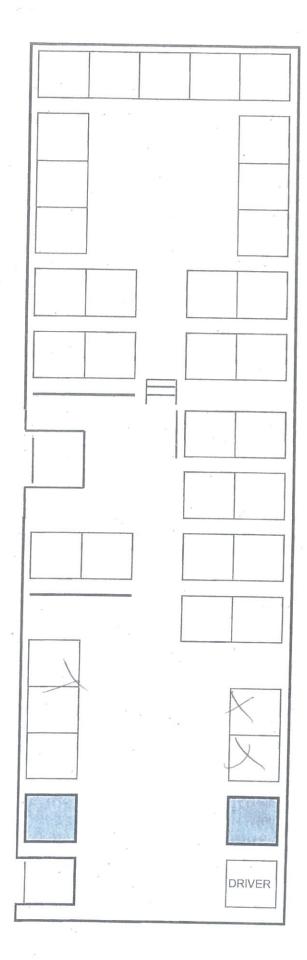


Operators CDL #			Valid DOT ☑ Yes □	Med Can	d / Exp	p Date			Accide	nt Report	#			
Accident Date Month Day Yea	Day of Wee	ek Time	e of Accident	# of Veh	nicles	SmartDrive Triggered Sce			Sce	ne Pho	tos	Substa	nce Abuse Tested	
07-23-201		lay 5	1:201)			Yes	□N	0	□ Yes	S [□ No		Yes □ No
		MPANY	VEHICLE	1						OTHER	PAR	TY	1,1041	
Cole Ha	y As Printed On Licens Edward					ПУе	hicle 2	П	Ricyclist	□ Pode	netrian	C Cive	d Object	t 🗆 Pax Fall
Address (Include Numb		5	Apt#			Name (Exact	No services	GUEST.		Li Fede	esulan	LIFIXE	ed Objec	t LiPax Fall
2001 Ma	ryland 1	AUE.	10	5		Marie (Exact	y As Filline	iu On Li	cense)					
City or Town Washinsto	0	State .	Zip 200	02		Address (Incl	ude Numbe	er & Stre	eet)			Apt#		
30758	05/	15	Student Driver			City or Town			State			Zip		
# of Cards #	of Occupants #	# Seated	# Standing			Date of Birth	Sex			Driver's Lice	ense	Lic. Stat	е	# of Occupants
Bus ID# Plate #		State V-bi-l-	V- (M.)					М 🗆			□No			
62630 LGG	14268	State Vehicle 2011	Year/Make Gill	iG		Insurance Co		Polic	y # & Exp D	ate				-
Vehicle Type Bus		Route # & Run #	52	•		Name (Exactly	As Printe	d Regist	tration)					
VIN 159ge271 Insurance Co	6B1092	277	,			Address (Inclu	de Numbe	r & Stre	et)			Apt#		
Old Repub	Hic M	Policy # & Expiration	n Date 1268 6	07/01	119	City or Town			State			Zip		
Address/Street on which	200000	TOTA OT FRODRICE		- 1		Plate #	State		Year & Mal	ce of Vehicle		Vehicle Ty	pe	Color
At intersection with						VIN								
Not at Intersection		N S F W of				Telephone #								
On Roadway	☐ Off Roadw					Torophono II								
At Bus Stop? ☐ Yes		0	□ Far Stop □	Mid-Block st	top									
				En	vironn	nental Condition	ons							
Weather ☐ Ofear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy ☐ Other	Surface Dry Wet I lcy Snow Other		Traffic Contro	Da D	aylight awn usk ark Roa	ad – Unlighted ad - Lighted			dway - # o ivided _ ndivided _ sphalt _ oncrete _ ravel _		☐ Str	raight and raight and raight and raight at H irve and L irve and G	Grade illcrest evel	<u>s</u>
LI OUIG		Dro Apoidon	Other						ther _		□ Cu	rve at Hillo	crest	
V1 V2/OV Going Straight Making right to Making left tur Making left on Making left on Making UTurn	t Ahead	☐ Stopped in ☐ Parked ☐ Avoided ob	s Stop us Stop stopping in traffic traffic oject in road		□ P □ M □ B □ O	Changing Lanes lassing lerging acking ther			o Unusual bles / Deep estruction onstruction ose mater educed ro	in road / repair zon ial on road				
Vehicle Lights	Turn Sig		Posted Spee	d Limit	Esti	mated Speed	imit	Dir	ection of	Travel		Accide	ent / Collis	ion With
No 1 On Off	No 1 ☐ Left Tu No 1 ☐ Right	Turn On	Vehicle 1 2) mph	Vehicl	e1 10	nph	,	Vehicle		☐ Othe	er Motor V	ehicle	
No 2 □ On □ Off	No 1 ☐ Four V No 2 ☐ Left Tu No 2 ☐ Right Tu No 2 ☐ Four W	urn On Turn On	Vehicle 2	mph	Vehicle	e 21	nph		Vehicle V S E	2	☐ Rail	Train d Object estrian		
☐ Crossing With Signal ☐ Crossing - No Signal ☐ Crossing Against Sign ☐ Crossing - No Signal/I ☐ Going To / From Stop	or Crosswalk nal Marked Crosswalk		□ Ri □ Ei □ Pl	iding / Walki iding / Walki merging Fro aying In Roa	ing Alor ing Aga m in Fr ad	Bicyclist Acting Highway Wiinst Highway Vont of or Behind	h Traffic Jith Traffic d Parked	Cars				☐ Workin☐ Not In☐ Other	ng In Road	

