	Bus 2 Truck Car
Name of Witness / Injured Age Claim	ing Injury? Type of Injury Clai	imed Injured Transported To Other Transported To Transported By Unit #
,		
	ipervisor Name (Print): 1	Supervisor / Manager Reviewing Suf Dulan

4	termental section of the section of
	Openaton Indidenti Repolit
	Today's Date: 6-11-2019 Time: 10:074m Operator Name: Cynthia Edmondson Vehicle # 63/98 Route # 2403
	Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report: Ofther Was the incident reported immediately? 18 Reported to Command: (Name) Supervisor Campball
	I did not report the incident immediately because: Did a SQM respond to this incident? No Syes (SQM Name) Supervisor Campbell Date incident Occurred: 6-1-19 Time Occurred: 10.074m Do not have actual date or time
•	Date Reported: 6-11-19 Time Reported: 10:67411 This is a late report Location of Incident Old Fornes-Will Road
•	Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat#
	Explain what happened: Twas pulling out from bus stop on old Forrestville Doct to the context with Bus stop, which
	caused the mirrow to move. Mirron WAS not damaged however mirrow did moved. Timpediately called Base and supervisor was sent Out.
. •	
ۇرىيى چىرىنى ئىلىدى دەرىنى ئىلىدى	
	1.10 h



Consider EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:	•	
Months Attribution (1) Section (2)	(Workers Comp#jssued by Sedgwick)	•
Name	Birth Date	Hire Date
Cynthia Edmonds	<u>01 · 02 ,03,196</u>	7/29/13
Driver's License# <u>F-355-132-</u>	234-091	·
Employee Number 30661		,
DOT CARD VALID? Yes or NO (IF NO), PLEASE EXPLAIN WHY):	
	•	·
-		
•		
HOME ADDRESS: 15104 Der	byshire Way	
cmy Acco Keek	STATE MD.	ZIP CODE 20607
110111111111111111111111111111111111111	DAY TIME NUMBER 301-310-7652	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
4 11.77 - 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 	GENDER MARTIÀL STATUS M OUF MS W D	NUMBER OF DEPENDANTS
SHIFT START TIME/END SHIFT TIME* 5:20 AMOO PM/ 11:38 a	(N) (AM) or PM	

Tronsdev supervisor's incident report
10/17 am Run: 34
Operator #: Cunthra Edmondson Division: 0124 Vehicle: 63198
Rouda Campbell
Incation: Did Forestville Goad a Hitchie Goad Forestville MU.
Address of Cross Street
Description of Event.
Dolling Oos Mon of the Control of th
Venicle fri muse coma di visioni di la
MITT THE PHOTO STATE OF THE PROPERTY OF THE PR
bend. From its original position
·

Rimda: Campbell

Transdev North America Inc.



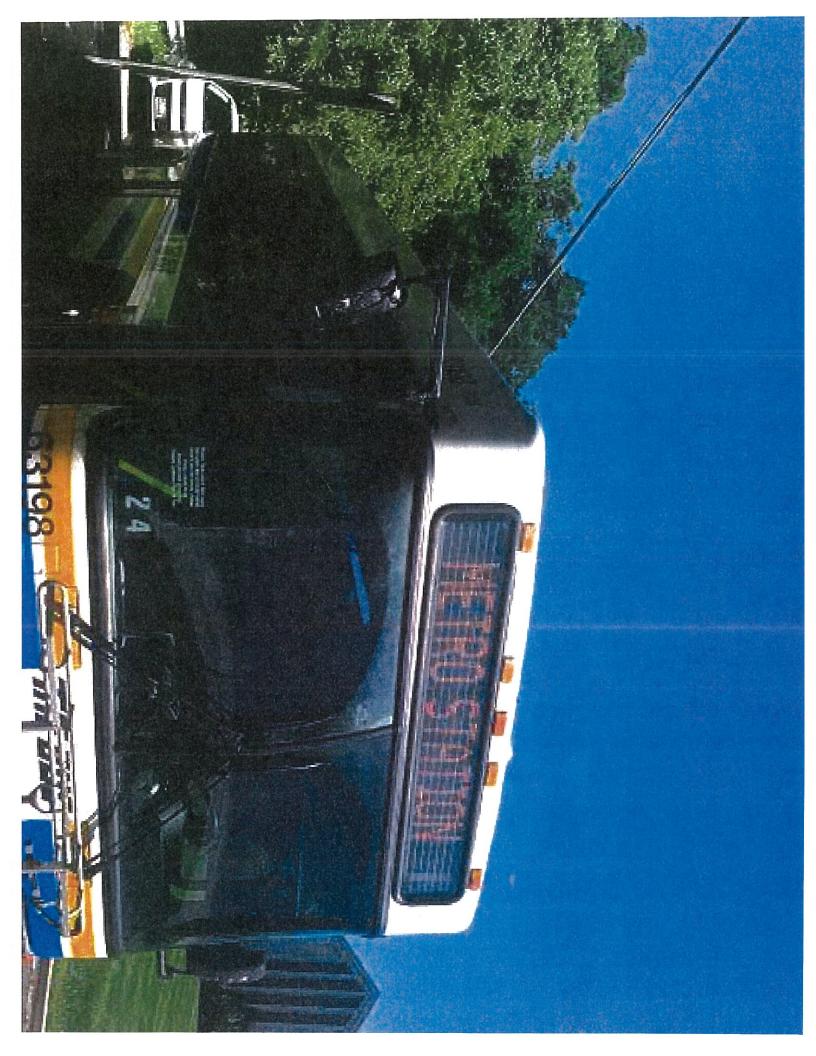
POST-COLLISION/INCIDENT DRUG AND ALCOHOL TESTING DECISION MAKER FORM

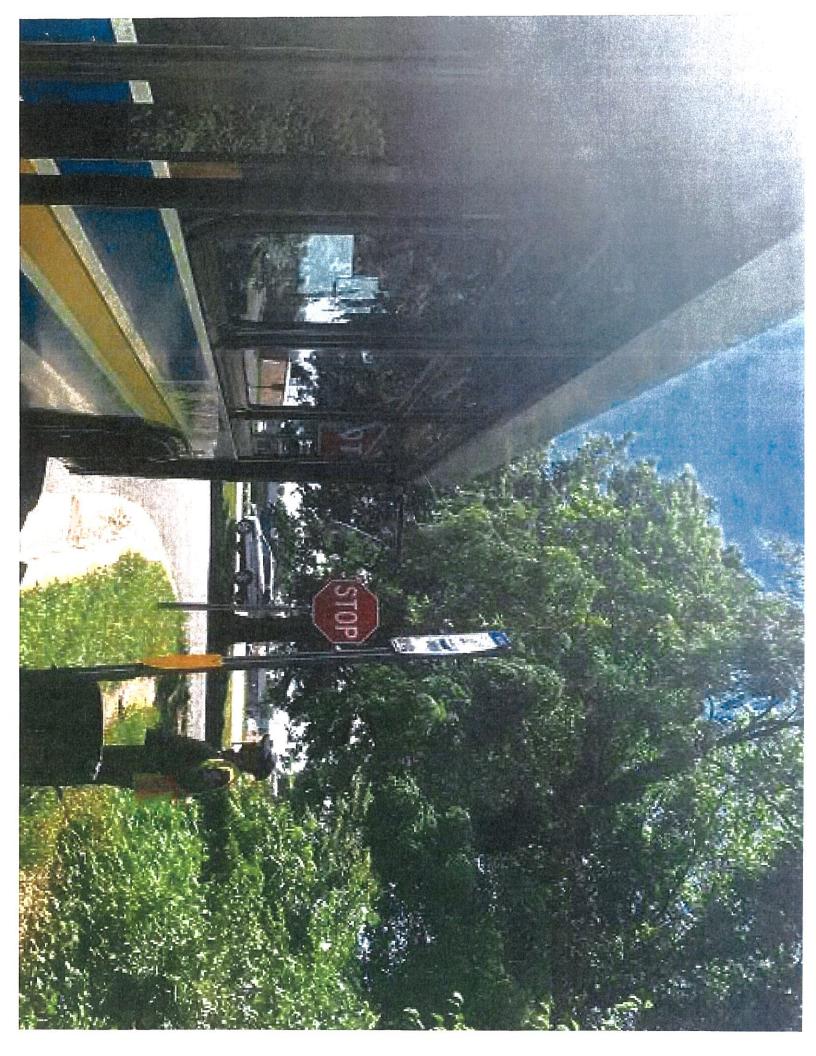
The Federal Transit Administration (FTA) drug and alcohol testing regulation (49 CFR Parts 655) requires that safety-sensitive employees involved in a vehicle collision/incident (as defined below) submit to tests for alcohol misuse and prohibited drug use as soon as possible following the accident. 49 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: 6/11/19
Time of Accident: 10:17 AM/PM
Employee Name: Cynthia Edmond Son Employee ID#: 30661
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 <u>required</u>)
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? Yes No
If you answer <u>YES</u> to questions 1 and/or 2, 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 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
Transport/Collection Site Information:
Collection sife location:
Transported by: AM/PM.
On scene Supervisor: Kmaa (amplul



Employee: Canthia Edmondson	Notified:
Date: 6 11 19	Årrïval Time at Clînic: N/A.
	Departure from Clinic: 14
Consistent with Transdev's Drug and Alcohol Tederal Transit Administration regulations, you are being type of Test: Alcohol Drug	esting Policy and in accordance with ing requested to submit to testing as follow
(Be advised that all Post Accident testing must include both drug and alcohol	tesis.)
Testing Circumstances:	6
Random Reasonable Suspicion ,	\lin
Post-Accident Return-to-Duty	M/H.
Follow-up Pre-Employment	
(Check the one that applies) Observed Unobserved	
This testing is required by Federal Transit Administration Regulation and/or the failure or refusal to submit to this test will disqualify you for the company and may subject you to disciplinary action as outling Bargaining Agreement. Employee Signature: (A) (A)	u mom the demonmence of safety-sensitive introduct







Safety & Training Department

(Check one)	Accident	Х	Incident		Time Supervisor Arrived: 7:42 AM					
Date of Oc	currence:		7/27/2018	Time of Occurrence:			7:31 AM			
Weather:	Clear	Day of the	e Week:	Frie	day	DHD (Y/N):	N			
Location (Cross Stre	reet and Town) Chillum Road @ Queens Chapel Road - Hyattsville , MD									
0-11		20 - Minute Delay								
Route Impact:	Germanner er en			0 - Minute Delay						
Employee Name:	William Dixon									
Run#	12	02	Bus#	626	519	Tag#	LG94089			
What happened (Be Specific and Brief):	pations on-board, no injuries cialined, strategic operator continued in service.									
Injuries (if any):				None						
Vehicle Damage				None						
(Check all th	nat apply)	Police	Υ	Ambulance N Tow N						
Was the O		······································	v (81).							
was the O	perator sent for D	rug/Alconol Test (Y/N):			N				
Not	ified (Indicate nam	e and time) GM:	M: W. Thompson (VM) @ 7:43 AM							
Supervisor	B. Ogu	ndeko	AGM	J. Modlin (@ 7:37 AM	Maint	Ray @ 7:53 AM			
Asst. Safe	ty Mgr.	R. Jones @	7:38 AM		Dispatcher	D. Terry				
County Name			1	M. Wilson @ 7:42 AM						
(Check	one)	Telephone	Х	(Must be done wit						
Please note the details of this incident will change when the Supervisor Arrives										

Vehicle Accident Report



Operators CDL #	# / Exp Date - 887 - 7	173-704	Valid DOT	Med Ca No	rd / Exp	Date		A	ccident Report	#	000	050	j
Accident Date Month Day Yea	Day of W	/eek Tin	ne of Accident	# of Ve		Sma	rtDrive 1	riggered	Sce	ne Phot	tos	Substa	nce Abuse Teste
7-27-18	Frid	ay 1	7:30 a	2		☐ Yes ☑ No ☑ Yes ☐] No		Yes PNo		
	C	OMPANY	VEHICLE	1	1	7 5 5	e de la composition della comp	- 3402	OTHER	RPART	TY	a region	the below to a
Operator Name (Exactly	As Printed On Lia		500			□ Ve	hicle 2	□ Bio	cyclist			d Obiec	f DPay Fall
Address (Include Number	er & Street)	5	Apt#			Name (Exact)							a di axi dii
429	line	twest 1	ane						lu Unov	n			
Address (Include Number 929 City or Town		State	Zip Zo7	74		Address (Incli			own		Apt#		
Employee ID#	Date of Hire		Student Driver	YA		City or Town		S	State		Zip		
The state of the s	of Occupants	# Seated	# Standing			Date of Birth	Sex		Driver's Lic	ense	Lic. State		# of Occupants
2 121	3	3	0				D	MOF	□Yes	□No			1
Bus ID# Plate #		State Vehic	le Year / Make			Insurance Co			Exp Date				,
Vehicle Type Critical		Route # & Run #	Gilleg			Name (Exactly	As Printed	Registration	on)				
VIN		12/1	202										
VIN						Address (Inclu	de Number	& Street)			Apt#		
Insurance Co	prese	Policy # & Expirat	ion Date	68		City or Town		,	State		Zip		
	1.00	ation of Accident				Plate #	State	Year	r & Make of Vehicle		Vehicle Typ	е	Color
Address/Street on which	applient occurred_	Char	en chan	pel 1	-cQ	EP017X	GA				Comin	an ceal	overge
At intersection with				/ che	learn	- 4114							
□ Not at intersection Feet N S E W of					Telephone #								
☑ On Roadway	☐ Off Road												
At Bus Stop? ☐ Yes	ENo (if yes) Near Stop	□ Far Stop □	Mid-Block s	top								
Weather ☐ Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy ☐ Other	Surface Dry Wet I lcy Snow Other		Traffic Contro ☐ Stop Sign ☐ Yield Sign ☐ Traffic Signs ☐ Flagman ☐ Uncontrolled ☐ Other	Light DC	aylight awn usk ark Roa	ental Condition d – Unlighted d - Lighted	ons	☐ Undiv	rided alt rete al	☐ Stra ☐ Stra ☐ Cur	way Chara aight and I aight and I aight at Hil ve and Le ve and Gr ve at Hillo	Level Grade Icrest vel ade	5
		Pre Accide	nt Movement								ve at rillic	est	
V1 V2/OV Going Straight Making right tu Making right or Making left on Making U Turn	Ahead Common Com	☐ Entering ☐ Slowing of ☐ Stopped ☐ Parked ☐ Avoided of	Bus Stop or stopping in traffic in traffic object in road			hanging Lanes assing erging acking her		☐ No Un ☐ Holes ☐ Obstru ☐ Constr ☐ Loose	Road Conditions nusual Conditions / Deep Rut uction in road ruction / repair zor material on road ced road width				
Vehicle Lights	Turn S		Posted Speed	-	Estir	nated Speed I	<u>imit</u>	Directi	ion of Travel	-	Accide	nt / Collis	ion With
No 1 DOn 🗆 Off		Turn On nt Turn On	Vehicle 1 3		Vehicle	10 1	mph	V	ehicle 1		r Motor Ve	ehicle	
No 2 DOn 🗆 Off		r Ways On	Vehicle 2 33	mph	Vehicle	35	nph	(N)	S E W	☐ Bicyc			
	No 2 ☐ Righ	Turn On at Turn On Tways On						-	shicle 2 S E W	☐ Fixed ☐ Pede ☐ Anim	strian		
☐ Crossing With Signal ☐ Crossing - No Signal of ☐ Crossing Against Sign ☐ Crossing - No Signal of ☐ Going To / From Stopp	or Crosswalk Ial Marked Crosswal	r Ways On	← □Ri □Er □Pl	iding / Walk ding / Walk merging Fro aying In Ro	ting Alon ting Agai om in Fro pad	Bicyclist Actions Highway With the Highway Wont of or Behind the Other Than	h Traffic Vith Traffic d Parked (Cars	P/A		□ Pushin □ Workin □ Not In I □ Other	g In Road	

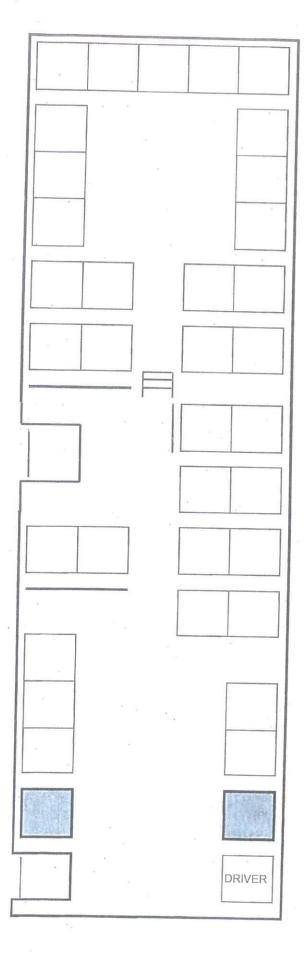
Vel	ricle Acciden	it Report		(A	transdex
	ON THE PROPERTY OF THE PARTY OF		AR#		
☐ Sideswipe ☐ M ☐ T-Bone ☐ He ☐ Right Turn ☐ Bu ☐ Left Turn ☐ Bus Rear Ends Vehicle ☐ Bu ☐ Vehicle Rear Ends Bus ☐ Su ☐ Wheelchair Lift Operation ☐ Ro	assing erging ead On us Right Mirror us Left Mirror us Door Operation udden Stop old Over	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? Police Department Responding Officer Name (Badge / ID #) Precinct # Opera	Williams Report # PP180- tor 1 Vehicle 2 18	127 00000501
Type of Trip		Violations		10/A	
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:	N/A N/A	To	N/A
Accident Description Value	_ 1	was Making	a left	tun Usa	
and Chalenn with Naturala Claimed C	to tun voad 2 a vacial	then But haden Trind	es ofer sile	o mi en	
scription of Damage Complete 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Veh			Major Other Vel first impact on your vehicle and Bus 2		Moderate ☐ Major eas of other damage. Car
Name of Witness / Injured	Age Claimin	g Injury? Type of Injury Claim	→ Injured Transport of T	→	->
		- 1700 or many dialit	lnjured Transported To	Other Transported To	Transported By Unit #
pervisor on Scene? Yes	⊒ No Su	pervisor Name (Print): Unit Number_0(2-4	Babalola () gundens	

Operator Incident Report (Continuation Report)



SPP F.8 Rev 5/2015

Today's Date:	7-27-18	Time: 730 A	- MA
Operator Name: _	William Dixon	Vehicle # 62619	
	V ST.		Route #
7 11910	n. 00 Close 1	2 0 - 2 4 -	ı Di L
Thead	going Strage	Before the	hitt turn
and oul	ed over After		hift turon
Class Full	ed over After		· · · · · · · · · · · · · · · · · ·
OIL Hed	LE WIGHT NAPP.	en home Du	to.
En fitt	in Bethe BE		sus and
SAID TV	COO'T TILL		nours I
010101	see IT Foust	reakola II,	
	1.10		
	Whom Euros		-1 1
perator Signature:	July Cuel of	Date Submitte	ed: 7/27/18



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.

NO Injuries

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: 07 17 2018 Time: 2:40
Location: Rollins AVE
Driver: Hayward Evans
Supervisor: Don Boukin



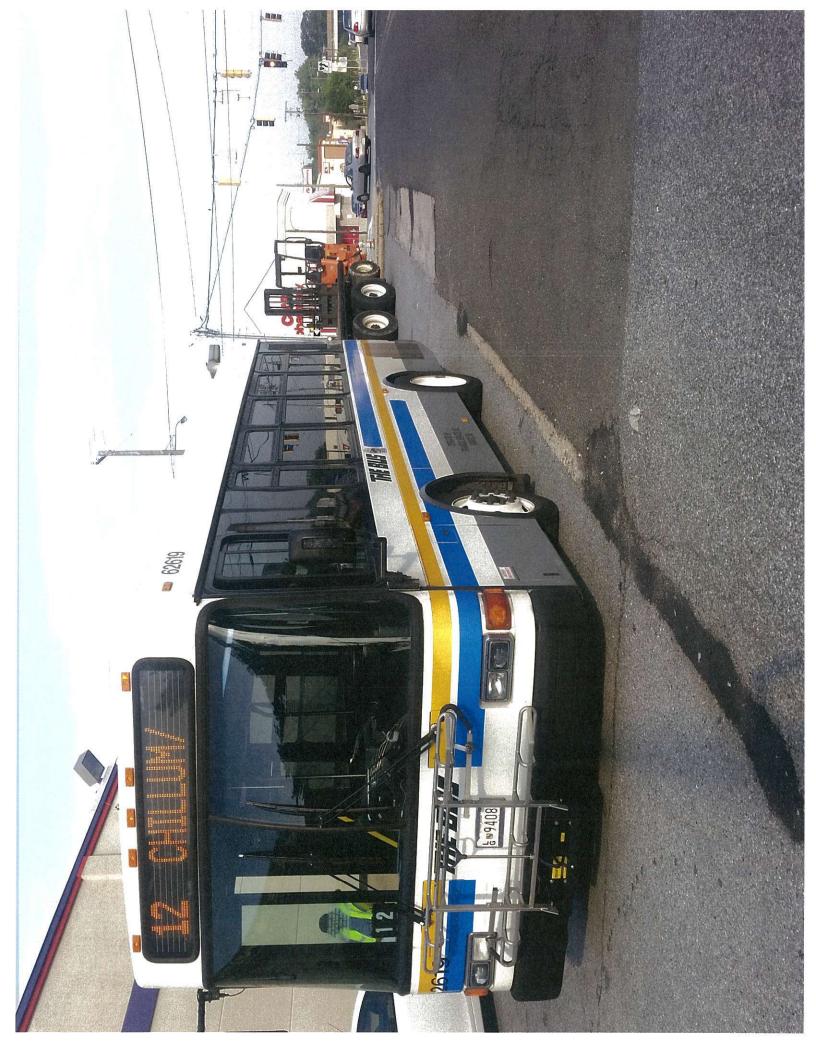
Neo is Transportation has changed dunante to Vienades

Supervisor's Investigation Report

Date: 7-27-18 Time: 7:30a Run: 1202
Operator: Division: 0124 Vehicle: 62619
Supervisor: Basaloca Oqueleuro
Location: Intersection of Queen chapes and Chillian rol. Address or cross street City & State
Address of cross street City & State
Description of Event:
On Friday July 27th 2018, Operator Dapon
was beading towards Mount Rainer with Bus
62619 on Queen chapel road at the legit
Maring a left tun to Chillian road thus
in the process, Opentor Digon willow come in
Contact with track trailer laps side numer
resulted in a miner cracked to the Other
Veluda (2). Bus 62619 had no damage of
any King dumy the collision.
Thank were 3 patrons on board
duing the accident, none of them were legues
and law enforcement officer was of the
seene for more that westigation.
Supervisor Signature:
James June.

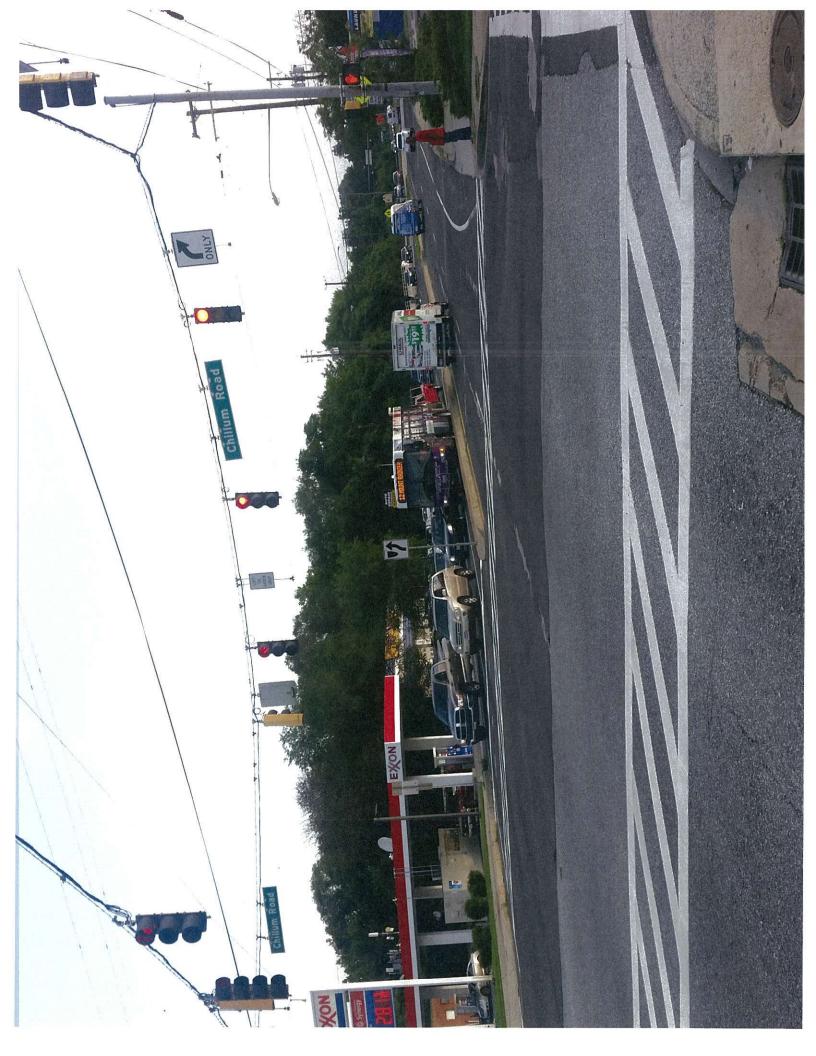


Accident/Incident/Workers Comp#:	Accident/Incident/Workers Comp#:
(Workers Comp # Issued by Sedgwick)	
Wame Wame Birth Date Hire Date 9,10,61	Name DIXC
mployee Number 3013	Employee Number 3011
OME ADDRESS: 929 PINE FOREST LN	HOME ADDRESS: 929 PIN
TY UPPER MARIBORO STATE MO ZIP CODE 20774	CITY UPPER MARIBORO
OME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) OF PART TIME	HOME PHONE NUMBER 301-390-5146
THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS Yes / No / Unknown Mor F MS W D	IS THE OPERATOR ON OVER TIME? Yes / No Unknown
HIFT START TIME / END SHIFT TIME* 6 AM or PM / /250 AM o (PM)	*SHIFT START TIME / END SHIFT TIME











PRINCE GEORGE'S COUNTY POLICE



P/O. Williams #4093
Patrol Officer
PP1807270000501
Case #

District 1 Station 5000 Rhode Island Ave Hyattsville, Md 20781

Tel: (301)699-2630 Email: jdwilliams@co.pg.md.us



Safety & Training Department

(Check one)	Accident		Incident	х	Time Supervise	or Arrived: 2:	55 PM	
Date of Oc	currence:		7/27/2018	Time of Oc		ccurrence: 2:38 PM		
Weather:	Clear	Day of the	Week:	Friday		DHD (Y/N):	N	
Location (Cross Stre	et and Town)		O	d Silver Hill Road	l & Park Lane Co	ourt		
200ation (Cross Stre	et una Town,			a silver riiir koac	I & I alk Laire Co	our c		
Route Impact:			1	5 minutes Delay				
Employee Name:				Arletta James				
Run#	24	51	Bus#	631	.96	Tag#	LG91833	
		I that male patron						
What happened		nd brandished a "						
(Be Specific and	time of incident.	Supervisor & Police		perator was able			sotn patrons were	
Brief):		escorted or	i the busi the t	perator was abi	e to continue in	SCI VICE.		
Injuries (if any):				None		332411211111111111111111111111111111111	SECONDICTION OF THE SECOND CONTRACTOR OF THE S	
Vehicle Damage			Port of the section of the section of	None		Belleville Wilsey Hart		
(Check all t	hat apply)	Police	Υ	Ambulance	N	Tow	N	
Telegraphic Control of the Control o	at appryy	SELECTION OF		Ambulance		September 1984		
Was the C	perator sent for D	rug/Alcohol Test (Y	//N):			N		
				Seattle Control of the				
		I powi suscensor						
Supervisor	G. Bel	linger	AGM	K. Jay @	2:50 PM	Shop	Ray 2:54 PM	
Cofotu	DA.	Bahun lanas	@ 3.50 DM		Discontinu	T	/-	
Safety	IVIGI.	Robyn Jones (@ 2:50 PIVI		Dispatcher	l yı	er/ Terry	
County Name	e and Time:			M Wilson	ര 2∙48 PM			
(Check		Telephone	Х	M. Wilson @ 2:48 PM In Person (Must be done within 1 hour)				
				Calculation of the latest of				
Please note the								
details of this								
incident will change								
when the Supervisor Arrives								
MILINES								

Operator Incident Report Today's Date: Time: COTTE Operator Name: Vehicle # Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury ☐ Vehicle Damage ☐ No Damage Vehicle Incident Report ☐ Other Passenger Complaint Was the incident reported immediately? / Reported to Command: (Name) I did not report the incident immediately because: Did a SQM respond to this incident? No. 12 Yes (SQM Name) S Time Occurred: 1 4 324 Date Incident Occurred: Do not have actual date or time Date Reported: This is a late report Location of Incident Complete a separate incident Report for each passenger affected by this event. Passenger Name: _ _____ Passenger ID/Seat # Explain what happened:

Operator Signature:

Date Submitted:

Date Submitted:

SPP F.8 Rev 5/2015



Date#:	7/27/18	Time: 2.	65	Run: 2457
Operator	#:A, JAM85		Division: 0124	Vehicle:
Supervis	For GARY BELL	nger		
Location	: DId Silver Hi	11 ROAd		
		Cross Street		City & State
Descripti	ion of Event: Opan	14 ARRIVAL	on Old Silv	BR Hill ROAd
90,19	South. Bus	196 WA	s not moving	g, And P.G. Carry
				was outside of
				older male and
/				REMAINED ON 45
				hat the older
	V		W. C.	shis pulled out
		/		R MA/8 h& could
				S younger Fémale
				RATOR WONT BACK
		3 OPTIC	11 6 11 5 Op 8	EMIOR WON I WAC'S
11 5	EVICE,			
The state of the s				
	Λ			
	1	nM		
, .	2 miles	Elle-		
Supervisor	Signature/	Je mile		



Safety & Training Department

(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: 2:	41 PM
Date of O	ccurrence:		7/27/2018		Time of Oc	currence:	2:21 PM
Weather:	Clear	Day of the	Week:	Fri	day	DHD (Y/N):	N
Location (Cross Stre	eet and Town)		Riverda	ale Road @ 66th	Avenue - Hyatts	ville, MD	
Pauta Impacti				2 Missay Dulla			
Route Impact:				2 Missed Pulls			
Employee Name:			REAL PROPERTY OF THE PARTY OF T	Leonard Costa			
D #] 14	152	D.v.a#	1 62	546	T#	1 1004303
Run#	Market Residence	152	Bus#	620	546	Tag#	LG94283
What happened (Be Specific and Brief):	patron fell out of h		d injury. Police	on-site and dispa	tched medical a	ttention. Sup	or stated that female pervisor dispatched to d in service.
Injuries (if any):				None			
Vehicle Damage				None			
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N
Was the	Operator sent for D	rug/Alcohol Test ()	V/N).			N	
was the w	sperator sent for b	rug/Aiconor rest (1	/ IV)				
No	tified (Indicate nam	ne and time) GM:			W. Thompson	(VM) @ 2:44	ł PM
Supervisor	D. Bo	oykin	AGM	K. Jay @	2:30 PM	Maint	Ray @ 2:50 PM
Asst. Safe	ety Mgr.	R. Jones @	2:28 PM		Dispatcher		D. Terry
County Nam	e and Time:			S Hackett	@ 2·40 PM		
	S. Hackett @ 2:40 PM Telephone X In Person (Must be done within 1 ha						
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		A	ccident Report	#	015	15	
Accident Date Month Day Yea	Day of Week	Time of Accident	# of Vehi	icles	Sma	rtDrive 7			ne Phot			nce Abuse Tester
	8 Friday	2:00	1			Yes	□ No	₽ Yes	s 🗆	l No		Yes □ No
Taris Constitution in	COMPAN	Y VEHICLE	1		printers.	1527		OTHER	RPART	Υ	ESPIRE!	Maria de la companya
Operator Name (Exactly	101				ПУ	ehicle 2	□ Bio	cyclist □ Ped	estrian	□ Five	d Object	□Pax Fall
Leonari Address (Include Numbe	cl (0519 er & Street)	Apt#	****		Name (Exact				Collian	LITIAG	d Object	LIFAX FAII
7606 K		N			IVALITO (EXACT	ly As Fillille	d On Ligen	56)				
City or Town		State Zip Zo	706		Address (Inc	ude Numbe	er & Street)) 		Apt#		
Berployee ID#	Date of Hire 05 2010		O		City or Town			State		Zip		
# of Cards # of	of Occupants # Seated	#Standing			Date of Birth	Sex		Driver's Lic	cense	Lic. State	9	# of Occupants
Bus ID# Plate #	State	Vehicle Year / Make			Insurance Co		M D F	☐Yes & Exp Date	□No			
63646 LG9		2012 Gill	19		modranos oc		1 Oncy m	а схр рав				
Vehicle Type	Route # &	Run# - 1402			Name (Exact	y As Printe	d Registrati	on)				
15GGBA711	gC1181258	3		23	Address (Incl	ude Numbe	r & Street)			Apt#		
Old Repu		Expiration Date B21268	07/01	19	City or Town			State		Zip		
	Location of A	management of the contract of	, ,	Al Alysia in	Plate #	State	Ye	ar & Make of Vehicle		Vehicle Typ	pe	Color
	accident occurred River	ayle rail			VIN							
	Feet N S E)										
./		W of			Telephone #							
☐ On Roadway	☐ Off Roadway ☐ No (if yes) ☐ Nea	r Ston	Mid Dlook at	0.0								
7 to do dop! In 165	110 (II)03) LI NO	i otop Li rai otop L		-	antal Candit					-		
Weather □ Clear □ Cloudy □ Raining □ Snowing □ Foggy □ Other	Surface Dry Wet Icy Snow Other	Traffic Contro ☐ Stop Sign ☐ Vield Sign ☐ Traffic Sign ☐ Flagman ☐ Uncontrolle ☐ Other	DI Light Da □ Da al □ Du □ Da	aylight awn usk ark Roa	nental Condit ad – Unlighted ad – Lighted		☐ Undi	vided nalt crete rel	☐ Str ☐ Str ☐ Cui	way Char alght and alght and alght at H rve and L rve and G rve at Hillo	Grade illcrest evel rade	<u>S</u>
	Pre /	Accident Movement					Unun	Thord Condition				
V1 V2/OV Going Straight Making right to Making right to Making left ton Making Left on Making U Turn	um	iting Bus Stop Itering Bus Stop owing or stopping in traff opped in traffic arked oided object in road	ic 🗆		Changing Lane Passing Merging Jacking Other		☐ No U ☐ Holes ☐ Obst ☐ Cons ☐ Loos	Nead Condition Jnusual Conditions Inusual Conditions Inusual Conditions Inusual Truction In road truction / repair zo material on road uced road width Inusual	ne			
Vehicle Lights	Turn Signals	Posted Spee		22	mated Speed	-	Direc	tion of Travel		Accide	ent / Collis	ion With
No 1 III On □ Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn Or	Vehicle 1 2	5_mph	Vehic	le 1 25	mph		Vehicle 1	The second of the second	er Motor V	ehide	
No 2 □ On □ Off	No 1 ☐ Four Ways O		mph	Vehic	e 2	mph	N	SEW	☐ Bicyc			
	No 2							/ehicle 2 S E W	☐ Fixed ☐ Pede ☐ Anim			
	No 2 ☐ Four Ways Or	1	Pedes	strian	Bicyclist Ac	ion						
☐ Crossing With Signal ☐ Crossing - No Signal ☐ Crossing Against Sign ☐ Crossing - No Signal/ ☐ Crossing - No Signal/ ☐ Going To / From Stop	nal Marked Crosswalk		Riding / Walki Riding / Walki Emerging Fron Playing In Roa	ng Alo ng Aga m in Fr ad	ng Highway W sinst Highway cont of or Behir icle Other Tha	ith Traffic With Traffi and Parked				☐ Workir ☐ Not In ☐ Other	ng / Working In Road Roadway	

Police Investigated? Yes ☐ Passing ☐ Backing ☐ Railroad Crossing G. Coun Police Department Responding ☐ Sideswipe ☐ Merging ☐ Hit Fixed Object ☐ T-Bone ☐ Head On ☐ Hit Pedestrian ☐ Right Turn ☐ Bus Right Mirror ☐ Hit Animal Officer Name (Badge / ID #) ☐ Bus Left Mirror ☐ Left Turn Report # PP1807270000 1515 ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Over Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip With Pax Without Pax ☐ Business Trip Fixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: To ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: To Accident Description 0150 Description of Damage /V Company Vehicle ☐ Minimal ☐ Moderate ☐ Major Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Articulated Bus Shuttle Vehicle Bus 1 Truck \rightarrow Name of Witness / Injured Age Claiming Injury? Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # Modupe OLAWanMI Dawson OBERINDE 128 # Left Knee 6813 Riverdale Riverdale 3 Hip □No Supervisor on Scene? Supervisor Name (Print): 4 Supervisor's Signature \(\) Supervisor / Manager Reviewing

Vehicle Accident Report

Operator Incident Report



SPP F.8 Rev 5/2015

	Today's Date: 7-27-18 Time: 000 000 3 PM
	Operator Name: LEONARD COSTA Vehicle # 62646 Route # 1402
	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? TES Reported to Command: (Name) DISPATCH
	I did not report the incident immediately because:
	Did a SQM respond to this incident? No Yes (SQM Name)
	Date Incident Occurred: 7-27-18 Time Occurred: 210 Par Do not have actual date or time
	Date Reported: 7778 Time Reported: 210 PM This is a late report
	Location of Incident RIVERDAL AND BWI PARKWAY
	Passenger Name: DEFFRINE DAVIS DANSON Passenger ID/Seat # Explain what happened: Complete a separate Incident Report for each passenger affected by this event. Passenger ID/Seat # Explain what happened:
NT	TOWN ONE CAR DID NOT STOP IN RED LIGHT CUT OFF IN FRONT OFF MY BUS, TO SAVE FATEL ACCIDENT, I HAD TO HARD BREAK AND I HAD TO 2 PASSENGER IN THE BUS PALL PROM THEIR SEAT. CLAIM INJURY
-	
-	Λ Λ Λ



transdev supervisor's incident report

Date#: $7-27-2016$ Time: $2:10p$ Run: 1402	
Operator #: 30850 L. Costq Division: 0124 Vehicle: 62646	
Supervisor: D. Boykin	
Location: Riverdale Rd. OBW Parkwag Address or Cross Street Riverdale Md. City & State	
Description of Event: Operator L. Costa was operating bus 62646 on the 1402 1	olock
headed in the direction of College Park Metro, was traveling on Riverdo	le Rd.
when a vehicle Ran through the light at B.W. Parkway & Riverd	ale Rd
causing the operator to have to slam on brakes hard enough	to
throw his passengers from their seats: There were 2 pass	
on board, and both claimed to be hurt. EMS and Purk p	
showed-up and assisted the passengers, but the passengers ,	refused
to be transported to hospital. The EMS unit left the sce	100
After Completing my report, I waited for P.G. County Police	
to arrive and give me a case number, then I accomodated	
passenger to her place of residence:	
	-
	100
upervisor Signature: Our Buld	

PP18072700001515

Plo Rietzle, #4020

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Witness injured.