Vehicle Accident Report AR# Police Investigated? Yes ☐ Backing ☐ Passing ☐ Railroad Crossing ☐ Sideswipe ☐ Merging ☐ Hit Fixed Object Police Department Responding ☐ T-Bone ☐ Head On ☐ Hit Pedestrian ☐ Right Turn ☐ Bus Right Mirror Officer Name (Badge / ID #)_ ☐ Hit Animal ☐ Left Tum ☐ Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation Precinct# _ Report#_ ☐ Sudden Stop ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Over Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip With Pax Without Pax ☐ Business Trip Eixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: To ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: Accident Description Description of Damage Company Vehicle ☐ Minimal ☐ Moderate ☐ Major Vehicle 1 is ALWAYS Your Vehicle. Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Articulated Bus Shuttle Vehicle Bus 1 Bus 2 Truck -> -Name of Witness / Injured Age Claiming Injury? Injured Transported To Type of Injury Claimed Other Transported To Transported By Unit # Mother 8984 DeBruh Bruised foce NO NO NO Supervisor on Scene? Yes No Supervisor Name (Print):_ Supervisor's Signature Supervisor / Manager Reviewing



Today's Date: 304 23, 2018 Time: 5:20p	
Operator Name: Loletta Edwards Vehicle # 62630 Route # 1252	
Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? Reported to Command: (Name) I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Box Reported: Sizor Do not have actual date or time Date Incident Occurred: 07 23 18 Time Occurred: Sizor Do not have actual date or time Date Reported: 07 23 2018 Time Reported: Sizor STATION	
Complete a separate Incident Report for each passenger affected by this event. Passenger Name: MARY ABDULLAH (MOTHER) Passenger ID/Seat # 4 TH SEAT MAYB	કહ
Explain what happened: Driving out of Hyattsville METRO Station, I was getting into the left turn lane when I braked and hear a thomp. A child started crying. Her mother grabb her and said and I quote "See this is why I tell you to sit down." I asked the mom was she ok - the mom never answered but the lady sitting across from the family said the little girl was bruised. I pull over and called it in. The girl has a bruise on her right side cheeck under her eye. She said she hit he face on the corner of the sehair.	00
Operator Signature: Date Submitted: 07 23 201 SPP F.8 Rev 5/201	- 8



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: 07 23 2019 Time: 5.20p
Location: Hamilton St.
Driver: Lole Ha. Eclwards
Supervisor: O Boykin

transdev supervisor's incident report

Date#: 07/23/2018	Time: 5/20p	Run: $\frac{12/1252}{12}$
Operator #: Lule HA Eclus, 30758 Supervisor: Don Boy Kin	Division: <u>0124</u>	Vehicle: 62630
Location: Hamilton St., Address or Cro	Hya Hsv.	ille Mol
Description of Event: While op		
		o the left lane to make
a left torn onto Ham		
then a cry. Ms. Edward		
		nd stating "I told you to
sit down ! Ms. Edwards	. Hen asked if she w	pas O'K, at that point
she noticed a bruke on.	the girls face polle	ed the bus over and
called into dispatchi. Wi		
little girls on the bus }		
did anyone need medic	al assistance: the mo	other replied 11/01.
as I continued my rep		
		ir was hurt on the bus.
After explaining to him		
and spoke with a mana		
		ected-out the little girl,
Spoke with the family,		
ittle girls got off the bu		
		J

Supervisor Signature:



Accident/Incident/Workers Comp#:1	ncident	
	(Workers Comp # Issued by Sedgwick)	
Name	Birth Date	Hire Date
Loletta Edwards	03/10/198	33 MAY 11, 2015
Driver's License# DC 3039	284	
Employee Number 30758	3	
DOT CARD VALID? Yes or NO (IF N	NO, PLEASE EXPLAIN WHY):	
HOME ADDRESS: 2001 MARY	ILAND AVE NE # 105	
CITY WASHINGTON	STATE DC	ZIP CODE
HOME PHONE NUMBER	DAY TIME NUMBER	EMPLOYEE STATUS (please circle)
(202) 560 - 3257		FULL TIME OR PART TIME
		OL TAKT HIVE
IS THE OPERATOR ON OVER TIME?	GENDER MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / No Unknown		NOMBER OF BEFERDANTS
res / res on mount	WO V	
SHIFT START TIME / END SHIFT TIME	*	
12:00 AM OF PM/ 8:0	AM or PM	



(Check one)	Accident	X	Incident		Time Superviso	0:40 AM				
Date of Oc	currence:		7/23/2018		Time of Occ	currence:	10:21 AM			
Weather:	Clear Day of the		Week: Mond		nday	DHD (Y/N)	: N			
Location (Cross Stre	et and Town)		Circuit Cou	urt House @ 1473	35 Main Street U	pper Marlbo	oro, Maryland			
Davida Israela										
Route Impact:		None								
Employee Name:		Earl Shingler								
				Printed Book						
Run#	21	04	Bus#	63:	193	Tag#	LG30127			
What happened (Be Specific and Brief):	Vehicle #2 was at a complete stop when Vehicle #1 made contact with the rear bumper of Vehicle #2. The operator in Vehicle #1 foot slipped off the brake. There were 0 patrons on board. There were 30 passengers on Vehicle #2. Supervisor and Police were dispatched to the scene. Bus 63193 was bought back to base to repair damages. Strategic operator continued the route.									
Injuries (if any):	Vehicle #2 c	perator claimed in	jury to his lowe	er back/Vehicle #2	2 patron claimed	injury to arn	n and hand and left the scene			
Vehicle Damage			Vehicle #1	front bike rack/	Vehicle #2 rear b	umper				
(Check all t	hat apply)	Police	Y	Ambulance] N	Tow	N			
Was the 0	perator sent for Dr	ug/Alcohol Test (\	//N):			N				
Not	ified (Indicate nam	e and time) GM:		Wesley Thompson @ 11:40 AM						
Supervisor	G. Bell	inger	ОМ	M. James @	0 10:29 AM	Maint	Harold @ 11:00 AM			
Interim Sa	fetv Mgr.	R. Jones @ 1	L0:34 AM		Dispatcher		Tyler/ Terry			
Valor de la Cal										
County Name and Time:				M. Wilson @ 10:35 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										