Modupe Okwunmi O. Odevinde 6213 Tiverdale Rel + H6 Riverdale MO 20737 DOB 6/16/62 B/F 62" 254/6 240-470-2350

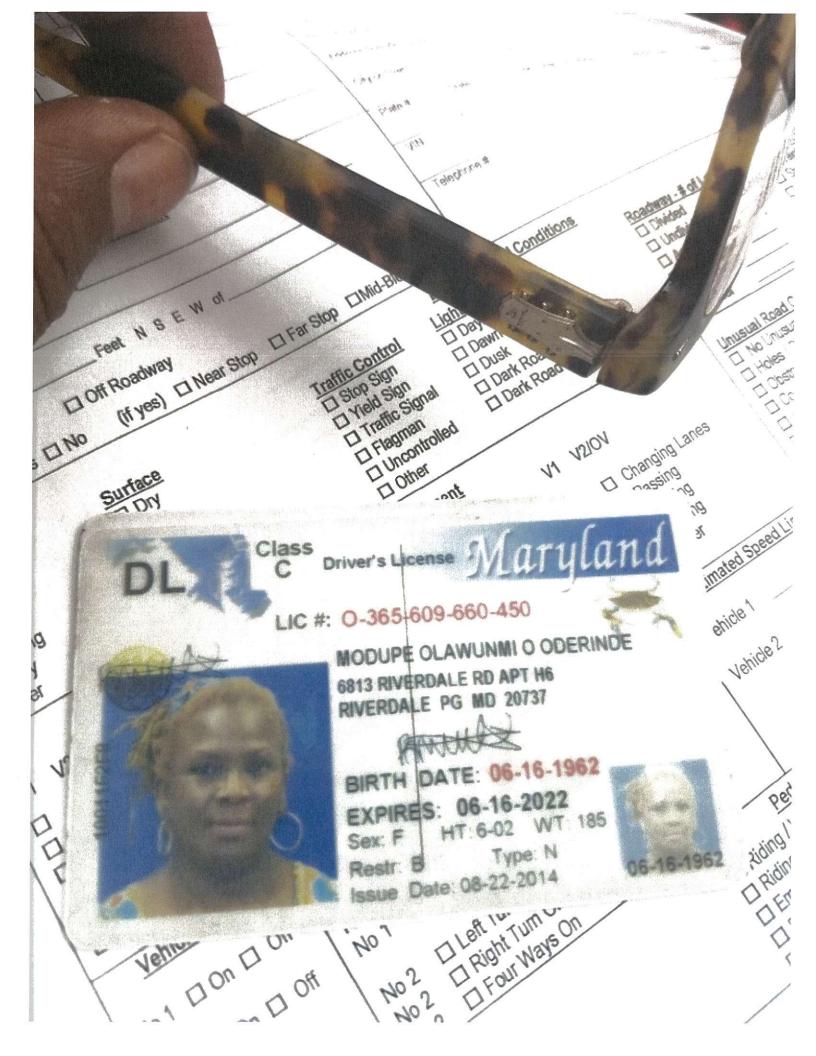
Amb 83-8 PGFD PG Hopatal

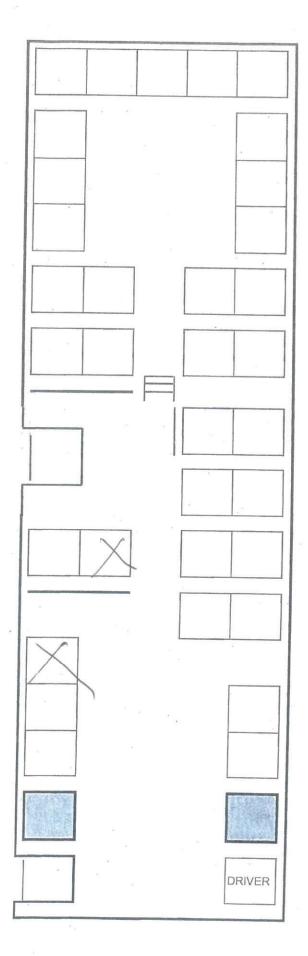
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BUS DIAGRAM

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: 7-27-2016 Time: 2:10 p	
Location: Riverdale Rol.	
Driver: L- Cosfq	
Supervisor: D. Boykin	

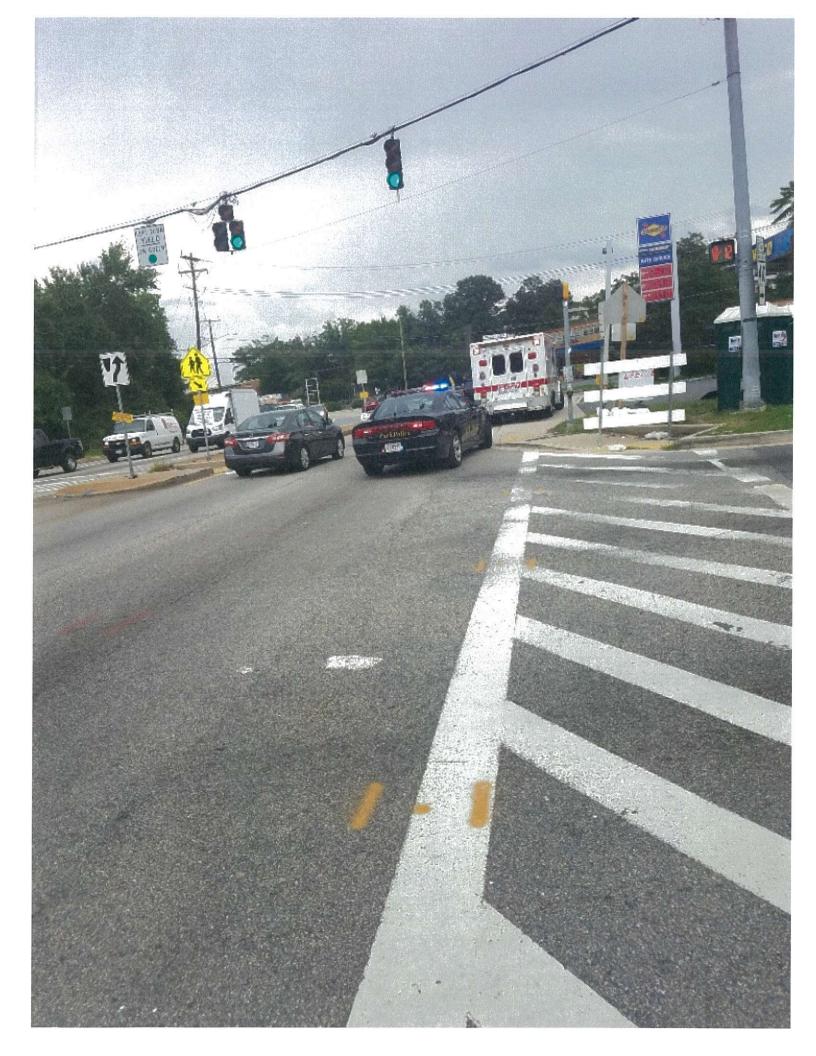


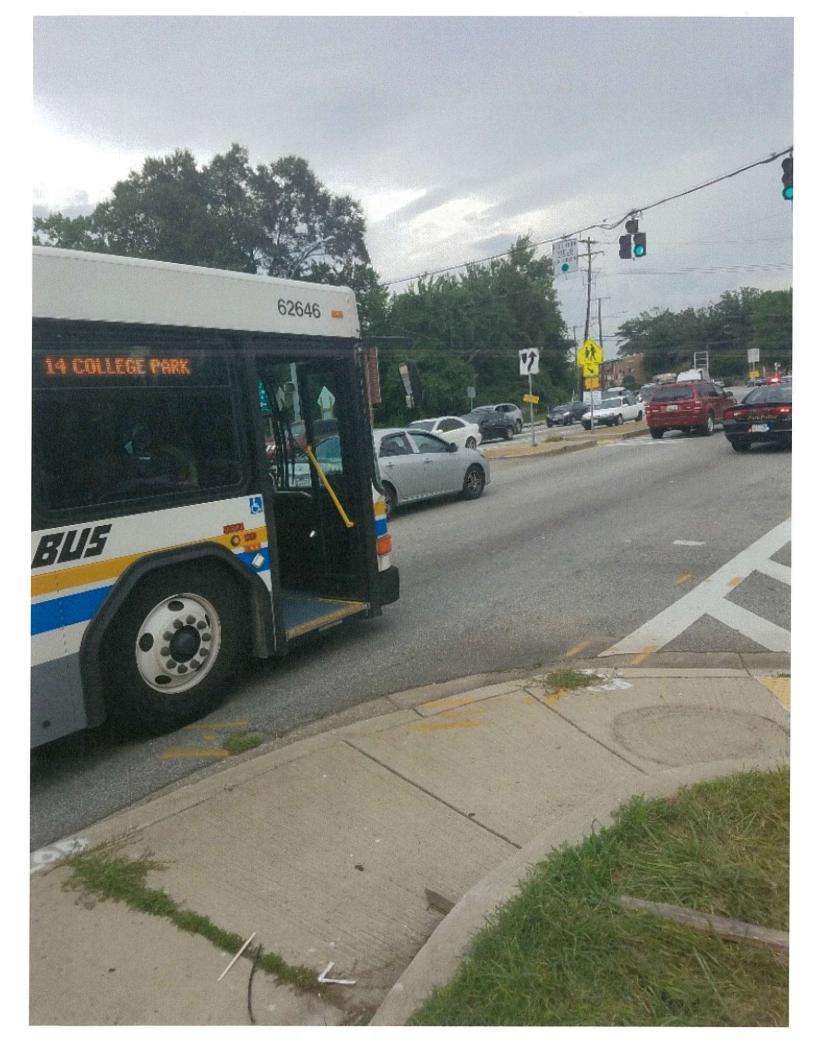
EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#: Incident (passenger)
(Workers Comp#Issued by Sedgwick)
Name Birth Date Hire Date
LEONARD COSTA 1014169 5-2-16
Driver's License# <u>C-236-587-014-796</u> Employee Number <u>3855</u> DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 76G6 KIDMORE LANE
CITY STATE MD ZIP CODE 20706
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
Yes / No JUnknown Gender Martial Status Number of Dependants Mor F M S W D
SHIFT START TIME / END SHIFT TIME* 2 ' O AM OF PM / 8 5 AM OF PM

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



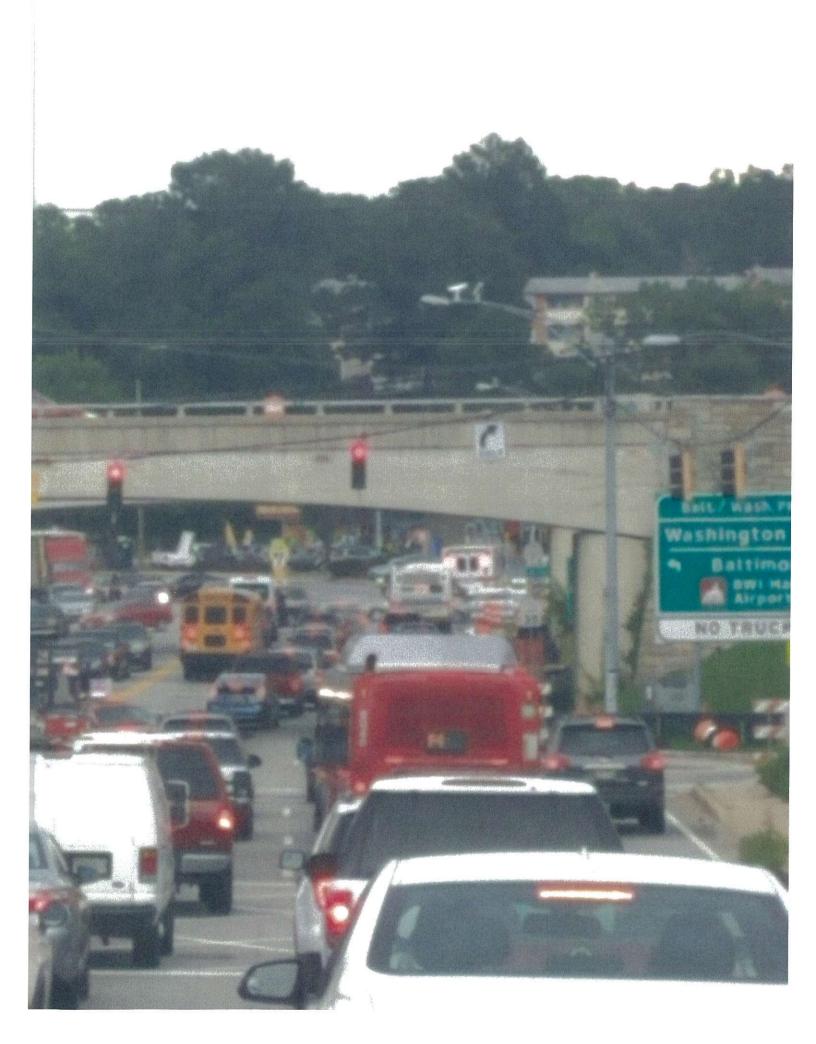














Safety & Training Department

(Check one)	Accident		Incident	X	Time Superviso	e Supervisor Arrived: 1:51 PM		
Date of Oc	currence:	7/30/2018		Time of		currence:	1:16 PM	
Weather:	Clear	Day of the	: Week:	Veek: Monday			: N	
Location (Cross Stre	et and Town)		Riverdale	e Road & 54th Str	eet, Riverdale, N	//aryland		
Route Impact:		Control of the Contro		1 missed pull				
Employee Name:			D	eter Makuyana				
				eter wakayana				
Run#	14	52	Bus#	631	98	Tag#	LG92013	
What happened (Be Specific and Brief):		nce and fell to the f	floor . Supervisc		to the location	to assist. The	s the front of the bus ere were 10 patrons	
Injuries (if any):				None				
Vehicle Damage				None				
(Check all th	nat apply)	Police	N [Ambulance	N	Tow] N	
Was the O	perator sent for Di	ug/Alcohol Test (Y	//N):			N		
Not	ified (Indicate nam	e and time) GM:						
Supervisor	D. Bo	ykins	AGM	K. Jay @ :	1:20 PM	Maint	Ray @ 1:24 PM	
Asst. Safe	ty Mgr.	R. Jones @	1:24 PM		Dispatcher	T	yler/ Terry	
	- 1 - 1				24.22.014			
County Name (Check		Telephone	M. Wilson @ 1:22 PM Telephone X In Person					
CHECK		Тетерноне		III F El SUII		(IVIUST DI	e done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								

Operator Incident Report Today's Date: Time: 19:35 Operator Name: Pefer M. MAKUYANA Vehicle #62627 Route #2153 Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Ms M. James Was the incident reported immediately? Yes Reported to Command: (Name) Did a SQM respond to this incident? 🔽 No. 🔲 Yes (SQM Name) _____ Date Incident Occurred: 7/23/18 Time Occurred: 17:10 ☐ Do not have actual date or time Date Reported: $\frac{7/23/18}{}$ Time Reported: $\frac{19^{\circ}3}{}$ 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: MOr Inaden

Operator Signature: Relea M. Makuyana Date Submitted:



Safety & Training Department

(Check one)	Accident	Х	Incident		Time Superviso	or Arrived: 9:3	35 AM
Date of Oc	currence:		7/3/2018		Time of Oc	currence:	9:30 AM
Weather:	Clear	Day of the	e Week:	Tues	sday	DHD (Y/N):	N
Location (Cross Stre	et and Town)		38th	Street @ Gaines	Place - Hyattsvill	e, MD	
Pouto Impost			2	O. Minutes Dalau			
Route Impact:		Salata va Capaca	31	0 - Minutes Delay			
Employee Name:				Lyford Banks			
Run#	18	01	Bus#	631	169	Tag#	LG85850
What happened (Be Specific and Brief):	police dispa	atched to assist. Pe accommodated by	er Supervisor In	vestigation 4 patr	rons on-board, n	o injuries clai	
Injuries (if any):				None			
Vehicle Damage				None			
(Check all th	nat apply)	Police	Y	Ambulance	N	Tow	N
Was the O	perator sent for D	rug/Alcohol Test ()	(/N):			N	
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 9:31 AM	
Supervisor	B. Ogu	ndeko	AGM	J. Modlin @	n 9·31 ΔM	Maint	Oneal @ 9:33 AM
Supervisor	D. Ogu	HIGH THE RESERVE TO T	(Calabase and a	3: 1410 dili11 (PART CANADA	IVIGITE	Official & 5.55 AIVI
Intermin Sa	fety Mgr.	R. Jones @	9:31 AM		Dispatcher		D. Terry
C A N	1 7:			BA 1401	0.0.44.444		
County Name (Check		Х	M. Wilson (@ 9:44 AM 	(Must be	done within 1 hour)	
Z = L = L = L = L = L = L = L = L = L =	Emales Assignment	Telephone		WY CISON			
Please note the details of this incident will change when the Supervisor Arrives							

Vehicle Accident Report



erators CDL # / Exp	Date	V	'alid DOT Med Yes □ No	Card / Exp I	Date		PP	t Report #		65	Abuse Tested
-520-564-88	37-818			f Vehicles	SmartDriv	e Trigger	ed	Scene Pho	tos		
Accident Date Date	ay of Week		100100111			□No		e Yes [□ No	□ Ye	es el No
44/3/18	Tyesday	9:	50 tm	2	Survivision			OTHER PAR	TY		
	10-Headan		/EHICLE 1		(abial	э П	Bicyclist	□ Pedestrian	□ Fixe	ed Object	□Pax Fall
erator Name (Exactly As Prin	ulliam	Bank	2		Name (Exactly As			STATE OF THE PERSON AND PROPERTY.			
erator Name (Exactly As Print Land of the World of the Wo	et)		Apt#		The state of			in yes	24	UNK	./00.01-
13803 W	18/VIEW P	State L	Zio		Address (Include)	lumber & Str NICN	eet)		Apt#		
Bowie		MA	2072 Student Driver? Y	0	City or Town	NICN	State		Zip		
	ate of Hire		Student Driver? Y		Oily or remi			Driver's License	Lic. St	tate	# of Occupants
of Cards # of Occ	upants #Sea	ted	# Standing		Date of Birth	Sex		-	20.0		1
of Calus		1	0		Insurance Co	Pol Pol	F Icy#&Exp	Date DNo			
us ID# Plate #	State		ar / Make								
3169 L4 859	SSO MI	# 8, Run #			Name (Exactly A	Printed Reg	gistration)				
Gilly	18	3/180	1		Address (Include	Number & S	treet)		Apt#	ŧ	
/IN	4 (4) (7)						Stat	9	Zip		
nsurance Co Old Repub	Polic	y#& Expiration	Date Date	7/1/19	City or Town						T Color
Old Repeb	lec 1	of Accident	71100	11111	Plate#	State	Year &	Make of Vehicle	Vehicl	e Type	Color G 57 P
Address/Street on which acc	dent occurred	8 H SH	reet		9BC 349	MD	1 44	450	11.	BENZ	
Address/Street on which according to the street on with	N/A				VIIV			Unkn	2000		
At intersection with	Feet N	S E W of_			Telephone #						
/	□ Off Roadway	V						P/1	A .		
☑ On Roadway At Bus Stop? ☐ Yes ☑	No (if yes)	Near Stop	□ Far Stop □	Mid-Block stop				(
Weather ☐ Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy	Surface Dry Wet In Snow Other		Traffic Control Stop Sign Yield Sign Traffic Sign Flagman Uncontrolle	DI Light Day Daw Daw Day Dar Dar	ight n		☐ Divide ☐ Undivi ☐ Aspha ☐ Concr ☐ Grave ☐ Other	ided alt rete al	☐ Straigh ☐ Straigh ☐ Straigh ☐ Curve ☐ Curve ☐ Curve	y Characteris ht and Level ht and Grade ht at Hillcrest and Level and Grade at Hillcrest	tics
Other		Pre Accid	ent Movement				Unusua	I Road Conditions Inusual Conditions			
V1 V2/OV Ging Straight Making right tu Making right ou Making right ou Making left tur Making left tur	Ahead Im If In red In ☐ Stoppe	g Bus Stop gor stopping in tra d in traffic		V2/OV Changing Lar Passing Merging Backing Other	es	☐ Holes ☐ Obst	s / Deep Rut ruction in road struction / repair zon e material on road uced road width	18			
□ □ Making U Turi	Turn S			eed Limit	Estimated Spe	ed Limit	Dire	ction of Travel			Collision With
Vehicle Lights No 1 ☑ On ☐ Off No 2 ☑ On ☐ Off	No 1 ☐ Left		Vehicle 1	35 mph	Vehicle 2 35		Q	Vehicle 1 S E W Vehicle 2	☐ Bicyc	Train d Object	de
	No 2 ☐ Rig	t Turn On ht Turn On ur Ways On		Dad	estrian / Bicyclist	Action	C	S E W	☐ Anim		
☐ Crossing With Sign ☐ Crossing - No Sign ☐ Crossing Against S ☐ Crossing - No Sign ☐ Going To / From S	al or Crosswaik ignal al/Marked Crossw	alk	PIT	☐ Riding / Wa ☐ Riding / Wa ☐ Emerging F	king Along Highwa Iking Against High rom in Front of or I	y With Traf vay With Tr Behind Park	dillo	A A		☐ Working ☐ Not In Ro ☐ Other	

Vehicle Accident Report AR# Police Investigated? ☐ Yes ☐ No Police Department Responding Prince Georges County Police □ Railroad Crossing ☐ Passing ☐ Backing ☐ Hit Fixed Object Officer Name (Badge / ID#) LABOONE / # 3946 ☐ Merging ☐ Sideswipe ☐ Hit Pedestrian ☐ Head On ☐ T-Bone Report# PP18070300000765 ☐ Hit Animal ☐ Bus Right Mirror ☐ Right Turn ☐ Bus Left Mirror ☐ Left Turn ☐ Bus Door Operation ☐ Bus Rear Ends Vehicle ☐ Sudden Stop ■ Vehicle Rear Ends Bus ☐ Roll Over ☐ Wheelchair Lift Operation ☐ Ran Off Roadway ☐ Roll Away (Not Secured) P/A Type of Trip N/A ☐ Business Trip Without Pax NA With Pax ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: Fixed Route □ Non Rev move Unknown ☐ Charter ☐ Charter ☐ Maintenance ☐ Para Transit Vehicle 2 Towed By ☐ Para Transit Accident Description anded for was NONE 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. Car Truck Bus 2 Bus 1 ->X Shuttle Vehicle Articulated Bus → | --Transported By Unit # -Other Transported To Injured Transported To Type of Injury Claimed Name of Witness / Injured Claiming Injury? 0/4 Age NA NIA Dune NO Micheal P/A Black PIA 13/4 No wa 00 Khadeejatu Komma MA NIA SIA Dola 150 pharvon Basalde Opulus Supervisor Name (Print):_ Supervisor on Scene? Yes 1 No Unit Number 0/94 Supervisor / Manager Reviewing Supervisor's Signature SPP F.20 7/2015

Operator Incident Report (Continuation Report)



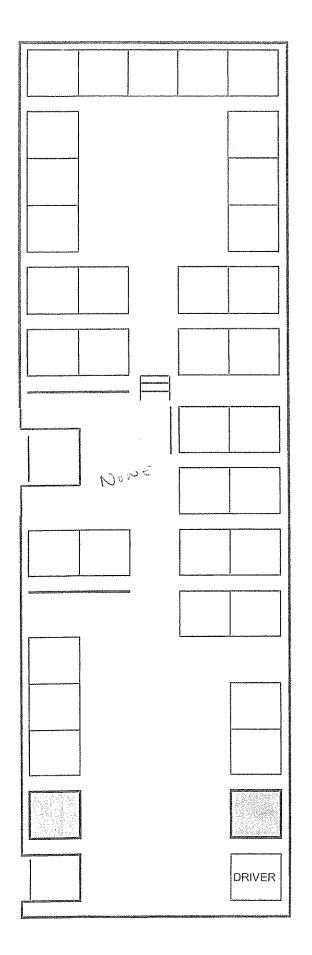
Today's Date: 7/3/2018 Time: 0930
Operator Name: Lyford Banks Vehicle # 63/69 Route # 1801
On route I approached a pedestrian cross walk with flashing yellow lights. I noticed two cyclist approaching the cross walk. I activated my four may flasher, and brought the bus to a halt to yield cyclist in the cross walk the right of way. A short time about (10 seconds) I felt a joint from the rear of bus.
Operator Signature: Jy W. Ba Date Submitted: 7/3/2018 SPP F.8 Rev 5/2015



Notice Franciscopies has champed decisions to laboration.