	Operators CDL # / Exp Date Valid DOT Med Card / Exp 5-524- /62-237-896					Date		Ace	ident Report	# 23aa	2008//	
Accident Date	Day of Week	Time	of Accident	# of Veh	nicles	Smart	Drive Tri	ggered			e Photos Substance Abuse Test	
Month Day Year		100	00	2			/00 T	/No	₩ Yes	s □ No ■Yes		¥Yes □ No
7-23-18	Monday	10.	20 Am	d			☐ Yes Tho			5 11	NO	Yes LINO
	A Line of the Control	PANY	VEHICLE	≣1	14.3	2125351	SW H	arch.	OTHER	PART	Υ	[数]。
Operator Name (Exactly As Printed On License)					M Voh	siolo 2	□ Diev	olist 🏻 Dod	entrion	T Flord Ob	ED-JE-II	
Address (Include Number	VOLER					A PROPERTY OF				esman	LI Fixed Ob	ect Pax Fall
			Apt#			Name (Exactly As Printed On License)						
City or Town	I'M DRIVE	State	Zip			Address (Includ	de Number	RAINO	EL		Apt#	
Suitland		MD	2074	6		7224					Apt#	
Employee ID#	Date of Hire		Student Driver			City or Town		Sta	ate		Zip	
30905	May 2	017.	1	1D		LANDA	am		MD		207	166
# of Cards # of	f Occupants # Se	eated	# Standing			Date of Birth	Sex	Driver's License		cense	Lic. State	# of Occupants
0	1	1	0			5-31-18		1 □ F		□No	MD	
Bus ID# Plate #	State		Year / Make			Insurance Co		Policy # &	Exp Date			
Vehicle Type	1 - '	D 2	010		(SID REQUE						
Gillig	Rou	210	4			Name (Exactly	As Printed I	Registration	1)			
VIN		210				Address (Includ	le Number &	Street)			Apt#	
159382717	1A117754	11										
Insurance Co	I Olic	y # a Expiration				City or Town		S	tate		Zip	
OID KEPUSI	lic n	nwi	Bais	268								
	Location	of Accident	Mais 5	4			State		& Make of Vehicle		ehicle Type	Color
Address/Street on which a	accident occurred / >	135	TIMIN	1,		199435	mD	20	12 -Gill	6		
At intersection with						15668271301181251						
☐ Not at intersection	Feet N	S E W of_				Telephone #						
☐ On Roadway	☐ Off Roadway								2			
At Bus Stop? 🗹 Yes D	□ No (if yes) □	Near Stop	☐ Far Stop ☐	Mid-Block s	top	312	-38	1-10	α			
-		-				nental Conditio	ne					
Weather	Surface		Traffic Contr			Tonical Condition	110	Roadway	/ - # of Lanes	Roadw	vay Characteri	stics
☐ Clear ☐ Cloudy	Dry □Wet		☐ Stop Sign ☐ Yield Sign		aylight awn			☐ Divide		□ Stra	ght and Level	
☐ Raining	□ lcy		☐ Traffic Sign	nal 🗆 🗅	usk				it	Strain Strain □ Strain	ight and Grade	
☐ Snowing ☐ Foggy	☐ Snow ☐ Other		☐ Flagman ☐ Uncontrolle		ark Ros	ad – Unlighted ad - Lighted		☐ Concr	ete	☐ Cur	ve and Level	
☐ Other	LI Olilei		Other	su LID	alk No	au - Lighteu		☐ Grave			ve and Grade ve at Hillcrest	
		Pre Accider	t Movement									
V1 V2/OV		/2/OV		V1	V2/01	V			Road Condition usual Condition			
Going Straight	Ahead 🗆 [☐ Exiting Bu				/ □ Holes / Deep Rut						
☐ ☐ Making right tu☐ ☐ Making right or		Entering E		. 0		Changing Lanes ☐ Obstruction in road Passing ☐ Construction / repair zone						
□ □ Making left turn		☐ Stopped in	stopping in traf traffic			Merging		☐ Loose	material on road			
☐ ☐ making left on i☐ ☐ Making U Turn		Parked Avoided of	alast is road	□		Backing Other		□ Reduc □ Other	ed road width			
Vehicle Lights	Turn Signa		Posted Spe	ed Limit	Esti	mated Speed L	imit	Direction	on of Travel		Assidant I C	ollision With
No 1 ☑ On ☐ Off	No 1 ☐ Left Turn		Vehicle 1 2									
NOT POIL OIL	No 1 ☐ Right Tu				Vehic	-	nph		ehicle 1	☐ Bicyc	r Motor Vehicle	
No 2 ➡ On □ Off	No 1 ☐ Four Wa	iys On	Vehicle 2 2	mph	Vehic	le 2n	nph	14 5		☐ Rail 7	Train	
	No 2 ☐ Left Turr	n On							chicle 2	☐ Fixed☐ Pede		
	No 2 ☐ Right Tu No 2 ☐ Four Wa								S E W	☐ Anima		
	1402 LI FOUI VVA	yo UII		Pede	estrian	/ Bicyclist Actio	on					
☐ Crossing With Signal				Riding / Wall	king Alo	ng Highway Wit	h Traffic				D D	-1:-0.11:-
☐ Crossing - No Signal o				Riding / Wall	king Aga	ainst Highway W	Vith Traffic	are			□ Pushing / W □ Working In F	orking On Vehicle Roadway
☐ Crossing - No Signal/N	Marked Crosswalk			Playing In Ro	oad	□ Not In Roadway						
☐ Going To / From Stopp	hea pas	-		Getting On /	Off Veh	icle Other Than	Bus				Other	