Supervisor's Investigation Report

Date: 7-3-2018 Time: 9:30 Am Run: 180(
Operator: Lyford Bouses Division: 0124 Vehicle: 63167
Supervisor: Basaloia Cymuns
Location: 38 th Sheet Hyertsuille M.B. Address or cross street City & State
Description of Event:
On Therday July 3 2018 Opentor Bours Nºss heading North towness Arders on 38th Streets
where he stopped for Padastners and Cyclist
with activated Passing tellow light buck cating
Dedestrone have the right of wing this Open to
Brukes had her four word floolers on as were.
But by a Surprise, a Mancedez-Benz GL 470
WITH Maryland Tay # 9 BC 3402 year endel
Bud 63/67, There were 3 Patrons on Good Clammed
no higher and both historial drivers as well.
The absorble Benz GL 473 was Toward while
Bus 63167 was dryible with No dange and
police officers were present of the Scane
Supervisor Signature:
I Inelow soome



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.

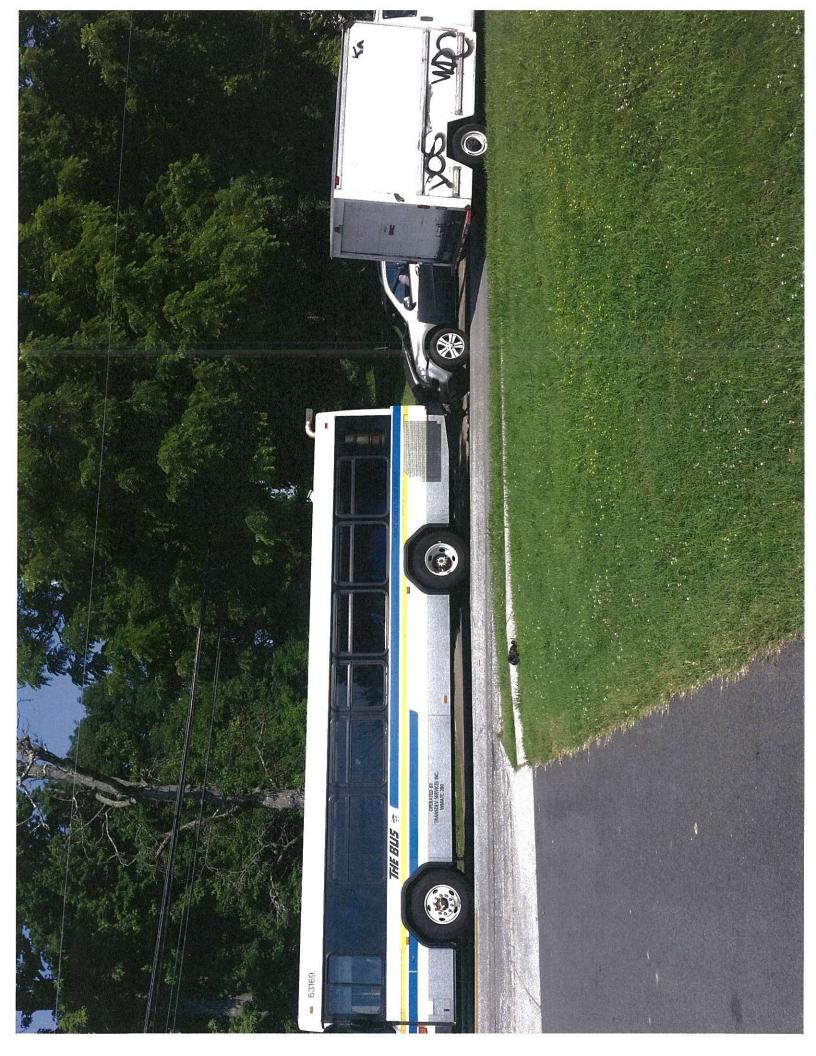
Thank You!

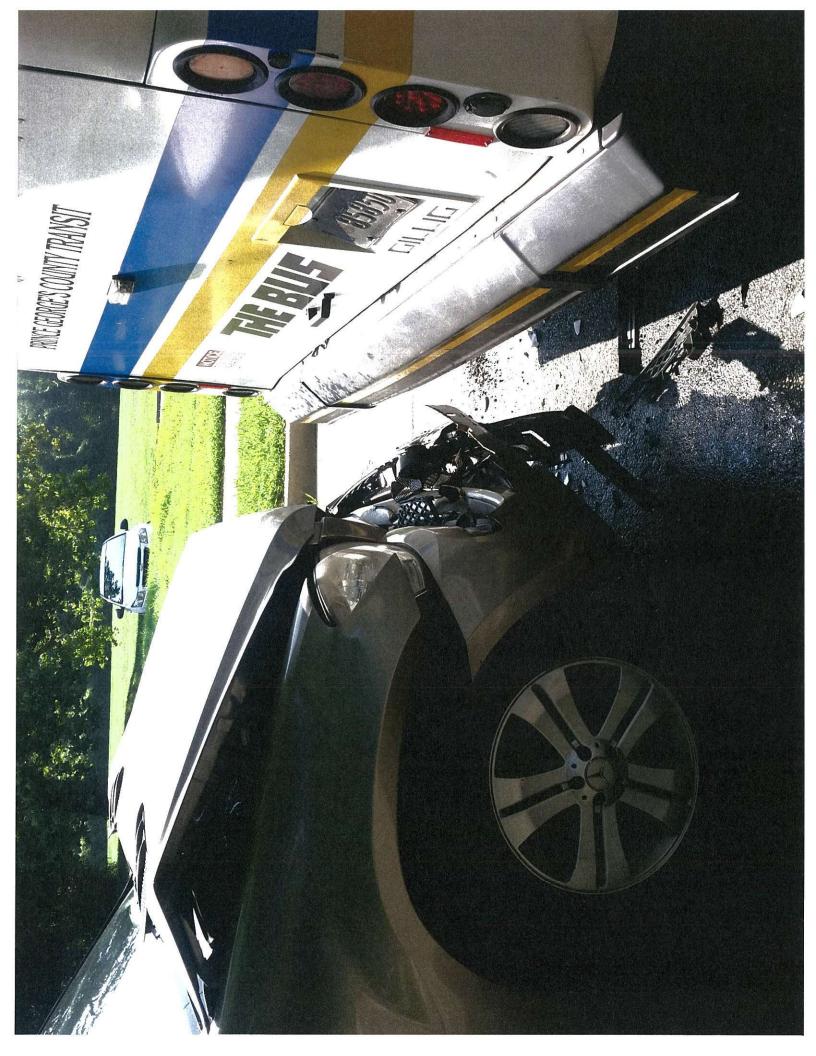
Date: 7 3/18 Time: 9:30AM
Location: 38 Shark
Driver: Lyfor & Banes
Supervisor: Basida Og mun



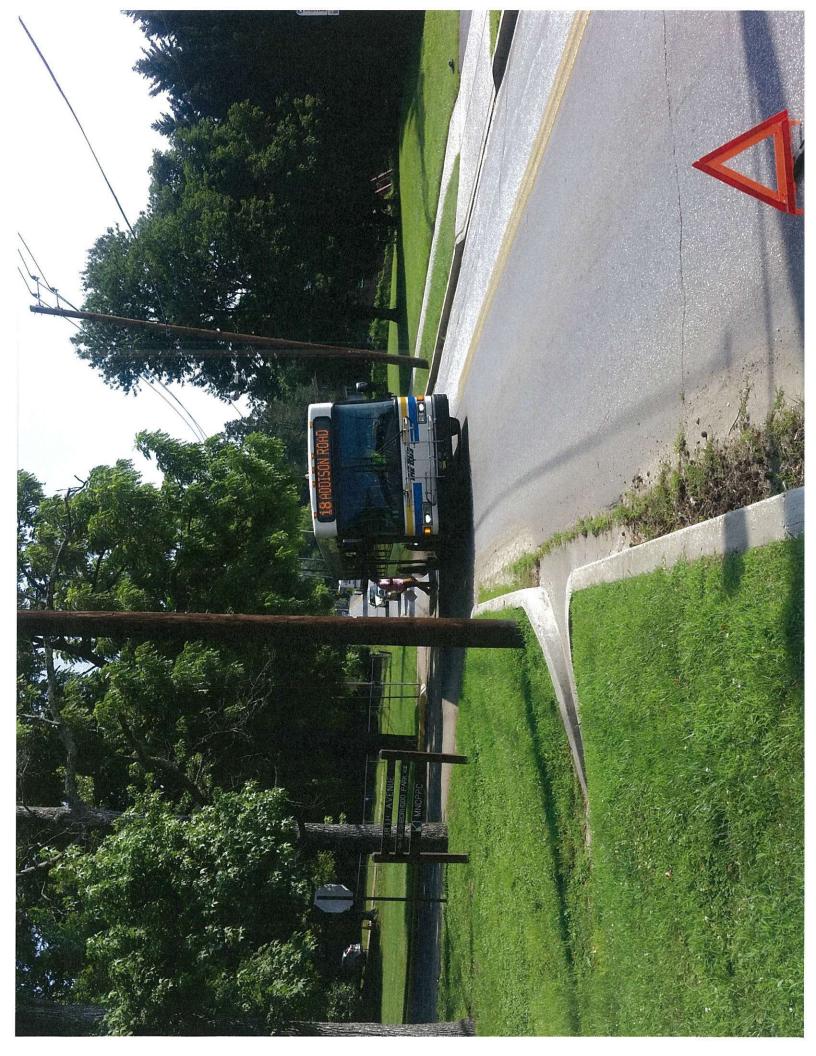
transdev supervisor's incident report

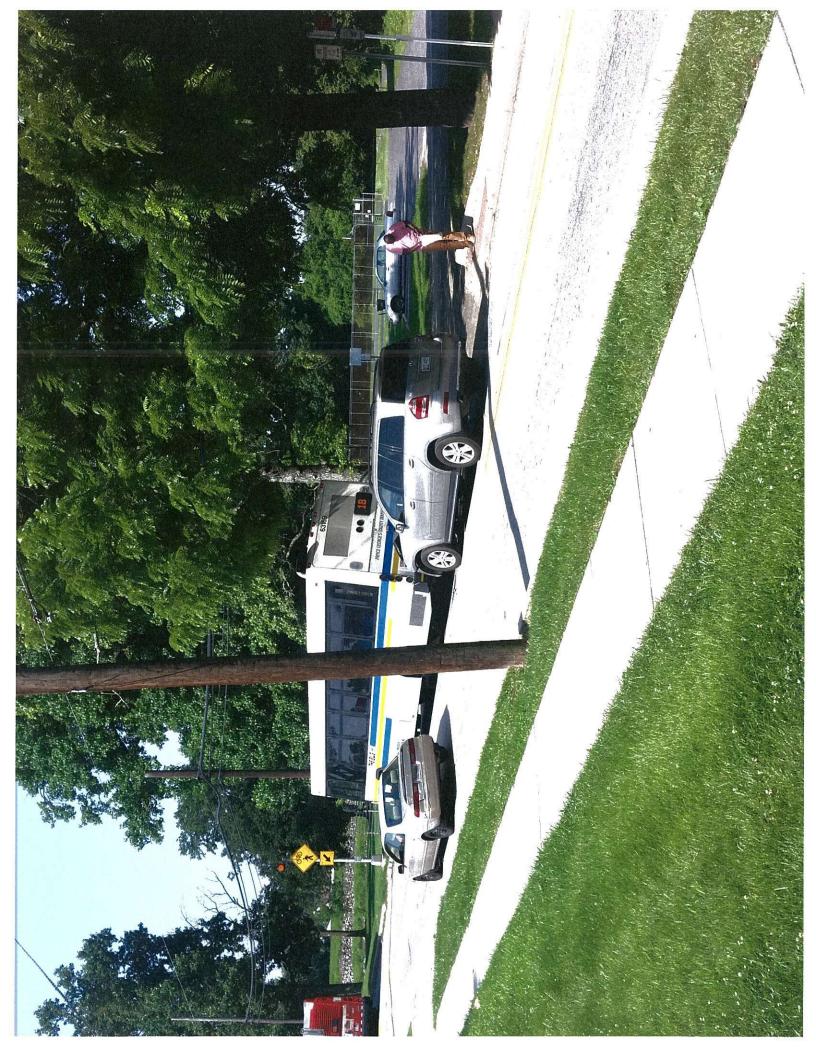
Date#: 7-11-18 Time: 946Am Run: 2301	
Operator #: VERONA BAIDWIN Division: 0124 Vehicle: 63190	
Supervisor: Robert Green	
Location: Villiage Green DR / BEIL HAVEN DR LANGO MD Address or Cross Street City & State	_
Address or Cross Street City & State	
Description of Event: Operator Baldwin in bus 63190 WAS	riesse,
WHEN VEhicle (2) tryed to pass the bus on	_
WHEN VEhiclE (2) tryed to PASS the bus ON	_
The Drivers side making contact with the milds PANEL of the bus. NO damage to Either	2
JANEL of the bus. NO daminge to Eithen	
VEhicle	
	-
	_
	-
	_
	-
	_
	_
	-
Supervisor Signature	

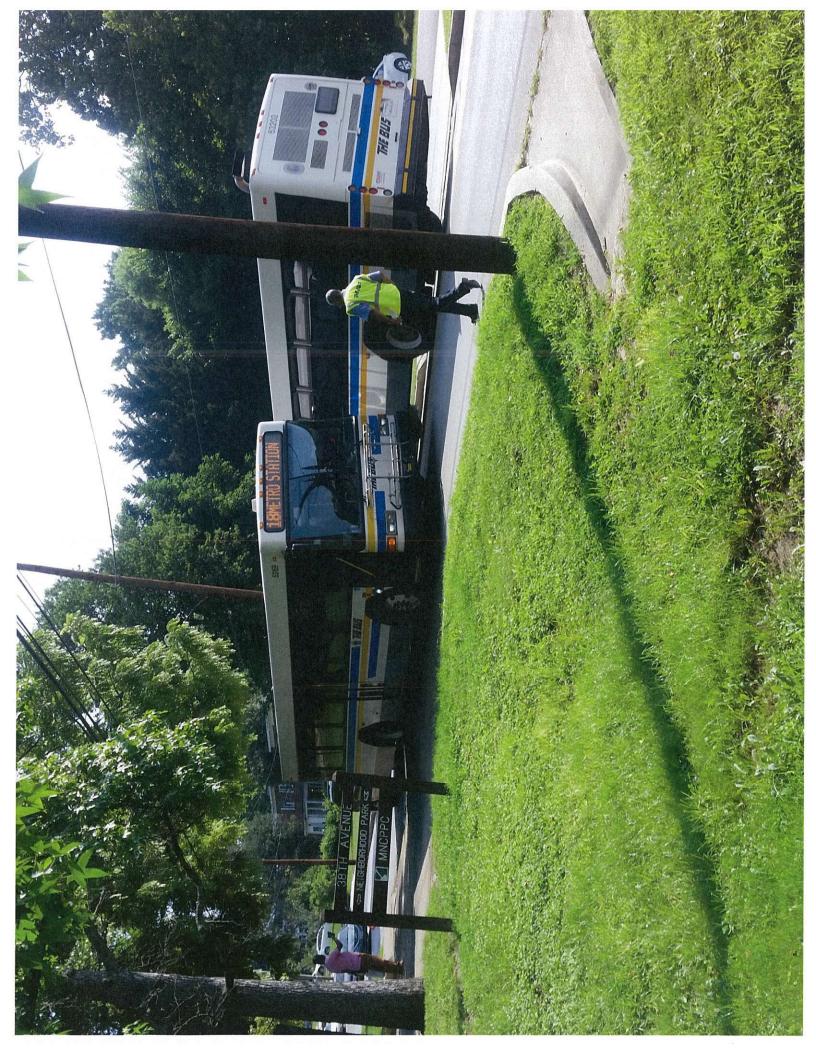


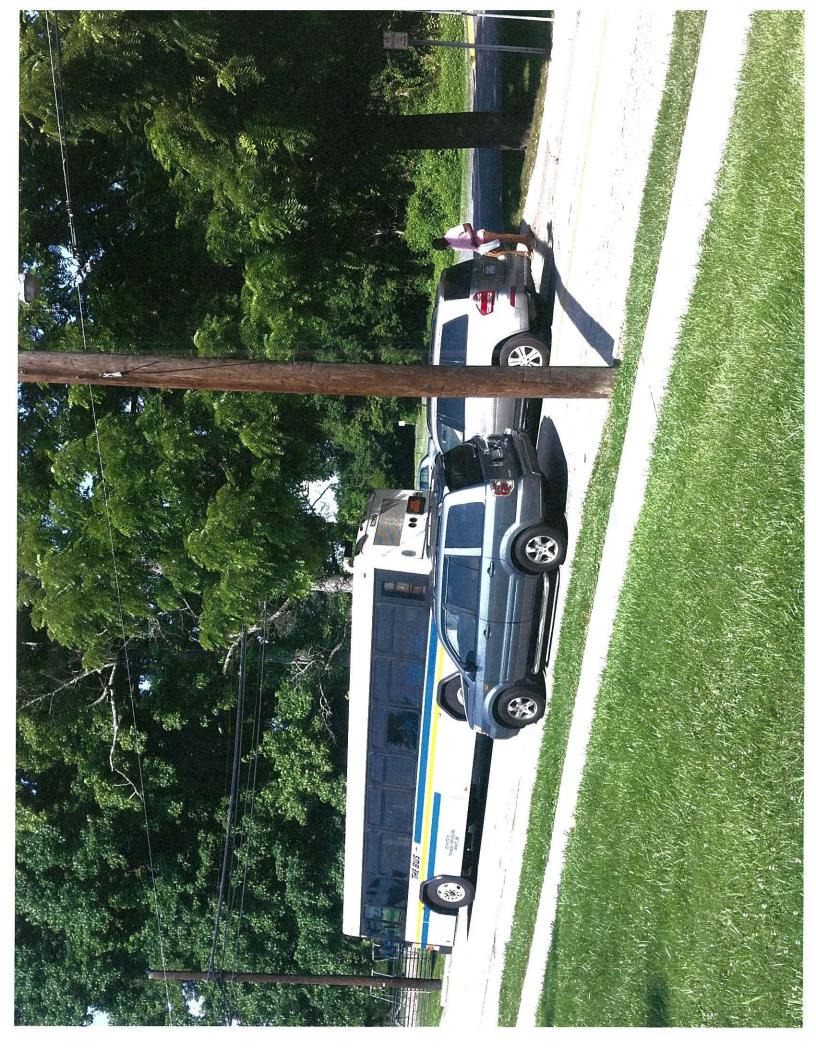












Prince George's County Police

Case #: PP180703 0000 0765

Officer/Employee: 1880NE 7946

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

www.princegeorgescountymd.gov

www.crashdocs.org

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



(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: 10	0:10 AM		
Date of Occ	currence:	- 1	7/9/2018		Time of Oc	of Occurrence: 9:40 A			
Weather:	Clear	Clear Day of the Week: Friday D				DHD (Y/N)	: N		
Location (Cross Stree	et and Town)		Wood	yard Rd /Pine vie	w Ln, Clinton, M	aryland			
Route Impact:				1 missed pull					
Employee Name:		Mel Canady							
Run#	30	001	Bus#	63:	213	Tag#	LG922313		
What happened (Be Specific and Brief):		There were no injuries reported. The operator continued on route.							
njuries (if any):				None					
/ehicle Damage				None					
(Check all th	at apply)	Police	N	Ambulance	N	Tow	N		
Was the O	perator sent for D	rug/Alcohol Test (Y	/N):			N			
							tion of the second		
Noti	fied (Indicate nan	ne and time) GM:							
Supervisor	G. Be	llinger	AGM	J. Modlin (@ 9:41AM	Maint	Harold @ 9:42am		
Asst. Safe	ty Mgr.	R. Jones @	9:40AM		Dispatcher		D. Terry		
County Name	and Time:			M. Wilson (⊋ 10:07 AM				
(Check one)		Telephone	Telephone X In Person			(Must be	e done within 1 hour)		
lease note the letails of this incident vill change when the upervisor Arrives									

Operator Incident Report Transdev

Fodow's Date: 7 - 17 - 18	00/17/
Operator Name: Mel CANAdy	Time: 0947475 Vehicle # 63213 Route # 3001
Report Submitted to: Supervisor Dispatch	
Check One: Passenger Accident Passenger Incide	
Passenger Complaint No Damage Vehic	
Was the incident reported immediately? 185 R	Grandelli Report Tother
I did not report the incident immediately because:	eported to Command: (Name) 11900 Green
Did a SQM respond to this incident? No Yes (SQM	Name) pellinger
Date Incident Occurred: 7-13-18 Time Occurred:	Do not have actual date or time
Date Reported: $7 - 13 - 18$ Time Reported: 094	☐ This is a late report
Location of Incident (1800 /ARD Rd & Fire Viz	
Complete a separate Incident Report for each passenger affe	ected by this event.
Passenger Name:	Passenger ID/Seat #
Explain what happened: While headed to ON THE 3001 ROUTE A PASSE ONTO the Floor of the Bus. happen, A witness FE told of WI TWESSENDENT GIVEN TO SUP WITNESSENDENT GIVEN TO SUP	Teldet The this ide dent ne what happen that pervisor Bellingwere:
	5 m
	3
Ma .	
W/// 4 / /	7
perator Signature:	Date Submitted: 1-13-18
	SPP F.8 Rev 5/2015



Transdev supervisor's incident report

Date#:	7-13-18	Time:	C 14 2.	Run: 3C C 1
Operato	r#:MEL CANAdy	Div	ision: 0124	Vehicle: $932/3$
Supervis	SOT. GARY BELLING) i		
Location	May AR Re Address or	- d	L'/nt	n MD
Descript	ion of Event: Court	My ARRIVAL,	PERUTE NE	al Country was about
				Counter was
a la				shers en. It was
only.	tice patrons c	in the Ford	seth geng.	11 sather Maryland
				ned MAME HIL
swid a	that she is	c K, 7/15 0	tise pateci	, Wanda leterson
Sintes	1 that when	HE CHEVATE	- pulled at	The freed to obt
				& RAILAND Sie
				Us find W these the
	ent. (21) 244			
	01111	75 75 778	is II middle.	
			-	
	Ų.			
	Λ =	W.		
Supervisor	Signature:	May		



(Check one)	Accident	X	Incident		Time Superviso	or Arrived:	N/A		
Date of Occ	urrence:		7/10/2018		Time of Occurrence:				
Weather:	Clear	Day of the	e Week:	Tue	Tuesday DHD (Y/N):				
5000									
Location (Cross Stree	et and Town)		Allentown Ro	oad @ Old Branc	n Avenue, Camp	Springs, Ma	ryland		
Route Impact:			1	None	NACAR-PARTERING				
Employee Name:		Tyree Bullock							
Run#		I/A	Bus#	63	145	Tag#	LG81874		
(Be Specific and Brief): njuries (if any):		investigated the damages to the bus once returned to the yard.							
injuries (ii aliy).				None					
/ehicle Damage	Contractions and London and		Minor scra	atches to the left	ear bumper				
(Check all th	at apply)	Police	N	Ambulance	N	Tow	N		
Was the Op	perator sent for D	orug/Alcohol Test (Y/N):			N			
			Piliter Ch	ALCO PICKS	AND STATE	- 300 (4-5)			
Notii	ied (indicate nan	ne and time) GM:							
Supervisor	R. B	rown	ОМ	M. James	@ 4:08 PM	Maint	Zaw Zaw @ 4:08 PM		
Interim Safe	ety Mgr.	R. Jones @	4:00 PM		Dispatcher		R. Campbell		
County Name and Time: (Check one)		Telephone	Х	M. Wilson In Person	n @ 4:08 PM	(Must	be done within 1 hour)		
Alice of the second second		A STATE OF THE STA	THE PHOP	MIT CISON	CONTRACTOR DOLLARS CO	2500 X 414000	BUTTO CONTROL OF THE BOOK		
Please note the details of this ncident will change when the Supervisor Arrives									

Operator Incident Report

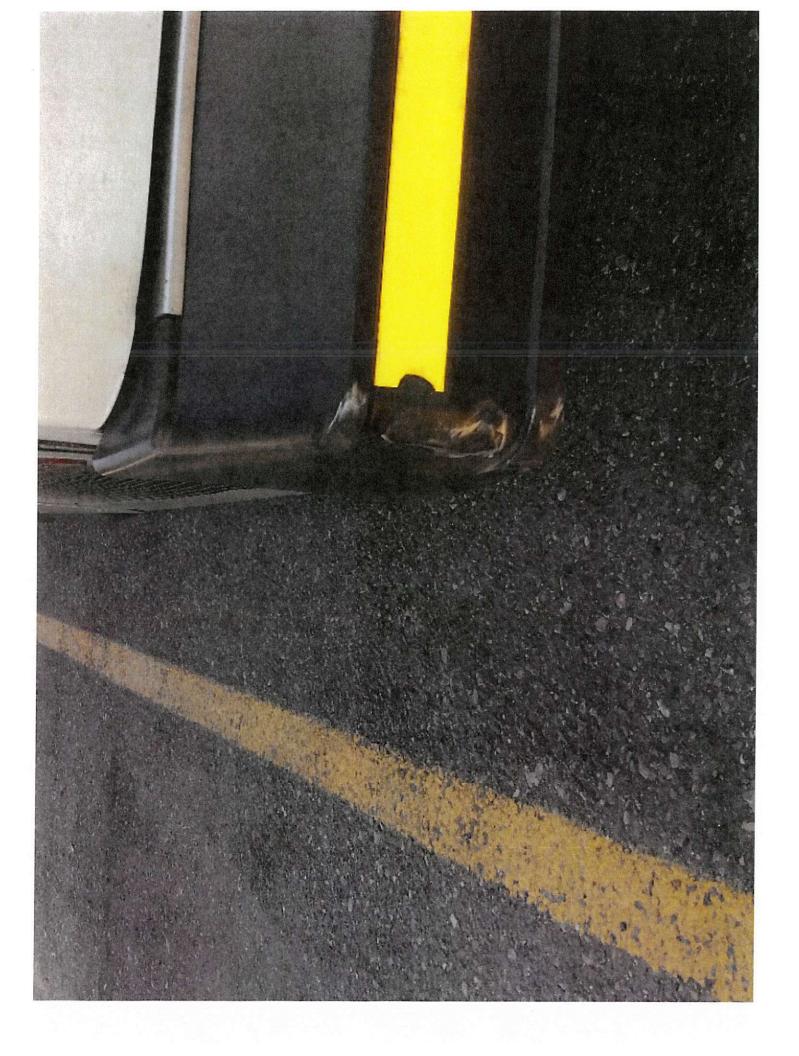


Today's Date: 7/11/18 Time: 4.58 p.m
Operator Name: Bulluck, Tyree Vehicle# 63145 Route# 3302
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? ICS Reported to Command: (Name) Comb (
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 1/10/19 Time Occurred: Do not have actual date or time
Date Reported: 1/10/19 Time Reported: ☐ This is a late report
Location of Incident Allentown RD and old branch ave
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: 63145 Was broke down and in the process of being towed, and in the process of heing hooked up for timesport the tow truck driver advised me that a car and struck the Rent left corner of the bas, and the car had page in-a the gas Station then after took off down the road.
First Park Control of the Control of
perator Signature: Typu Budduc Date Submitted: 7/11/18

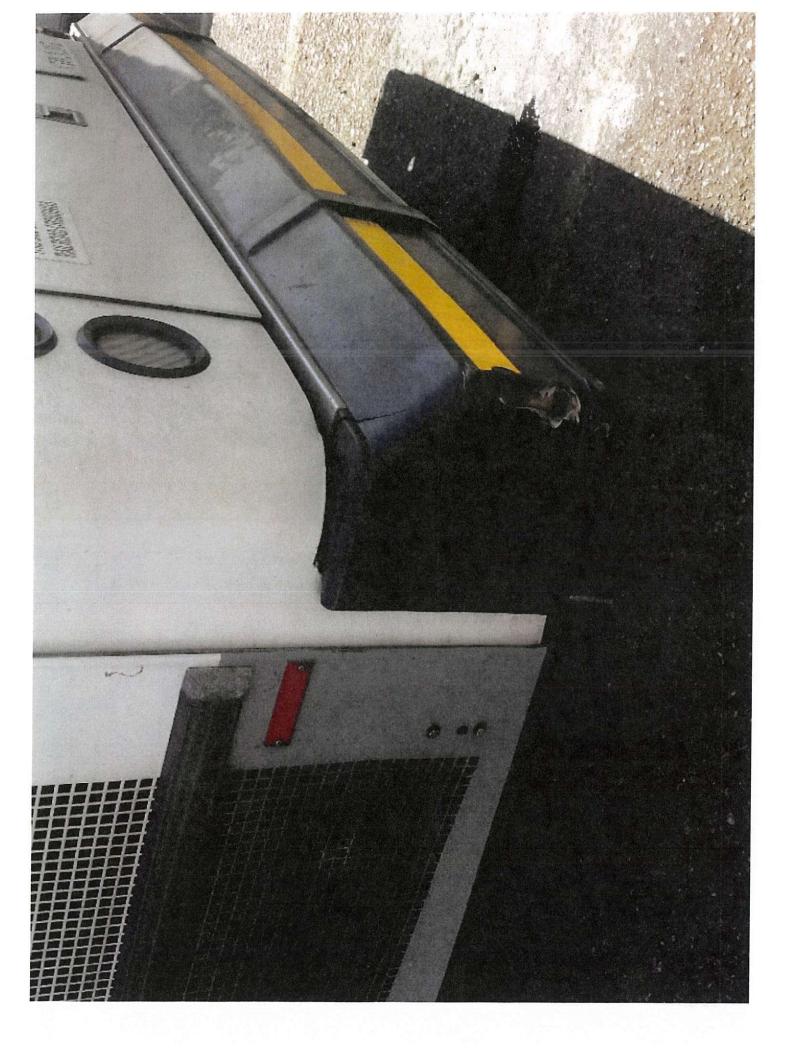
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	transdev
	dis data on exers o

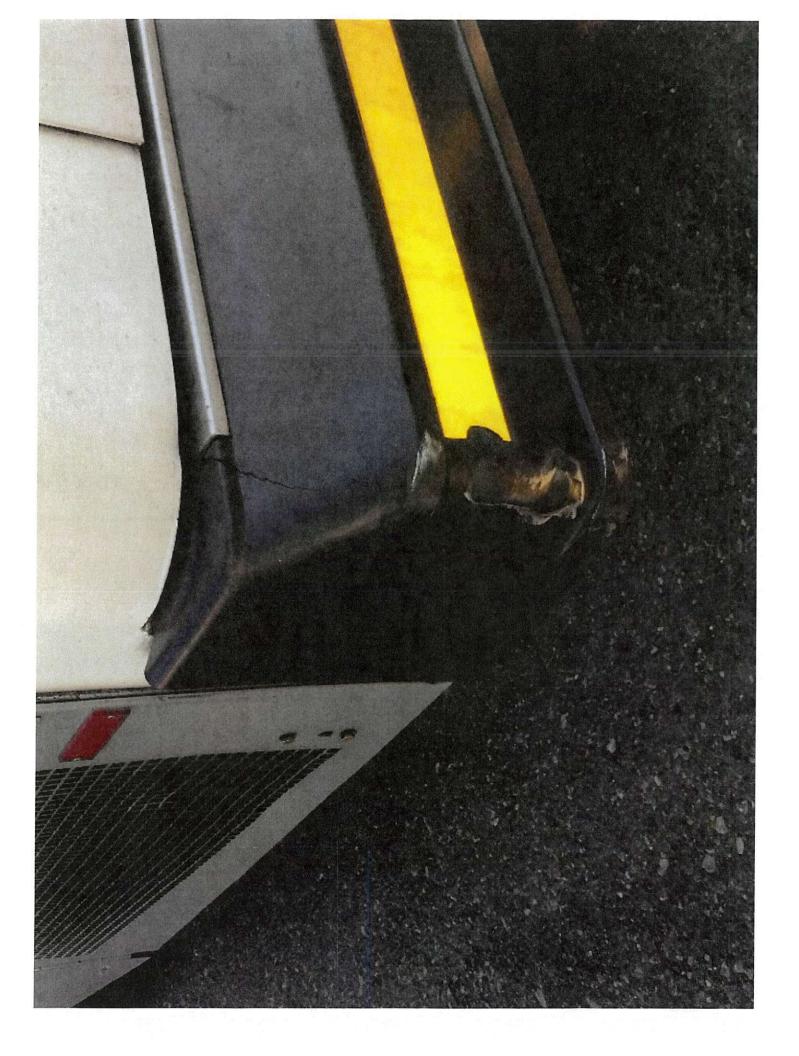
SUPERVISOR'S INCIDENT REPORT

Date#: 7/11/18 Time: 3:5	1 PH	Run: N/A
	rision: <u>0124</u>	Vehicle: 63 i 45
Supervisor: Robert J. BILDINA		
Location: ALLENTOWN ROAD OUT Address or Cross Street	BRANCH AVEN City &	LE CAMP SPINNES, MD
Description of Event: NEHICLE # 1 WAS IN	THE PROLESS O	F BEING TOWED
WHEN VEHICLE #2 MADE CONTACT		
Nemole #1. Vehicle #2 FLED	THE SCENE. T	HERE WERE NO
PATRONS ON BOARD NO INJURIES	NERE CLASHED.	Supervisor AND
MAINTENANCE INVESTIGATED THE D	AMAGES TO THE	Bus ONCE
RETURNED TO THE YARD THERE AL	-SU WERE PH	OTOS TAKEN IN
THE YARD.		
	~	
Supervisor Signature: Robert B_		











(Check one)	Accident		Incident	Х	Time Supervis	or Arrived: N/A						
Date of O	Date of Occurrence:		7/11/2018		Time of Occurrence:							
Weather:	Clear	Clear Day of the Week:		Wed	Wednesday		N					
Location (Cross Stre	eet and Town)		County Ad	ministration Buildi	ng , Upper Marlb	oro MD.	per sa ordina propriate					
Route Impact:		20 Minute Delay										
Employee Name:		T.Childs										
Run#	5	301	Bus#	6:	2640	Tag#	LG94258					
	Operator state	d that a female nate	on that seem to be men	stally disturbed bea	an taking off her	clothing and vol	ling and screaming					
What happened (Be Specific and Brief):	Police and a s	Operator stated that a female patron that seem to be mentally disturbed began taking off her clothing and yelling and screaming Police and a supervisor was dispatched to that location. There were 4 patrons on board and no one was injured. The patron was amoved from the bus by the authorities without any further incident before the Supervisor arrived. The Supervisor was called and to disregard. The operator was able to continue in service.										
Injuries (if any):				None								
Vehicle Damage				None								
(Check all	that apply)	Police	Y	Ambulance	N	Tow	N					
Was	the Operator sen	t for Drug/Alcohol T	est (Y/N):			N						
	Notified (Indicat	te name and time) G	M:									
				DE LES CALLES	PAUL BUILDING AND							
Supervisor	D.Bo	oykins	AGM	K. Jay @	7:22PM	Maint Za	w Zaw 7:25PM					
Asst. Saf	ety Mgr.	R. Jones (VM)	@ 7:22PM Left Mess.		Dispatcher] F	R.Brown					
		Barrier and America										
County Nam				M. Wilson @	7:20PM							
(Check one)		Telephone	X	In Person	Section 1	(Must be	done within 1 hour)					
Please note the details of this incident will change when the Supervisor Arrives												

Production and desired to the control of the contro	
Today's Date:	Time: & CIC
Operator Name: Takraaka Chikis	Vehicle # (2000 Route # 90 530
Report Submitted to: Supervisor Dispatch	☐Safety Dept.
Check One: Passenger Accident Passenger In	
	/ehicle Incident Report Other
	Reported to Command: (Name) Mr. Bewo
did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes (S	
	d: Do not have actual date or time
Date Reported: 7:11 9 Time Reported: 7	
ocation of Incident County administration	
Complete a separate Incident Report for each passenger	
Passenger Name:	Passenger ID/Seat #
in 2 place time and your	exed her from the last
one and prince one and com	exed her from the last
	Com Mile Mile
	77
erator Signature: The Child	Date Submitted:
V /	SPP F.8 Rev 5/2015



Date#:	Time:	7:20pm	Run: <u>530/</u>
Operator#: T. Childs	S	Division: <u>0124</u>	Vehicle: 63640
Supervisor: $\underline{\mathcal{D}_{\mathfrak{S}_{N}}}$	oykin	-	
Location: County Aclm	inistratio	1 Building Ux	per Marlboro, Md.
,,			
Description of Event:	was call	ed by disportal t	o report on a
passenger incid	ent wi	th bus 62640,	on the 5301 noute
at the pear of	the Con	unty Administrati	on Building in Upper
Marlboro, befor	ce I co	uld'arrive to b	is it 3640. The
			d the operator had
resumed service			•
,			
			,
			•
\bigcap			
Supervisor Signature:	Bayk		
	/		- ·- -



(Check one)	Accident		Incident	X	Time Superviso	or Arrived: 12:00)			
Date of O	ccurrence:		7/11/2018		Time of Oc	11:40 AM				
Weather:	Clear	Clear Day of the Week: Wednesday D				DHD (Y/N):	N			
Location (Cross Stre	eet and Town)		Baltimore Av	enue @ Berwyn	House Road - Co	llege Park, MD				
Route Impact:			3	0 - Minute Delay						
Employee Name:		Deborah Woods								
Run#	1	702	Bus#	62	623	Tag#	LG94084			
What happened (Be Specific and Brief):		that female patron for requested Supen patron	visor & Police; E		to assist. Supervi	sor was unable t				
Injuries (if any):				None						
Vehicle Damage				None						
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N			
Was the (Operator sent for D	Orug/Alcohol Test (Y	//N):			N				
Not	tified (Indicate nan	ne and time) GM:	1.15.0000000000000000000000000000000000		nothing the Annual State on a 1	THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O				
Supervisor	B. Ogu	undeko	AGM	Modlin (VM)	@ 12:12 PM	Maint				
Asst. Safe	ety Mgr.	R. Jones (VM) (@ 12:09 PM		Dispatcher	D.	Terry			
County Nam	e and Time:			M. Wilson (a 12:12 PM					
(Check one)		Telephone				(Must be done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives										

Operator Incident Report	100
7/1/18 transa	L)
Today's Date: 4171 18 Time: 11.39	
Operator Name: Deburuh Wilvels Vehicle # 62423 Route # 17	
Report Submitted to: Supervisor Dispatch Safety Dept.	
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage	4
Passenger Complaint No Damage Vehicle Incident Report Other	
Was the incident reported immediately? \(\tau \) 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: 4 11 18 Time Occurred: 11 13 4 Do not have actual date or ti	me
Date Reported: 11 18 Time Reported: 11 . 3 1 This is a late report	
Location of Incident AT 1 (BERYON RCL	
Complete a separate Incident Report for each passenger affected by this event.	
Passenger Name: Passenger ID/Seat #	
Explain what happened:	
teatron got on the Bus she didn't have her	
Bus Fare, She Tried To put PENNIES IN +	he
FARE 304 I Told DEC + WIT the Fare Box	
CLON LANGE DENINIES SINE GOT LOUTE ON	· L
Called Disported Tu in the Disport	1-
BENOVER OFF RUS MC 101- Cons	
OUT, AND PRODENS COT WORSE	
property of the constant of th	
). }
	No. 12
perator Signature: Property (Cold's Date Submitted:	
SPP F.8 Rev 5/20	015



Transder supervisor's incident report

Date#: 7-11-18 Time: (1-40 4 m	Run: 1702
Operator #: Woods Deboy at Division: 0124	Vehicle: 62623
Supervisor: Babalora Opulus	
Location: Berwyn Ave Bellewere Ave College Address or Cross Street City & S	Price Mo.
Address or Cross Street City & S	State
Description of Event: On Wadarana Jary (1	2018, Dispteh
Called Superview Lola to lovestageto co	In circles to
before unknown performand open to	woods.
On getting to the scene of	incident the
Patron was so land with profond work	
Miss Wood. The Superior united	
to step of the Bas so there he can	
with her she went of in a va	
Calling the Supervisor out of his	
Supervisor hole Called Dispeter	
to luform law enforcement to come	
Some but we fortundaly the P. F.	
left with motes Pour and Super-sur	
to disveyore Calling the Police	
Woods west basse in some	
62623.	
upervisor Signature:	
	Lu.