		AR#
☐ Backing ☐ Passing ☐ Sideswipe ☐ Merging ☐ T-Bone ☐ Head C ☐ Right Turn ☐ Bus Rig☐ Left Turn ☐ Bus Left ☐ Bus Rear Ends Vehicle ☐ Bus Do ☐ Vehicle Rear Ends Bus ☐ Sudden ☐ Wheelchair Lift Operation ☐ Roll Ov. ☐ Roll Away (Not Secured) ☐ Ran Offi	g	Police Investigated? Precinct Responding County Officer Name (Badge / ID #) MARIE # 4155 Precinct Report # POLOCO 811 Citations / Arrests
Type of Trip	Violations	ND
☐ Fixed Route ☐ Fixed Route ☐ E ☐ Charter ☐ Charter ☐ N	Business Trip Errand Von Rev move Maintenance Vehicle 1 Towed By:	NO TO TO
contact with anoths	TA, AT THE COUCTE	building bus stop. VEhical & mades leady servicing the bus stop.
Description of Damage Company	y Vehicle ☑ Minimal ☐ Moderat	te □ Major Other Vehicle ☑ Minimal □ Moderate □ Major
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle	Bus 1	point of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car
Name of Witness / Injured	Age Claiming Injury? Type of Injur	ry Claimed Injured Transported To Other Transported To Transported By Unit #
Supervisor on Scene? Yes N	,	t): GARY BEILINGER Supervisor / Manager Reviewing

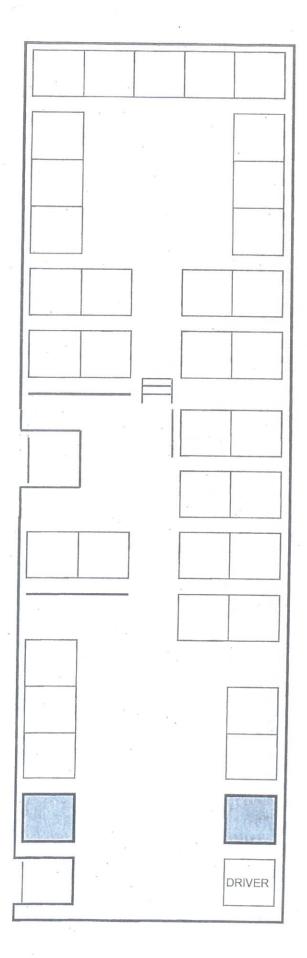


Today's Date: 7-23-18 Time: 16.55
Operator Name: EST Shingler Vehicle #63/93 Route #2
Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Yes Reported to Command: (Name)
did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name) GARY BEllingen
Date Incident Occurred: 7 Time Occurred: 10, 20 Do not have actual date or time
ocation of Incident Court House
Complete a separate Incident Report for each passenger affected by this event.
assenger Name: Passenger ID/Seat #
Stop which is the court building And As i was loting my last passager off La catch the bis for the Si apropriation
perator Signature: Date Submitted: 7-23 (7) SPP F.8 Rev 5/2015



supervisor's incident report

	7-23-18			
Operator	# EARL SHINGTED	er	Division: 0124	Vehicle: <u>63193</u>
Superviso	or: GARY BELling	Ea		
	Uppea Madborio Address or			
	Address or	Cross Street		City & State
Description	on of Event: Open M	y Aprival	Vehical Ohit	VBhicala while
				. Operate ShinglER
Stated 4	that his Fest i	nay bava	slipped off 4	hs breaks or he
SAY 4	he breaks n	DAY BANG	FAILED F	30th Vahicals WAS
		1		It was one passanger
				e dd not give his name.
				s DRIVE in Upper Marlboar
MDI	had very minin	nal damas	E. Operator	was not injured but sant
1	Centra.			
Supervisor	Signature:	Olis		



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.

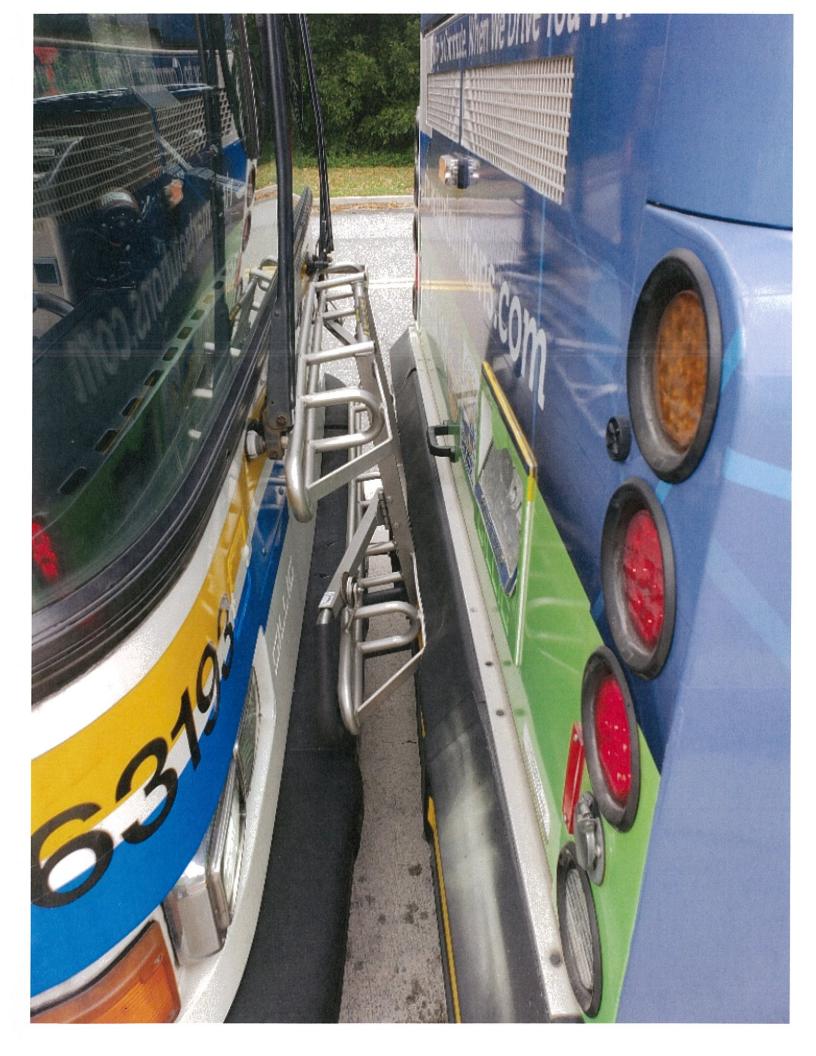
Thank You!