(Check one)	Accident		Incident	Х	Time Superviso	:09 PM			
Date of O	ccurrence:		7/11/2018		Time of Oc	Occurrence: 4:48 P			
Weather:	Clear	Day of the	• Week:	Wed	nesday	DHD (Y/N)); N		
Location (Cross Stre	et and Town)		Spring Hill L	ane & Breezewo	ood Drive Greenb	elt, Marylan	d		
Route Impact:				20 Minute Delay					
Employee Name:				Gerald Martin					
Run#	1	605	Bus#	62	.625	Tag#	LG94269		
What happened (Be Specific and Brief):	Operator request	Anna Contract Contrac		rator was able to	assist. The police		o escort the patron off		
Injuries (if any):				None					
Vehicle Damage			ESTREMENTAL STREET	None	EROPET PROFESSION	2002 SEE V.S.	ENGLISHED OF STREET		
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N		
Was ab a C		During (Allenhall Took ()	v /nı\.						
was the C	perator sent for D	Orug/Alcohol Test (\	//NJ:	ERSETT AND ESC.	cara trace means	N	AND THE STREET		
Not	tified (Indicate nan	ne and time) GM:		SERVICE CONSTRUCTOR	Participation of the Control of the	ASSESSED OF SERVICES	Section Control of the Control of th		
Supervisor	K. A	lston	AGM	K. Jay 5	5:02 PM	Maint	Zaw Zaw 5:02 PM		
Asst. Safe	ety Mgr.	Mgr. R. Jones (VM) @ 5:28 PM Dispatcher							
County Name	e and Time:			M. Wilson	@5:07 PM				
(Check	one)	Telephone	Х	In Person		(Must b	pe done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives									

Operator Incident Report Today's Date: Partin Vehicle # 62625 Route # 1605 Operator Name: Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? YES Reported to Command: (Name) Ty Ler I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: _____ Time Occurred: ____ Do not have actual date or time Date Reported: 7-11-18 Time Reported: 4:48 | This is a late report Location of Incident Spring HILL LANE & Breeze Wood Drive, Greenbelt Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat # Explain what happened:

Operator Signature: Gerald Marten, Date Submitted: 7-24-18

(ずtransdev

SUPERVISOR'S INCIDENT REPORT

Date# 7.11-1	Ž T	ime:	1. C	a and you are a second	Run: 1665
Operator #: Carala				Vehic	le: AAAAAAA
Supervisor:	garana		w v s · · · · · · · · · · · · · · · · · ·		
Location	Address or Cros	s Street		City & State	11.
Description of Event	<u> T. L. L. L</u>		in Lun	de <u>la sel la co</u>	i la censio
and the second s			The state of the s		The state of the s
		Americani in the second se	and the second s	26	
			we en ee		entral de la companya de la company
		Approximate the second			
	e		talah Managaran alam (Calabara) ang () ng () ang () ang	er (d. Seconda). A sind objectively of the selection of t	an committee (see a committee commit
	September 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -		roan r oan an makker oo boraan ee ah oo		
			. · · · · · · · · · · · · · · · · · · ·		
. also see the second of the s		yanayan kalanga da dahar kalanga kalanga kalanga da kalanga da kalanga da kalanga da kalanga da kalanga da kal			
and the second of the second o	and the second s		and the second s		adabana sanar sa
		waa waxaa ahawaa ahaa ahaa ahaa ahaa aha	wa titu taki maana kama k ama ka	Normal Albury Lower Company of the C	
		andreadan in the control of the cont	e e e e e e e e e e e e e e e e e e e		the second section of the second section is a second section of the second section sec
			and the second section of the second section is a second section of the second section of the second section of the second section sec		
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				to the trade of the second supporting at the second	- superioristation contraction and the superior of the superiorist superiorist superiorists.
ye e e e e e e e e e e e e e e e e e e	,			n e e e e e e e e e e e e e e e e e e e	a traditional designation and a second section of the second section and the second section as the section as the second section as the second section as the section as the second section as the sec
Supervisor Signature	W. I	ana ya mana	angga an		



(Check one)	Accident		Incident	X	Time Supervisor Arrived: N/A			
Date of Oc	f Occurrence: 7/16/2				Time of Oc	8:12PM		
Weather:	Clear	Day of the	Week:	Мо	Monday		N	
Location (Cross Stre	et and Town)			2011 Owens R	oad , Oxon Hill N	ИD.		
Davida Immanda				20 Minute Dela				
Route Impact:				20 Milliute Dela	y Tananan hawa i			
Employee Name:	Complete Co., National Research Co., 5 No. 2			Jerome Thoma	S			
Run#	3:	351	Bus#	63	164	Tag#	LG84954	
What happened (Be Specific and Brief):		ch and the proper s taken to the near						
Injuries (if any):				None		112 3880036		
Vehicle Damage				None				
(Check all t	hat apply)	Police	N	Ambulance	Y	Tow	N	
Was the Op	erator sent for Dri	ug/Alcohol Test (Y	/N):			N		
Notif	ied (Indicate name	and time) GM:			A.G.M. K.Ja	ay @ 8:17PM		
Supervisor	R.Car	npbell	ОМ			Maint Za	w @ 8:34PM	
S-1-1-		1	@ 0:101	20.4	Diametehou	l p. Camaba	II @ 0-12DM	
Safety	ivigr.	K.J0	ones @ 8:18	PIVI	Dispatcher	R. Campbe	II @ 8:12PM	
County Name	e and Time:			S.Hacket	t @ 8:24PM			
(Check	one)	Telephone	X	In Person		(Must be don	e within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								



Today's Date: 7/16/18	Time: 8,12 PM
Operator Name: JEI CME THOMUS	Vehicle # 63164 Route # 335
Report Submitted to:	Safety Dept.
Check One: Passenger Accident Passenger I	ncident Passenger Injury Vehicle Damage
Passenger Complaint No Damage	Vehicle Incident Report Other
Was the incident reported immediately? YES	Reported to Command: (Name) CAMPBELL
I did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes	(SQM Name)
Date Incident Occurred: 7/16/18 Time Occurre	d: 8.13pm Do not have actual date or time
Date Reported: $\frac{7}{\ell}$ Time Reported: \mathcal{S}^{ℓ}	This is a late report
Location of Incident Jan Cwens R	
Complete a separate Incident Report for each passenge	er affected by this event.
Passenger Name:	Passenger ID/Seat #
Seizore. Efferator) THOM	Bus 63164 Was notified to priling was paring a HS SILPZEN THE BIS a THE ALZETET EMERGENCY
11 0 1 1 1	SERVICES ARRIVED AT THE
AVY AT 30. DE PATRICE	WAS IN Y ALERT + + + + + + + + + + + + + + + + + + +
IFF THE BUT BY EMERGE	MLY PERSONEL DISPATIA
WAS ALERTED IT ARRIVE	AL OF EMERGENCY STRINE
(H) PAPIN DINGSIMED A	MBILIANEE + OPERATOR STIMES
1-8 to competion of	GITE
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	Code Code Code Code Code
erator Signature: Plime Thomas	7//=
erator signature:	Date Submitted: //6/18
1/	SPP F.8 Rev 5/2015



(Check one)	Accident		Incident	x	or Arrived: 12:2	0 PM			
Date of O	ccurrence:		7/20/2018		Time of Oc	Time of Occurrence: 1			
Weather:	Clear	Day of the	Week:	Fri	day	DHD (Y/N):	N		
					700-1				
Location (Cross Stre	eet and Town)			Iverso	n Street	Mary Carrier Salary			
Route Impact:				5 minutes					
Employee Name:				Andrea Carroll	ALTERNATION OF				
Employee Name.				Andrea Carron		\$1500 mg			
Run#	3	204	Bus#	63	197	Tag#	LG90214		
What happened (Be Specific and Brief):		her son ok and she ve to on the scene o	due to she wor	rks for Metro Ass is 202-905-4018.					
Injuries (if any):		A STATE OF THE STA		None					
Vehicle Damage				None	ergafer autwekszega i kesz				
(Check all t	that apply)	Police	N	Ambulance	N	Tow	N		
Was the	Operator sent for I	Orug/Alcohol Test (Y	r/N):			N			
			100000000000000000000000000000000000000		- 0 12 25 DM				
Supervisor	G. Be	llinger	AGM	Jamey Woolii	n @ 12:25 PM				
Safety	Mgr.	Robyn Jones @	9 12:00 PM	STREET, S. S. SANDELE & CO.	Dispatcher	Taylo	r/ Terry		
County Nam	e and Time:	1		M. Wilson	@ 12:07 PM				
(Check	(one)	Telephone	X	In Person		(Must be don	ne within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives									

Today's Date: 2-20-18 , Time: 11:43
Operator Name: HACEET CARROL Vehicle # 63/97 Route # 3204
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? 10 Reported to Command: (Name) DESA
I did not report the incident immediately because: NO pASSENGER did Not let me KNOW
Did a SQM respond to this incident? 🗹 No 🔲 Yes (SQM Name)
Date Incident Occurred: 7-20 - 18 Time Occurred: 11-43 Am Do not have actual date or time
Date Reported: SAME Time Reported: 11.55 AM This is a late report
Location of Incident BRANCH HUC, ON LVERSON St.
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Vehicle No. 163197 WAS SITTING AT THE JEAGUE CIGAT TO MAKE A TEST TURM. There was a truck in growt of my kind of the legal turm. I here was a white care in growt of the legal turm. The light truened green and the west of my bus so I had to stop the pus very gast. I asked was everyone at. When we got to the station a passenger with her son came to the growt and said her son get on the growt of here was of. She wanted to get some ingormation years me the sust in lase something happened later. The did not want to wait got a supervisor, I had not last to dispatch to grow my be call phone.
Were East to asspirately grown my & cell phone,

Operator Signature: Lindur Causel

Date Submitted: 7-20-/8
SPP F.8 Rev 5/2015



Date#:	7-20-18	Time:	12:10		Run: 3204	
Operator	# A. CARROLL		Division:	0124	Vehicle: (23/97)	
Supervis	or: GARY BELLING	56				
	IVERSON STRE	y=+		14,11CE	State HEGINTS MI	
	Address or C	cross Stree	t	City &	State	
Descripti	on of Event: I CAYA	+ with	specator +	+ CARROLL ON	Ricky AVE.	
Sha s	tated that she w	as mak	ung A 18Ff 1	has of of	IVERSON STREET	
					She was about	
					F She had to	
	on breaks CAUS					
	IF EVERYONE WE					
	She got to					
					& did not give	
					on a syphinson.	
	ed off the 1				,	
,		-	/			
						1
						_
						_
Supervisor	Signature/	W	/ /ws=1			
	C					



(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 8:05 Al			3:05 AM				
Date of O	ccurrence:		7/19/2018		Time of Oc	currence:	8:00 AM				
Weather:	Clear	Day of th	e Week:	Thur	sday	DHD (Y/N):	:] N				
Location (Cross Stre	on (Cross Street and Town) Balitmore Ave & East West Highway										
Route Impact:				1 missed pull							
Employee Name:				Deborah Woods							
Employee Hume.				Seborali Woods							
Run#	17	02	Bus#	626	523	Tag#	LG94084				
	Vehicle #2 came	into contact with	Vehicle # 1 Dri	ver side mirror a	nd did not stop.	6 passenger	rs was on board but				
What happened	departed the b	us to catch anoth				olice dispato	ched to the scene.				
(Be Specific and			Supervisor sta	ted no damage to	o the mirror.						
Brief):											
	The second secon										
Injuries (if any):				None		Contracting to the Contract of	NATIONAL SANSON PLANSAGE VALUE OF THE PARTY				
Vahiala Damaga											
Vehicle Damage				None							
(Check all t	hat apply)	Police	Υ	Ambulance	N	Tow	N				
Was the (Operator sent for D	rug/Alcohol Test (Y/N):			N					
No	tified (Indicate nam	e and time) GM:			Wesley Thomp	nson @ 8·28	ξ ΔM				
					westey moni	73011 @ 0.20					
Supervisor	B. Ogu	ndeko	AGM	Jamey Modli	n @ 8:00 AM	Maint	Oneal @ 8:07 AM				
Safety	Mgr.	Robyn Jones	@ 8:02 AM		Dispatcher	Тау	lor/ Proctor				
County Nam	o and Timo:			M Wilson	@ 9.10 AM						
County Name and Time: (Check one) Telephone X				M. Wilson (In Person	@ 8:10 AIVI	(Must be	e done within 1 hour)				
				Croon		A STATE OF THE STA					
Please note the											
details of this											
incident will change											
when the Supervisor Arrives											

Vehicle Accident Report



Operators CDL # W 320 -	#/Exp Date	52-528	Valid DOT	Med Car No	d / Ex	p Date			Accident	t Report #	# 9 0 1		
Accident Date Month Day Yea	Day of W		ne of Accident	# of Vel	hicles	Sma	artDrive	Trigge	ered	Scen	e Photos	Subs	stance Abuse Teste
7-19-18	1 Thung	Thursday 8:00am 2					□ Yes ☑No ☑Yes			Yes			□ Yes ☑No
Constant trees			VEHICLE			6 6 7 5 6 7 F		Con artis	William Control	OTUED	DADTY		
Operator Name (Exactly	As Printed On Lice	ense)			12.77	TORK SEA				OTHER	PARTY		
	who W	2600				□V	ehicle 2	. 0	Bicyclist	□ Pede	strian 🗆	Fixed Obj	ect □Pax Fall
Address (Include Number	er & Street)	0 0	Apt#			Name (Exac	tly As Prin	ted On L	icense)				
5517 N	larlboro	Pike	8						UN	KINDU	Sur		
City or Town District	(1 D.	State	Zip			Address (Inc	lude Numb				A	pt#	
Employee ID#	Date of Hire	MB						41	o penso	Sin			
	Date of Time		Student Driver?	Y/N		City or Town			State		Zi	p	
# of Cards #	of Occupants	# Seated	# Standing			Date of Birth	Sex			7			
	6	6	0			Date of Billi	Sex		1	Driver's Licer	ise Li	c. State	# of Occupants
Bus ID# Plate #	0	State Vehic				Insurance Co		J M C			No		
62623 LG	94834	M 5 Route # & Run #				I I I I I I I I I I I I I I I I I I I		Polic	y# & Exp Date		Nich	(Now O	
Vehicle Type						Name (Exact	y As Printe	ed Regist	tration)		(1010		
Gullig		17/	1702						,				
VIN		/				Address (Incl	ude Numb	er & Stre	et)		Ap	t#	
Insurance Co		Policy # 9 Eurisa	lina Data										
Old Re	public	MINT P	ion Date 2 2 6 8			City or Town			State		Zip)	
	Loc	ation of Accident	3 21208			Plate #	State		Year & Make	6)/-1-1			
Address/Street on which	accident occurred	Route	1 (B-2)	anne	Cus	1 1010 17	Otate		Tedi & Make (or venicle	Vehic	cle Type	Color
At intersection with						VIN							
The state of the s	5 len	0		»1 // /	.								
Not at intersection	Feet	N(S)EW o	East We	31 48	7	Telephone #							
	☐ Off Road												
At Bus Stop? Yes	□ No (if yes)) ☐ Near Stop	☐ Far Stop ☐	Mid-Block st	ор								
				En	vironm	ental Conditi	ons						
Weather Clear	Surface Dry		Traffic Contro	the state of the s				Road	dway - # of I	Lanes	Roadway	Characteris	tics
☐ Cloudy	□Wet		Stop Sign Yield Sign		aylight				ivided ndivided		☐ Straigh	t and Level	
☐ Raining ☐ Snowing	☐ Icy ☐ Snow		Traffic Signa	I Du	ısk			□ As	sphalt			t and Grade t at Hillcrest	
☐ Foggy	☐ Other		☐ Flagman ☐ Uncontrolled	□ Da	ark Roa	d Unlighted d - Lighted		BC	oncrete	3	☐ Curve a	and Level	
☐ Other			☐ Other		iii i i iou	d - Ligitied					☐ Curve a		
		Pre Accide	ent Movement										
V1 V2/OV	V	V2/OV		V1	V2/O\	/		Unus	sual Road Co lo Unusual C	onditions			
Going Straight		☐ Exiting B	us Stop					□ Ho	oles / Deep F	Rut			
☐ Making right tu☐ Making right or			Bus Stop or stopping in traffic			hanging Lane assing	S		ostruction in a construction / a				
☐ ☐ Making left turn	1 🗆	☐ Stopped	in traffic		\square M	lerging		□ Lo	ose material	on road			
☐ ☐ making left on☐ ☐ Making U Turn			abia at ta a a a			acking ther		□ Re	educed road	width			
Vehicle Lights	Turn S		object in road					L 01	uici				
No 1 🗗 On 🗆 Off			Posted Speed			mated Speed		Dir	rection of Tr	avel	A	ccident / Co	llision With
576	No 1 □ Righ	Turn On nt Turn On	Vehicle 1 33			e135	8	too.	Vehicle 1		Other Mo	otor Vehicle	
No 2 🗷 Ón 🗆 Off	No 1 DFour	Ways On	Vehicle 2 3	5 mph	Vehicle	e 2 35	mph	1	N(S) E V	N	☐ Bicyclist ☐ Rail Trair	1	
	No 2 ☐ Left	Turn On							Vehicle 2		☐ Fixed Ob	ject	
	No 2 ☐ Righ	t Tum On						1	VSE V	V	□ Pedestria □ Animal	in	
	No 2 ☐ Four	Ways On				P				- 1			
☐ Crossing With Signal			□ Ri	Pedes ding / Walki	ng Alor	Bicyclist Act ng Highway W	ion th Troffe						
☐ Crossing - No Signal o☐ Crossing Against Sign		NIA	□ Ri	ding / Walkii	ng Aga	inst Highway \	Vith Traff	ic	10/	Δ	□P	ushing / Wo	rking On Vehicle
☐ Crossing Against Sign ☐ Crossing - No Signal/N	Marked Crosswall		r □ Er	nerging From	m in Fr	ont of or Behin	d Parked	Cars	10/	/-		Vorking In Ro lot In Roadw	padway
☐ Going To / From Stopp	oed Bus					cle Other Than	Bus						a j
												SPP F 20	7/2015

Vehicle Accident Report AR# Police Investigated? ☐ Yes ☐ No ☐ Backing ☐ Passing ☐ Railroad Crossing ☐ Sideswipe ☐ T-Bone Police Department Responding Prince Georges County ☐ Merging ☐ Hit Fixed Object ☐ Head On ☐ Hit Pedestrian ☐ Right Turn Officer Name (Badge / ID#) SCHROCK # 4060 ☐ Bus Right Mirror ☐ Hit Animal ☐ Left Tum Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation Report # PP 1807 1900000528 ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Over Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Type of Trip NA With Pax Without Pax ☐ Business Trip Fixed Route ☐ Fixed Route ☐ Errand NA ☐ Charter Vehicle 1 Towed By: _ ☐ Charter ☐ Non Rev move To ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: N/4 To Accident Description un land un Velinde Cama Contact Vehrole round (6) Service estalus 69.00W Cultur Dicken Datrons. ND DAMAGE Description of Damage Company Vehicle! ☐ Minimal ☐ Moderate ☐ Major Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Articulated Bus Shuttle Vehicle Bus 1 Bus 2 Car \rightarrow --Name of Witness / Injured Age Claiming Injury? Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # NA NA NA NA N/A D/A Supervisor on Scene? Yes No Supervisor Name (Print): Baselote

Supervisor's Signature Unit Number 6124 Supervisor / Manager Reviewing

Operator Incident Report



()
Today's Date: 7 1918 Time: 8:02AV
Operator Name: Deborah WWdS Vehicle # 62623 Route # 17
Report Submitted to:
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? 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: 7 19 14 Time Occurred: 9'. 00 Am Do not have actual date or time
Date Reported: Time Reported: This is a late report
Location of Incident 27 1 @ East way Highway
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:
Letting Patrons OFF Bus Dyman Iruck
Come Pass and Made Contact with left
Mirror
perator Signature: Jebouch Woods Date Submitted: 7 19 18 SPP F.8 Rev 5/201



Accident/Incident/Workers Comp#:			
Name Deborah Woods	(Workers Comp # Issu Birth	Date	Hire Date $9/21/99$
Driver's License# W-320-\39- Employee Number DOT CARD VALID? Yes or NO (IF NO, PLEA		8	
HOME ADDRESS: 5517 (cerlbe	no Pike	# 8
city District Height	STATE M	ZIP CO	DE 20747
HOME PHONE NUMBER DAYT	IME NUMBER	EMPLO FULL TI	DYEE STATUS (please circle) ME OR PART TIME
Yes / No / Unknown M or I			ER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME	AM or PM		

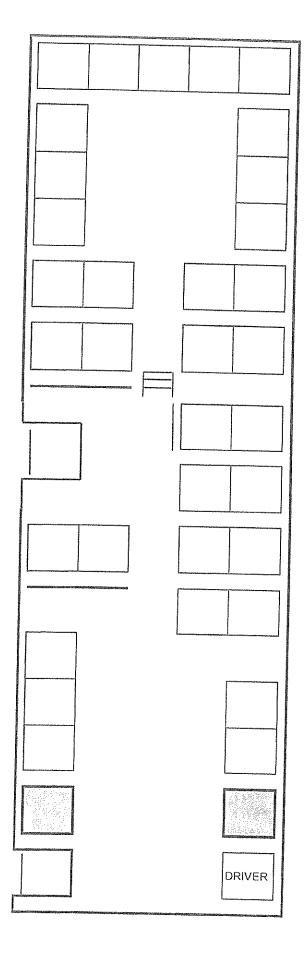
This $\underline{\text{COMPLETED}}$ document $\underline{\text{MUST}}$ be included in $\underline{\text{ALL}}$ Accident/Incident/Workers Comp Files



Supervisor's Investigation Report

years frameworks on two champed doctains to brander.