Date: 7-93-18 Time: 10:00
Location: Sudges Drive
Driver: Epol Shing/Re
Supervisor SARY BELLINGER

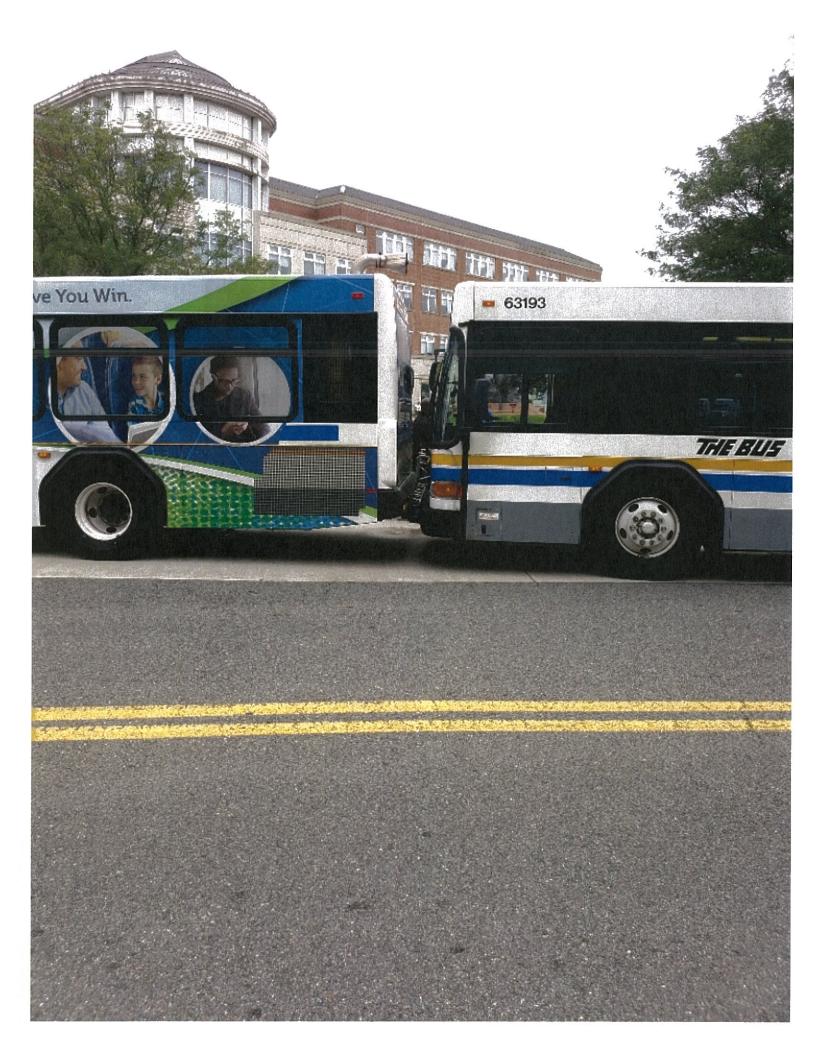


Accident/Incident/Workers Comp#: ACCident	Accident/Incident/Workers Comp#: Accident							
(Workers 0	Comp # Issued by Sedgwick)							
Name Earl Shingla	Birth Date	Hire Date						
Driver's License# $S - 524 - 162 - 737 - 776$ Employee Number 30905								
DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAI	N WHY):							
HOME ADDRESS: 4913 Deblin	De Sca	Hand Mip.						
CITY Scitland STATE	MID.	ZIP CODE 20746						
HOME PHONE NUMBER DAY TIME NUM 301-420-5014 340-4		EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME						
IS THE OPERATOR ON OVER TIME? GENDER	MADTIAL CTATUS							
Yes No / Unknown Mor F	MARTIAL STATUS M S W D	NUMBER OF DEPENDANTS						
SHIFT START TIME / END SHIFT TIME AM or PM / AM or	PM							

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









Safety & Training Department

(Check one)	Accident		Incident	X	Time Supervisor Arrived: N/A		4		
Date of Oc	ccurrence:		7/23/2018		Time of Occ	urrence:	5:09 PM		
Weather:	Clear	Day of the	e Week:	Mo	: N				
Location (Cross Stre	eet and Town)]	PC	G Community Coll	lege, Largo, Maryl	and			
Route Impact:		10 minute delay							
Employee Name:				Peter Makuyana					
Run#	21	153	Bus#	62	2627	Tag#	LG94087		
What happened (Be Specific and Brief):		here were 16 patro	ns on board. Th	ne female patron		The female	rvisor was dispatched patron exited the bus		
Injuries (if any):				None	None				
Vehicle Damage				None					
(Check all t	that apply)	Police] N	Ambulance	l N	Tow	7 N		
Was the C	Operator sent for D	rug/Alcohol Test (Y/N):		N	l			
Not	tified (Indicate nam	ne and time) GM:			W. Thompso	n @ 5:09 PN	√I		
Supervisor	D. Bo	oykin	ОМ	M. James	@ 5:09PM	Maint	Zaw @ 5:31 PM		
Asst. Safe	Safety Mgr. R. Jones @ 5:29 PM (VM) Dispatcher Terry/Jam					erry/James			
County Name and Time: (Check one) Telephone		Tolombono			M. Wilson @ 5:32 PM				
(Cneck	t one)	Telephone	X	In Person		(Must b	e done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives									



Operators CDL#	/ Exp Date	Valid/DOT	Med Card	I / Exp	Date		Acc	cident Report	#			
M- 250 - Q Accident Date	080-599-3 Day of Week			1-1								
Month Day Yea	г	Time of Accident	# of Veh	icies	Sma	rtDrive I	Triggered	Sce	ene Phot	os S	Substar	nce Abuse Teste
07-30-201	8 Monday	1.11P	1			Yes	□No	□ Ye	s [l No		Yes □ No
Operator Name (Exactly	COMPAI	NY VEHICLE	1					OTHE	RPART	Υ		
Per Laur M	echisi MAF	MANA			□Ve	hicle 2	☐ Bicy	clist 🗆 Ped	lestrian	☐ Fixed	Object	□Pax Fall
Address (Include Numbe	er & Street)	Apt#	_		Name (Exact	y As Printe	d On License)		W.H.E.E		
5113 50 City or Town	othern AVE.	20	3									
Capital H	ants	State Zip Md 2074	13		Address (Incl	ude Numbe	er & Street)			Apt#		
30475	Date of Hire	Student Driver			City or Town		Sta	ate		Zip		
# of Cards # of	of Occupants # Seated	# Standing			Date of Birth	Sex		Driver's Lie	cense	Lic. State		# of Occupants
Due ID# L Distant	8	/-					М□F	□Yes	□No			
0.	2013 Md	Vehicle Year / Make 2010	allie	7	Insurance Co		Policy # & I	Exp Date				
Vehicle Type 3U	S Route # 8	Run# /1401			Name (Exactly	As Printed	Registration)				
15GG8271-	74178111				Address (Inclu	ide Numbe	r & Street)			Apt#		
old Repu	blic MWT	Expiration Date B 2 12 68	07/01	119	City or Town		St	tate		Zip		
Address/Street on which	Location of A				Plate#	State	Year	& Make of Vehicle		Vehicle Type		Color
1	engle wood	dr:			VIN							
☐ Not at intersection	Feet N S E	W of			Telephone #							
On Roadway	☐ Off Roadway											
At Bus Stop? Yes	□ No (if yes) □ Nea	ar Stop 🗆 Far Stop 🗆	Mid-Block st	ор								
Weather ☐ Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy ☐ Other	Surface Dry Wet Isom Isom Snow Other	Traffic Contro	ol Light Da □ Da al □ Du □ Da	aylight awn usk urk Roa	d – Unlighted d – Lighted	ons	Roadway Divided Undivided Asphal Concre Gravel	dedt tte	Stri	way Charac aight and Gaight and Gaight at Hillo rve and Leve rve and Granders at Hillore	rade rest el de	5
	Pre	Accident Movement					/			vo at i more	or .	
V1 /V2/OV G Going Straight Making right tu Making left turn Making left on Making left on Making U Turn	m 🖾 🗆 Er n red 🗆 🗆 Sh n 🗆 🗆 St red 🗇 🗆 Av	citing Bus Stop htering Bus Stop owing or stopping in traffi opped in traffic arked oided object in road	c	□ P: □ M: □ B: □ O	hanging Lanes assing lerging acking ther		☐ No Uni ☐ Holes / ☐ Obstruc ☐ Constru ☐ Loose n	Road Condition usual Conditions Deep Rut ction in road action / repair zo naterial on road ad road width	s ne			
Vehicle Lights	Turn Signals	Posted Spee	d Limit	Estir	nated Speed	Limit	Directio	n of Travel		Accident	/ Collis	ion With
No 1 ⊠On □ Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn Or	Vehicle 1	mph	Vehicle	e1 3	mph		hicle 1		er Motor Veh	ide	
No 2 🗆 On 🗆 Off	No 1 Four Ways O		mph	Vehicle	2	mph		E W	☐ Bicyc	Train		
	No 2 ☐ Left Turn On No 2 ☐ Right Turn Or No 2 ☐ Four Ways Or							E W	□ Pede	strian		
☐ Crossing With Signal ☐ Crossing - No Signal o ☐ Crossing Against Sign ☐ Crossing - No Signal/N ☐ Going To / From Stopp	or Crosswalk al Marked Crosswalk	□ R □ R □ E	tiding / Walkii tiding / Walkii merging Fror laying In Roa	ng Alon ng Agai m in Fro nd	Bicyclist Acti g Highway Wi inst Highway V ont of or Behind cle Other Than	th Traffic Vith Traffic d Parked	C Cars			☐ Working ☐ Not In Ro ☐ Other	In Road	