Date: <u>フ-79 - 78</u> Time: <u>8.66~</u> Run: <u>176</u> え
Operator: Newsch Woods Division: 0124 Vehicle: 62633
Supervisor:
Location: Deste 1 (Paritimore to) Roserville min
Address or cross street City & State
Description of Event:
On throsty sharing of Judy 19th 2018.
Oper-to Wie 48 was hearing South towards littles
Prove Just of the Bus. Stop chopping and picker
up Patros D'the Service Stop on Unknown
Vehicle Come un Confact with Bus 62623
left side Minor, Kept game, but Considered to
be the own from this no clanage was made
to the Bus now inference to Six patients on bound
Law Enforcement was no the Scare for
more throatigation and Safety Deportment was
also be firmed.
Supervisor Signature.
Supervisor 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.

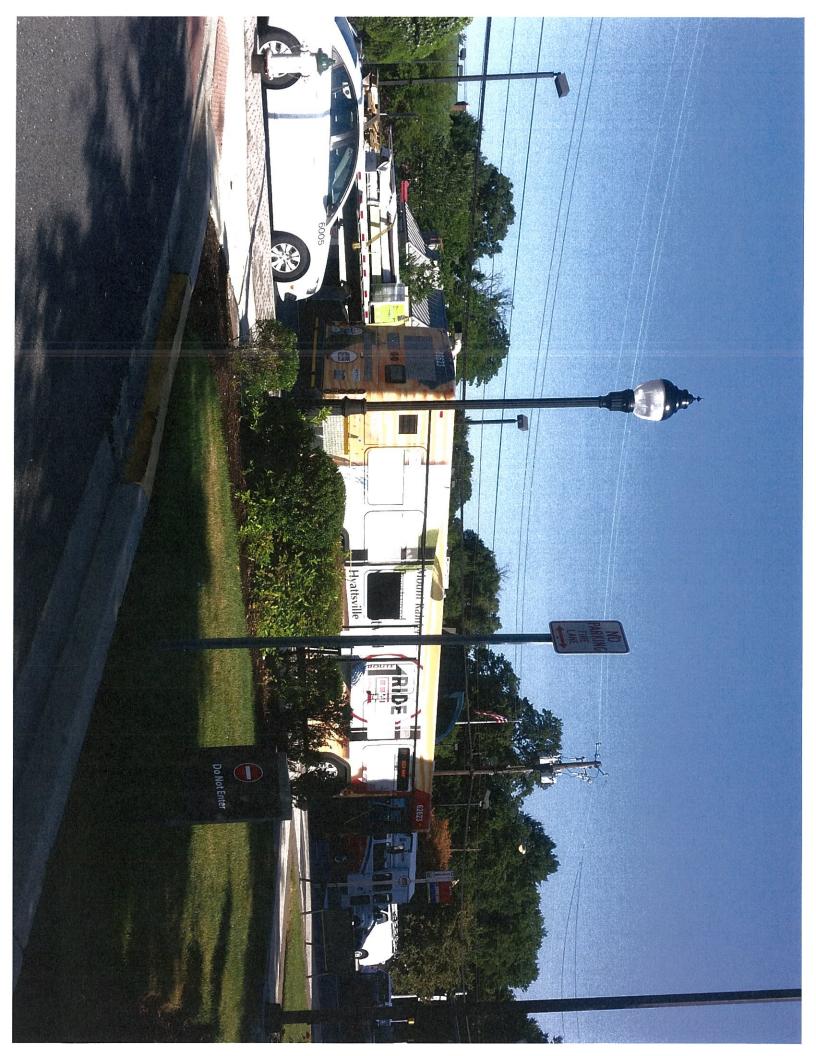
Mark an (X) in the position of the injured passenger (if one).
*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Complete and turn in with accident forms ASAP.
Thank You!

Date: 7//	<u> </u>	8.00
Location:	Route I (Baldania dia
	Delsorah	
Supervisor:_	Parker of a	. Symmer









Prince George's County Police Department

801-699-Phone#

PP180719 0000 5 28
Case Number

In case of emergency dial 9-1-1

Give a Tip... Solve a crime... Get CA\$H **REMAIN ANONYMOUS**

Call 1-866-411-TIPS(8477) Text PGPD plus your tip to CRIMES(274637)

Online at www.pgcrimesolvers.com

• No Caller ID • No Court No Names Asked

CRIME SOLVERS ANONYMOUS TIP LINE 1.888.411.TIPS(8477)

De Informaccion... Ayude a resolver un crimen... Resiba una recompensa Puede mandenerce anónimo

LLAME AL 1-866-411-TIPS (8477) Envie su texto a CRIMES (274637) con la palabra "PGPD" y la información En linea al WWW.PGCRIMESOLVERS.COM

 No tienes que dejar su nombre
 No se identifica su numero de telefono · No tienes que presentarse a corte



Safety & Training Department

(Check one)	Accident	X Incident Time Supervisor Arrived: 4:06 PM				06 PM		
Date of Oc	currence:		7/20/2018	Time of Occurrence: 3:51 PM			3:51 PM	
Weather:	Clear	Day of the Week: Friday DHD (Y/N):				N		
Location (Cross Stre	et and Town)		38th Avenu	ie @ Bladensburg	Road, Hyattsvil	le, Maryland		
Route Impact:	Delayed 25 minutes							
Employee Names	Walter Wine							
Employee Name:				Walter King				
Run#	18	54	Bus#	631	.69	Tag#	LG85850	
What happened (Be Specific and Brief):	pations on board. There were no injuries reported. The operator continued on route.							
Injuries (if any):	None							
Vehicle Damage				None				
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N	
(Check all the	пас арргу)	Folice	IV	Ambulance	IN	TOW	IN THE PROPERTY OF THE PROPERT	
Was the C	perator sent for Di	rug/Alcohol Test (\	(/N):			N		
Not	ified (Indicate nam	e and time) GM:			W. Thompso	on @ 4:10 pr	n	
Supervisor	D. Bo	wkin	OPM	James @	2.E1 DM	Maint	70 @ 4.11 DN4	
Supervisor	D. ВС	JYKIII	OFIVI	Jaines @	3.31 PIVI	Wallit	Zaw @ 4:11 PM	
Asst. Safe	ety Mgr.	R. Jones @ 4:0	08 PM (VM)		Dispatcher	Ter	ry/James	
County Name				M. Wilson (@ 4:07 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								

Vehicle Accident Report



Operators CDL	# / Exp Date 22 /0/30/	Valid DOT 2025 AYes □	Med Card / Ex	p Date		Accid	lent Report #			
Accident Date	Day of Week	Time of Accident	# of Vehicles	Sma	rtDrive Tri	ggered	Scene	e Photos	Substa	nce Abuse Tester
Month Day Yes	Friday	3:50g	2			I No	W Yes	□ No		Yes □ No
	COMPAI		1	1 september		Last disertan	OTHER	DADTV	of the lates	or transition programs
Operator Name (Exact)	As Printed On License)									
Address (Include Numb	V. King			ACTOR SHARE			st 🗆 Pedes	trian Fix	ed Objec	t Pax Fall
111011	nes PL. NE	Apt#		Name (Exact	y As Printed (On License)	10			
City or Town	1 7	State Zip		Address (Incl	ude Number &	Street)	NH	Apt#		
Washingt Employee ID#	Date of Hire	DE. 2000					1	1.45.11		
30888	01/201	Student Driver?	ŮÖ	City or Town		State		Zip		
# of Cards #	of Occupants # Seated	# Standing) _	Date of Birth	Sex		Driver's Licens	se Lic. Sta	ite	# of Occupants
Bus ID# Plate #	State	Vehicle Year / Make				ΠF	□Yes □!	No		
	35850 MD	2008	Gillia	Insurance Co	F	Policy # & Exp	Date			
Vehicle Type	Route # &	Run#		Name (Exactly	As Printed R	egistration)				
BUS	10	11807		Address (I)	1-11 1 0					
1569 3271	481079996			Address (Inclu	de Number &	Street)		Apt#		
Old Repub	Policy#&	Expiration Date	7/07/19	City or Town		State		Zip		
,	Location of Ac	cident	1 1	Plate#	State	Year & Ma	ake of Vehicle	Vehicle Ty	/pe	Color
	accident occurred On	5814.		VIN						
	3 ladensburg 1			, m						
□ Not at intersection /	904+ Feet N S E	W of	***************************************	Telephone #						
☑ On Roadway	Off Roadway									
At Bus Stop? ☐ Yes	☑ No (if yes) ☐ Nea	r Stop □ Far Stop □!	Mid-Block stop							
Weather DClear Cloudy Raining Snowing Foggy Other	Surface TO Dry Wet Icy Snow Other	Traffic Control ☐ Stop Sign ☐ Yield Sign ☐ Traffic Signa ☐ Flagman ☐ Uncontrolled ☐ Other	Light Daylight Dawn Dusk Dark Roa	n ental Conditio ad — Unlighted ad - Lighted		Roadway - # Doivided Undivided Asphalt Concrete Gravel		Roadway Cha Straight and Straight and Straight at I- Curve and L	I Level I Grade Hillcrest evel Grade	5
	Pre A	Accident Movement						☐ Curve at Hill	crest	
V1 V2/OV Going Straight to Making right to Making left on making left on Making U Turn	V1 V2/OV Ahead	iting Bus Stop tering Bus Stop wing or stopping in traffic pped in traffic rked ided object in road		changing Lanes lassing derging acking lther	岁 □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□	No Unusua Holes / Dee Obstruction Construction Loose mate Reduced ro	in road n / repair zone rial on road oad width			
Vehicle Lights	Turn Signals	Posted Speed	-	mated Speed L	imit	Direction of	f Travel	Accide	ent / Collis	ion With
No 1 ■ On □ Off	No 1	Vehicle 1 2	~ Inpit verile	e1 Cr	nph	Vehicle	1 E	Other Motor \	/ehicle	
No 2 □ On □ Off	No 1 ☐ Four Ways On No 2 ☐ Left Turn On No 2 ☐ Right Turn On No 2 ☐ Four Ways On	Vehicle 2 2	mph Vehicl	e2 <u>20</u> n	nph	N S E	12 E	I Bicyclist I Rail Train I Fixed Object I Pedestrian I Animal		
☐ Crossing With Signal				Bicyclist Action						
☐ Crossing With Signal ☐ Crossing - No Signal of ☐ Crossing Against Sign ☐ Crossing - No Signal/1 ☐ Going To / From Stopp	al Marked Crosswalk	□ Rio □ En □ Pla	ding / Walking Alor ding / Walking Aga nerging From in Fr aying In Road utting On / Off Vehi	inst Highway Wont of or Behind	ith Traffic Parked Car	rs		☐ Workii ☐ Not In ☐ Other	ng In Road Roadway	
								CD	DF 20 7	7/2015

		nt Report			ransd
			AR#		
☐ Backing	☐ Passing	☐ Railroad Crossing	Police Investigated? ☐ Yes	Di No	
☐ Sideswipe ☐ T-Bone	☐ Merging ☐ Head On	☐ Hit Fixed Object	Police Department Responding		
□ 1-bute □ Right Turn □ Left Turn	☐ Bus Right Mirror	☐ Hit Pedestrian ☐ Hit Animal	Officer Name (Badge / ID #) _		
☐ Bus Rear Ends Vehicle	Bus Left Mirror Bus Door Operation		Precinct#	Report#	
Vehicle Rear Ends Bus Wheelchair Lift Operation Roll Away (Not Secured)	☐ Sudden Stop ☐ Roll Over ☐ Ran Off Roadway		Citations / Arrests Operation	or 1 🗆 Vehicle 2 🗆 Bio	cyclist
Type of T	rip	Violations			
ith Pax Without Pax Fixed Route ☐ Fixed Rou					
Charter ☐ Charter	☐ Non Rev move	Vehicle 1 Towed By:		То	
Para Transit	nsit	Vehicle 2 Towed By:		То	
cident Description AS	Operator 1	N. King on	bus 63 100	on block	1804
Jas sitting	in traffic	1	ht on 38th Au		1
1	lor truck	passed by		01	1 1
0316915 lef	1 1		1	1	ntacted
1		ror, and	Kept going.		
bus and n			when I arride		was
SECOLEG M	in no pas	sergers. Ve	nicle & not	present.	
orintion of Damage	Company Valvista				
scription of Damage	Company Vehicle	Minimal □ Moderate	□ Major Other Vel	nicle □ Minimal □ M	Moderate □ Major
icle 1 is ALWAYS Your Vehicle.		Place an X on the exact point	of first impact on your vehicle and		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
icle 1 is ALWAYS Your Vehicle.	Company Vehicle)				as of other damage.
cle 1 is ALWAYS Your Vehicle.	uttle Vehicle	Place an X on the exact point	of first impact on your vehicle and Bus 2	he other vehicle. Circle area	es of other damage.
cle 1 is ALWAYS Your Vehicle. ticulated Bus Sh	uuttle Vehicle	Place an X on the exact point	of first impact on your vehicle and Bus 2	he other vehicle. Circle area	es of other damage.
cle 1 is ALWAYS Your Vehicle. rticulated Bus Sh	uuttle Vehicle	Place an X on the exact point	of first impact on your vehicle and Bus 2	he other vehicle. Circle area	as of other damage.
icle 1 is ALWAYS Your Vehicle. rticulated Bus Sh	uuttle Vehicle	Place an X on the exact point	of first impact on your vehicle and Bus 2	he other vehicle. Circle area	es of other damage.
icle 1 is ALWAYS Your Vehicle. urticulated Bus Sh	uuttle Vehicle	Place an X on the exact point	of first impact on your vehicle and Bus 2	he other vehicle. Circle area	es of other damage.
→	uuttle Vehicle	Place an X on the exact point	of first impact on your vehicle and Bus 2	he other vehicle. Circle area	es of other damage.
cle 1 is ALWAYS Your Vehicle. rticulated Bus Sh Name of Witness / Injured	uuttle Vehicle Age Claim	Place an X on the exact point Bus 1 ing Injury? Type of Injury Cla	of first impact on your vehicle and Bus 2 imed Injured Transported To	he other vehicle. Circle area Truck Other Transported To	es of other damage.
icle 1 is ALWAYS Your Vehicle. rticulated Bus Sh Name of Witness / Injured ervisor on Scene?	uuttle Vehicle Age Claim	Place an X on the exact point Bus 1 ing Injury? Type of Injury Cla	of first impact on your vehicle and Bus 2	he other vehicle. Circle area Truck Other Transported To	es of other damage.

Operator Incident Report

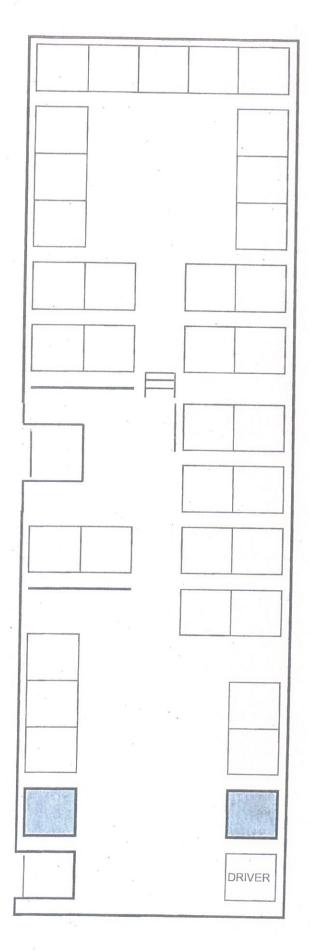


SPP F.8 Rev 5/2015

Today's Date:	20/18	Time: 3:50 p	·
Operator Name:	Nalter King Sr.	Vehicle #	Route # 1804
Report Submitted to:	Supervisor Dispatch	Safety Dept.	
Check One: Passen	ger Accident Passenger Inci	dent Passenger Injury	☐ Vehicle Damage
Passenger	Complaint No Damage Vel	hicle Incident Report	r
Vas the incident report	ed immediately? Yes		
did not report the incid	lent immediately because:		
oid a SQM respond to th	nis incident? No Yes (SC	QM Name)	
ate Incident Occurred:	07/20/2018 Time Occurred:	3:50p Do not h	ave actual date or time
Date Reported: 7/20/	18 Time Reported: 3.'5	This is a late re	port
ocation of Incident 38	th AVE. O Bladensburgh	, Rd.	
omplete a separate Inc	ident Report for each passenger a	ffected by this event.	
assenger Name:		Passenger ID/Seat #	
in the light to notified base and they said by base to 10 he bus, place	At Approx 3:50 pm & lessicle mirror as In change I immedi by radio. There was they were not inju- plizantila supe ed Stety triang no visible damage	was stopped in tra ately hit my smar sappox 8-10 ptsse red when I asked rviser Arrived alps out and wa	Afic waiting xtdrive and ugers on board Twas instruct Tecurred itsel There
erator Signature:	alter Kingh	Date Submitte	ed: 7-20-18



transdev _{SUF}	PERVISOR'S INCIDE	NT REPORT
Date#: 07 20/2018 T	"ime: 3.50p	Run: 1804
Operator #: <u>W 30888</u>	Division: <u>0124</u>	Vehicle: 63169
Supervisor: Don Boykin		
Location: 384 AVE. O Bladensby Address or Cross	rgh Rd. Blackers Street	ensburgh Mcl. City & State
Description of Event: While bus		
on 38th AVE. awaiting to	make a left turn onto	Bladensburgh Rd.
a large work truck came	e pass on the left an	d made contact with
63169 left side mirror,	but never stopped. H	here was no visible
damage to the mirror,		
When I arrived the bu	s was secured triano	iles out, and no
passengers on bus: Ve	hicle 2 was not pre	sent.
	1	
Supervisor Signature: Low Byk		



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!