		Vehicle Accide	nt Report	Transd
			Name of the second seco	AR#
☐ Backing	Backing □ F		☐ Railroad Crossing	Police Investigated? ☐ Yes KNo
☐ Sideswipe ☐ T-Bone		☐ Merging ☐ Head On	☐ Hit Fixed Object☐ Hit Pedestrian	Police Department Responding
3 Right Turn 3 Left Tum		☐ Bus Right Mirror☐ Bus Left Mirror	☐ Hit Animal	Officer Name (Badge / ID #)
☐ Bus Rear Ends \ ☐ Vehicle Rear End	ds Bus	☐ Bus Door Operation☐ Sudden Stop		Precinct#Report#
I Wheelchair Lift C I Roll Away (Not S	chair Lift Operation Roll Over			Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian
	Type of Trip		Violations	
ith Pax I Fixed Route	Without Pax			
Charter	oute ☐ Fixed Route ☐ Errand ☐ Charter ☐ Non Rev move			To
Para Transit	LI Para Trans	sit	Vehicle 2 Towed By:	То
cident Description)			
Pers	senser	- incident	· lost hob	nce and fell as has should
Service	2 0 5-	toO:) IOSI OTMI	nce and fell as bus slowed to
	- 45	10/		
scription of Dama	age//A	Company Vehicle	☐ Minimal ☐ Moderate [□ Major Other Vehicle □ Minimal □ Moderate □ Major
nicle 1 is ALWAYS	Your Vehicle			of first impact on your vehicle and the other vehicle. Circle areas of other damage.
Articulated Bus		uttle Vehicle	Bus 1	Bus 2 Truck Car
Name of Wit	noco I lateral		→	→ → →
E A	ness/Injured Butler	Age Claimi	ing Injury? Type of Injury Clair	med Injured Transported To Other Transported To Transported By Unit #
1887-1	0218	, and		
pervisor on Sce	ne?	es 🗆 No S	upervisor Name (Print):	on Barkin
		- III	aporvisor Ivallic (FIIIIL)	- · · · · · · · · · · · · · · · · · · ·
ervisor's Signa	ture (1) 4	Boy	Unit Number 7-4	Superviser / Marrier 7
J. Floor & Olyria	THE STATE OF THE S		Onit Number 1 1	Supervisor / Manager Reviewing