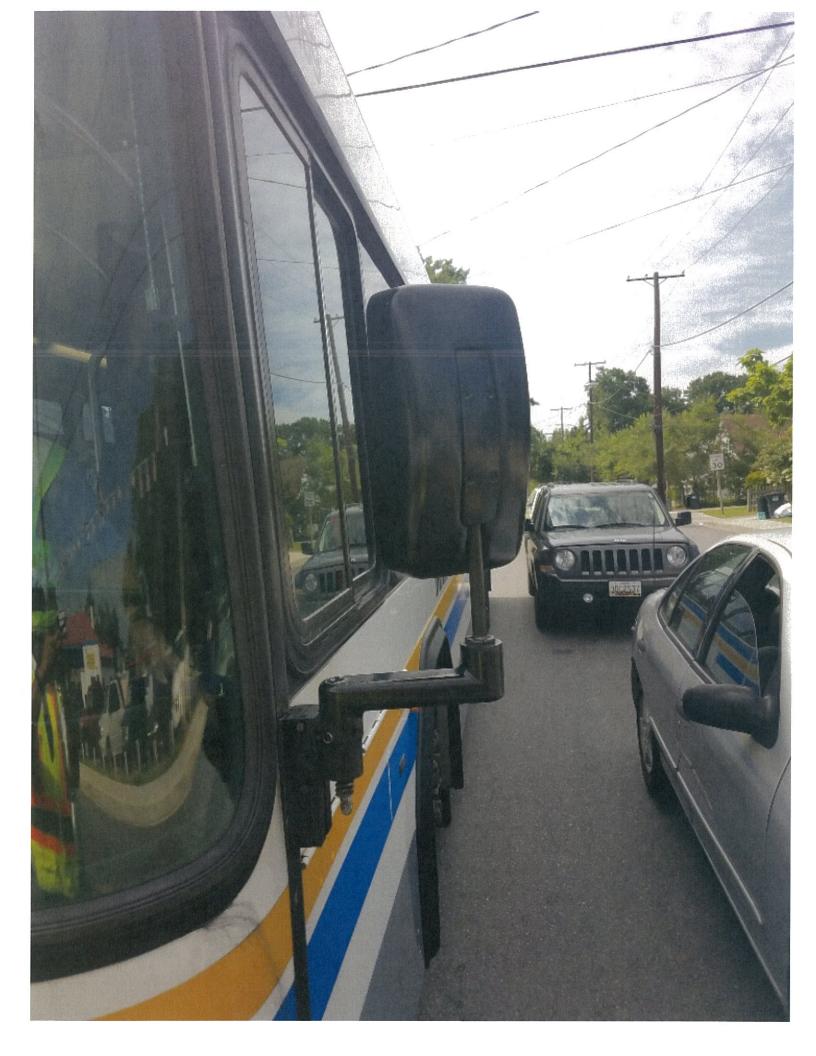
Date: 7-20-2018 Time: 3.50p
Location: 384 AVE. O Bladenshirgh Rel
Driver:Walter King
Supervisor: Don Boykin



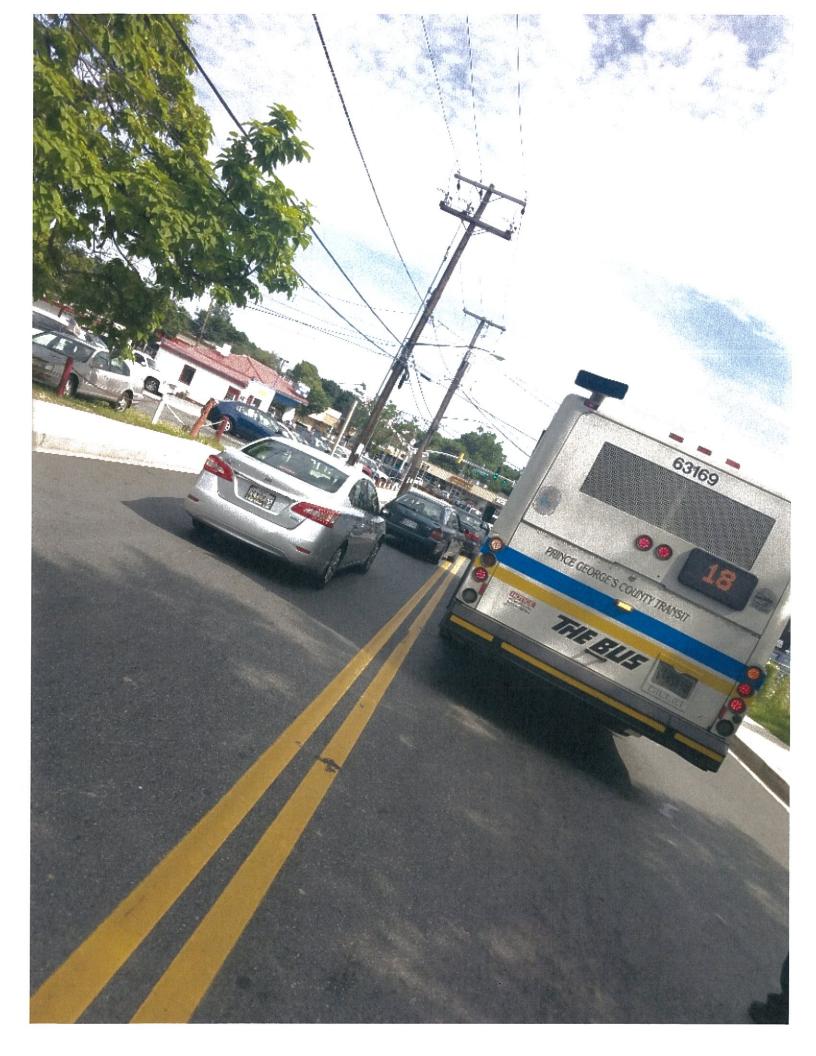
Accident/Incident/Workers Comp#: Accident		
(Wor	kers Comp#Issued by Sedgw	ick)
Name Walter King Ir.	Birth Date	Hire Date JAN 21, 2016
Driver's License# 2355522 DC . Employee Number 30888		
DOT CARD VALID? Yes or NO (IF NO, PLEASE EX		
HOME ADDRESS: 1424 Ames Place N	٤.	
city Washington st	TATE DC.	ZIP CODE
1000 PHONE NUMBER DAY TIME 202) 487-0552 S	NUMBER AME	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
S THE OPERATOR ON OVER TIME? Yes / No / Unknown Mor F	MARTIAL STATUS	NUMBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME* 12:30 AM or PM 2:30 AM	M or PM	

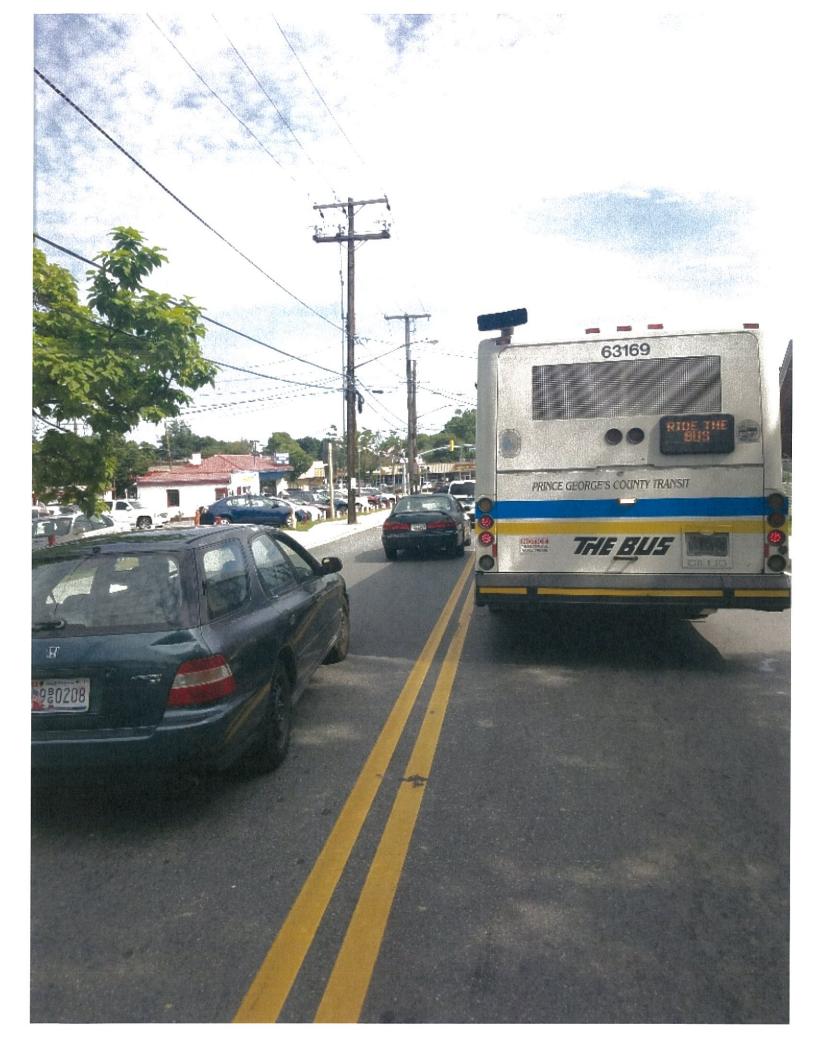
^{*}This **COMPLETED** document **MUST** be included in **ALL** Accident/Incident/Workers Comp Files*

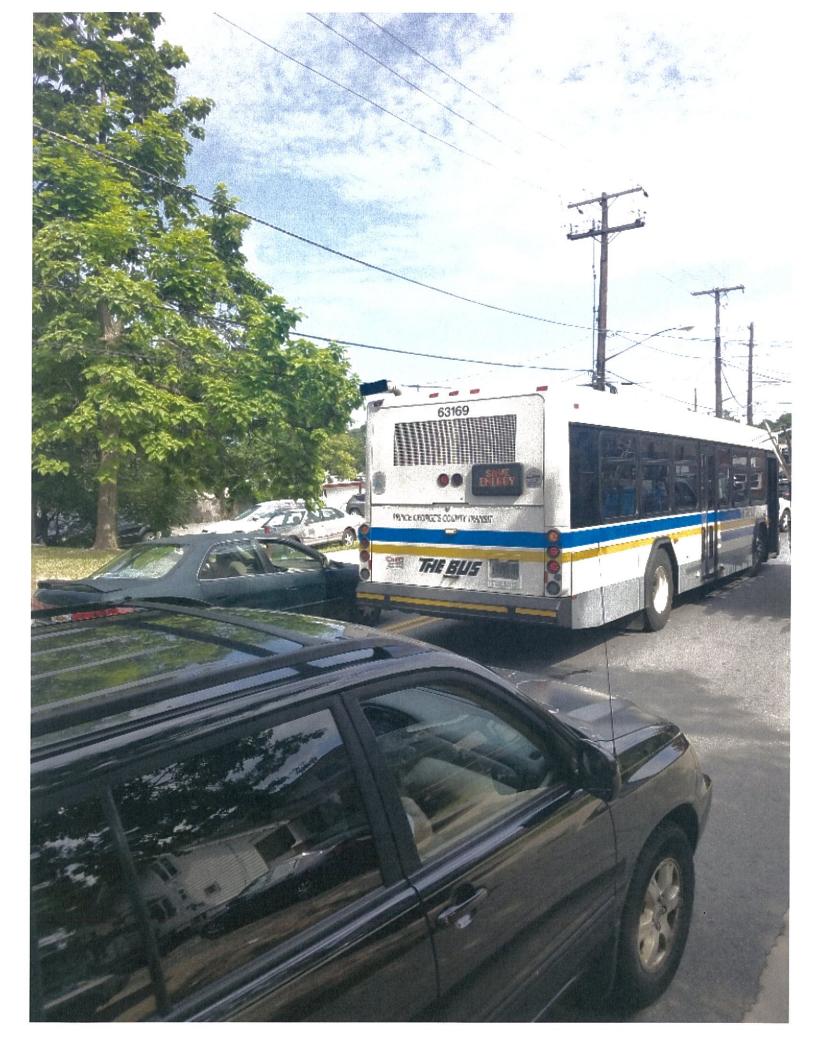


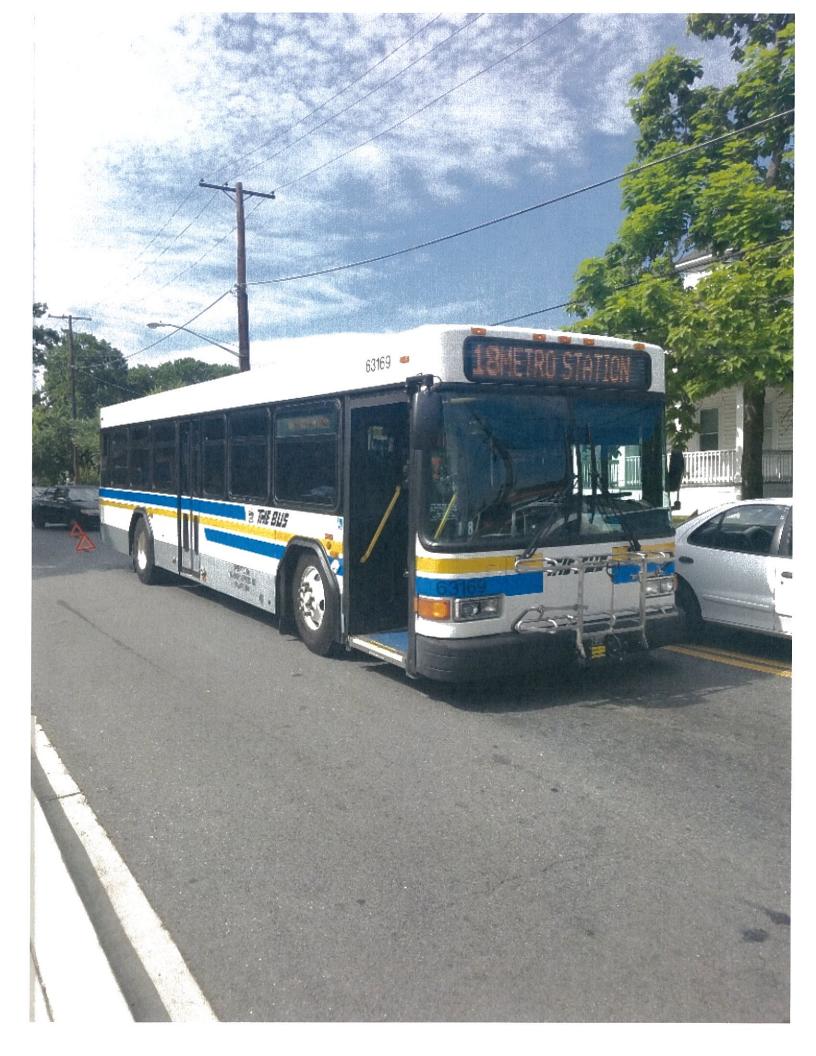


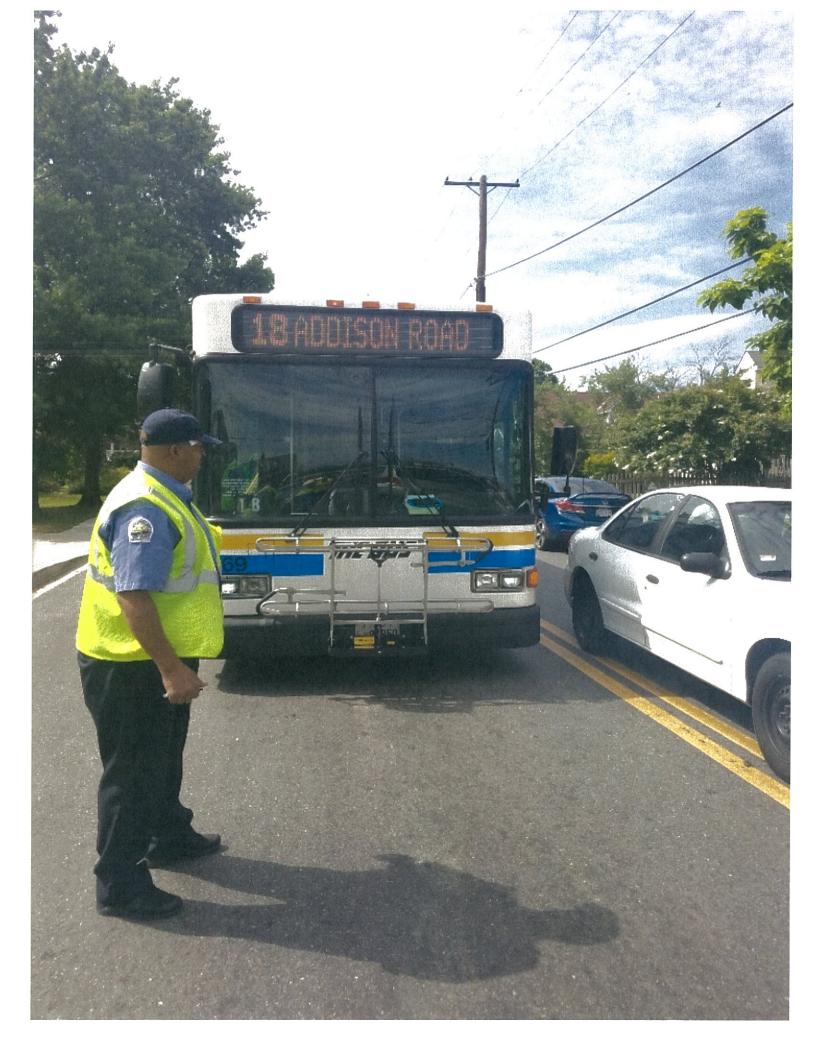


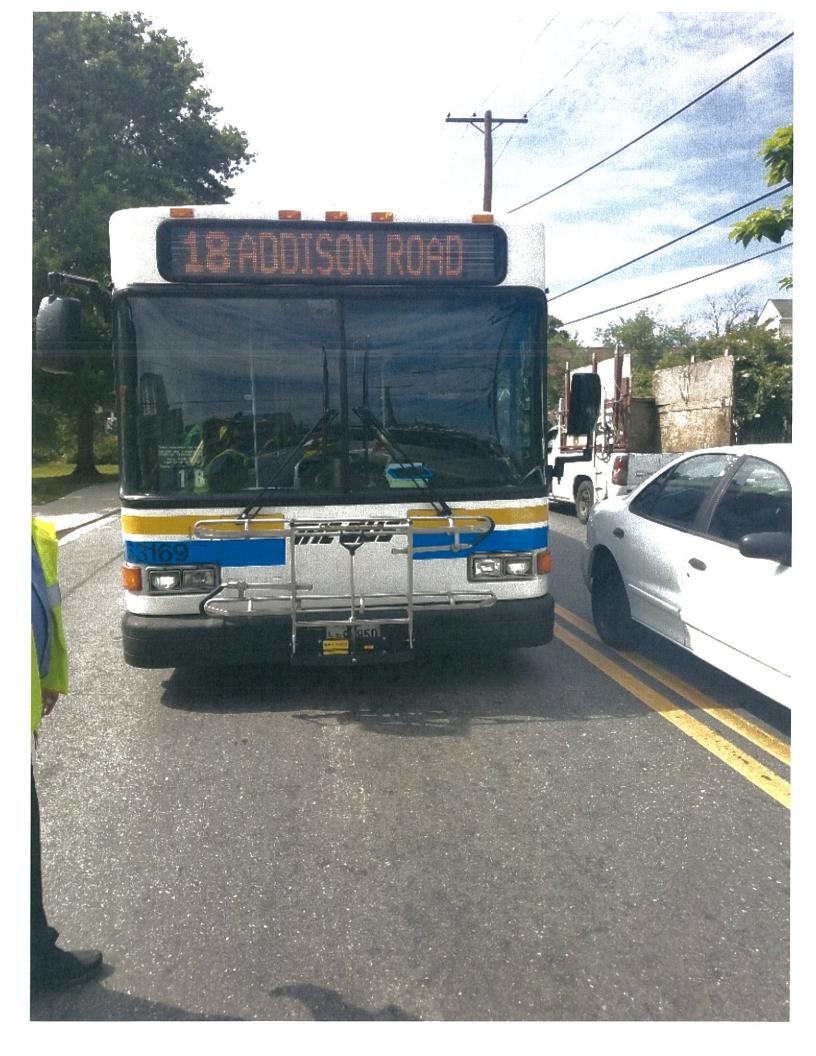














Safety & Training Department

(Check one)	Accident		Incident	X Time Supervisor Arrived: 5:52 PM			:52 PM	
Date of Oc	currence:		7/23/2018	Time of Occurrence: 5:19 Pt			5:19 PM	
Weather:	Clear	Day of the	Mon	iday	DHD (Y/N):	N		
Location (Cross Stre	et and Town)		Hamilton St	reet @ 31st Stree	t, West Hyattsv	ille, Maryland		
Route Impact:				1 miss trip				
Employee Name:				oletta Edwards				
Run#	12	52	Bus#	626	30	Tag#	LG940268	
What happened (Be Specific and Brief):	Operator stated as the bus was traveling a female child hit her face on the corner of the passenger seat. There were 8 patrons on board. Supervisor and ambulance was dispatched to the location. The female child and parent refused medical attention. The child's father arrived on the scene and requested medical attention for the female child. The ambulance arrived and treated the child at the scene and was not transported by ambulance. The operator continued on route.							
Injuries (if any):		Alle	ged bruised on	the right side of f	emale child face	2		
Vehicle Damage				None				
(Check all t	nat apply)	Police	N	Ambulance	Υ	Tow	l N	
Was the C	perator sent for Dr	rug/Alcohol Test (\	//N):			N		
Not	ified (Indicate nam	e and time) GM:			W. Thomps	on @ 5:09 PI	M	
Supervisor	D. Bo	ykin	ОМ	M. James@	5:10 PM	Maint	Zaw @ 5:41 PM	
A - 1 C - 6		D 1 0.5.3	0.004 (1404)		D:			
Asst. Safe	ety wigr.	R. Jones @ 5:2	29 PM (VM)		Dispatcher	I I E	erry/James	
County Name	e and Time:			M. Wilson (@ 5:32 PM			
(Check		Telephone	Х	In Person	C 0.02	(Must be	e done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								