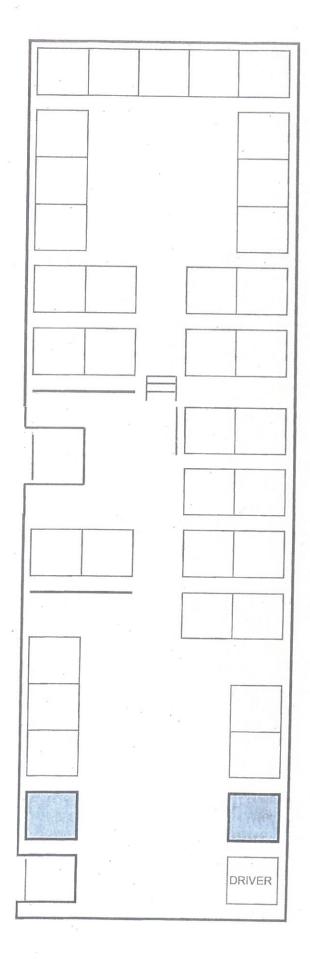
SPP F.8 Rev 5/2015

Today's Date: 7/23/18 Operator Name: Pefer M. MAKUYAN'S Vehicle # 62627 Route # 2/53 Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Submitted to: Ms M. James Was the incident reported immediately? Reported to Command: (Name) I did not report the incident immediately because: M/Cr Did a SQM respond to this incident? No Damage Vehicle Incident to Command: (Name) Date Incident Occurred: 7/23/18 Time Reported: 7/35 This is a late report Location of Incident P. Gr College Complete a separate incident Report for each passenger affected by this event. Passenger Name: N/A Explain what happened: As J approached P & College, T stapped the bus kneeded at Another passenger canne running and years with the step. Ske with the step. Ske with several and years of the watch the step. Ske with several and years of the landing and fell she gives be was alright. She said yes T additated the was alright. She said yes T additated the was alright. She said yes T additated the asive canner control of the passenger of the want of the passenger of the passeng	-	1			
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? Passenger Injury No Mark Was the incident reported immediately? Passenger Injury No Mark I did not report the incident immediately because: M/A Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 7/23/18 Time Occurred: 7/1/O Do not have actual date or time Date Reported: 7/23/18 Time Reported: 7/3 5 This is a late report Location of Incident P. Cr. College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As I approached P. G. College I Stopped He				Time: 19:35	
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: N/A Did a SQM respond to this incident? No. Yes (SQM Name) Date Incident Occurred: 7/23/18 Time Reported: 17:1/O Date Reported: 7/23/18 Time Reported: 19:35 This is a late report Location of Incident P. Cr. College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As I approached P. College I Stopped the bus kneeled it Another passenger Came running I signalled with my hand for her to Slow down and verbacized for her Watch the Step Ske wiestles Slowed down nor watch the Step Ske wiestles Slowed down nor watch the Step Ske misting and fells the guickly got up then went to sift a sked her if adhirated the diverse came. Then earlied dispatch and reported the lustrated the passenger for the want of a sked her is she was a legist. The called dispatch and reported the lustrated the passenger for she wanted to leave the lustrated the passenger for she wanted to leave the lustrated the passenger for she wanted to leave the lustrated the passenger for she wanted to leave the lustrated the passenger for she wanted to leave the lustrated the laster than the passenger for she wanted to leave the lustrated the laster than the laster t	Operator Name:	Peter M. M	AKUYAMA	Vehicle # 62627	Route # 2/53
Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? Plant Reported to Command: (Name) I did not report the incident immediately because: N/A Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 7/23/18 Time Occurred: 17:1/O Do not have actual date or time Date Reported: 7/23/18 Time Reported: 1/3 5 This is a late report Location of Incident P. Cr College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As Tapproached P. G. College T. Stopped He has Kneeled at Another passenger common running I signalled with my hand for her to Slow down and verbalized for her Watch the Step ! She wished slowed down nor watch the Step ! She wished slowed the height of the landing and fell She guickly gut up then went to sift Sand yes of the landing and fell She guickly gut up then went to sift J asked her if she was alright. She said 'yes' I additated the drive came running Then called dispath and reported the limited of the passenger for the wanted to large the passenger for y she wanted to large for the large and plant fold me to lone there were declined then dispath fold me to lone Jheve was no other incident fold me to lone.	Report Submitted	to: Supervisor	Ď Dispatch □S	afety Dept.	
Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? Plant Reported to Command: (Name) I did not report the incident immediately because: N/A Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 7/23/18 Time Occurred: 17:1/O Do not have actual date or time Date Reported: 7/23/18 Time Reported: 1/3 5 This is a late report Location of Incident P. Cr College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As Tapproached P. G. College T. Stopped He has Kneeled at Another passenger common running I signalled with my hand for her to Slow down and verbalized for her Watch the Step ! She wished slowed down nor watch the Step ! She wished slowed the height of the landing and fell She guickly gut up then went to sift Sand yes of the landing and fell She guickly gut up then went to sift J asked her if she was alright. She said 'yes' I additated the drive came running Then called dispath and reported the limited of the passenger for the wanted to large the passenger for y she wanted to large for the large and plant fold me to lone there were declined then dispath fold me to lone Jheve was no other incident fold me to lone.	Check One: P	assenger Accident	Passenger Inciden	t Passenger Injury	☐ Vehicle Damage
Was the incident reported immediately? YPP Reported to Command: (Name) I did not report the incident immediately because: M/A Did a SQM respond to this incident? No. Yes (SQM Name) Date Incident Occurred: 7/23/18 Time Occurred: 17:1/O Do not have actual date or time Date Reported: 7/23/18 Time Reported: 19"35 This is a late report Location of Incident P. Cr. College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As I approached P & College T Stopped the bus Kneeled it Another passenger Canne running I signalled with my hand for they to Slow down and verbalized for her Watch the Step. She wishes Slowed down nor watch the Step. She wishes Slowed down nor watch the Step. She wishes Slowed down nor watch the Step She was alright of the landing and fell she guickly got up then went sift of the landing and fell she give the she was alright of the drive can we called dispatch and reposted the limited and reposted the passenger for the wanted to leave the passenger for the wanted to leave her wanted to leave her wanted to leave and plane number she was alright fold me to lone. There was no other incident.	Pass	enger Complaint	☐ No Damage Vehicle	e Incident Report Oth	er
Did a SQM respond to this incident? No. Yes (SQM Name) Date Incident Occurred: 7/23/18 Time Occurred: 17:1/0 Do not have actual date or time Date Reported: 7/23/18 Time Reported: 19"3 5 This is a late report Location of Incident P. Co. College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As I approached P. College I stopped the bus Kneeled it Another passenger Came running I signalled with my hand for her to slow down and verbalized for her Watch the step. She wishes slowed down nor watch the step. She wishes slowed down nor watch the step. She wishes slowed for up. Then went to sif I asked her if she was alright. She said yes "I asked her if she was alright. She said yes" I asked the drive cam. Then ealled dispatch and reported the law as a larger for the passenger of your wanted to leave the law and phone numbers she declined went dispatch fold me to 10-8. There was no other incident.	Was the incident re	ported immediately	? 425 Re	ported to Command: (Nan	Ms M. James
Date Incident Occurred: 1/23/18 Time Occurred: 17:10 Do not have actual date or time Date Reported: 7/23/18 Time Reported: 19:35 This is a late report Location of Incident P. Cr College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As I approached P. College I stopped the bus kneeled it Another passenger came running I signalled with my hand for her to slow down and verbalized for her Watch the step. She verthes slowed down nor watch the step. She wishes slowed down nor watch the step. She wishes slowed the height of the landing and fell. She guickly got up then went to sift I asked her is she was alright. She said yes I additated the drive cam. Then earlied dispatch and reported the liberature of the passenger of y she wanted to leave the passenger of y she wanted to leave the passenger of y she wanted to leave the large and phone number. She					
Date Reported: 7/23/8 Time Reported: 19°35 This is a late report Location of Incident P. Cr College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As I approached P. College I stopped the bus Kneeled it Another passenger Came running I signalled with my hand for her to slow down and verbalized to her Watch the step. 8he weither slowed down nor watch the step. 8he wished slowed down nor watch the step. 8he mistimed the height of the landing and fell. 8he quickly got up then went to sift asked her is she was alright. 8he said 'yes' I askivated the drive cam. Then ealled dispatch and reported the lusident for Ms Malita James. I asked the passenger of y she wanted to leave her name and phone number she declined. Wen dispath told me to 10-8. There was no other incident.	Did a SQM respond	to this incident?	No. Yes (SQM)	Name)	
Date Reported: 7/23/18 Time Reported: 19"3 5 This is a late report Location of Incident P. Cr College Complete a separate Incident Report for each passenger affected by this event. Passenger Name: N/A Passenger ID/Seat # Explain what happened: As I approached P. College I stopped the bus Kneeled it Another passenger Came running I signalled with my hand for her to slow down and verbalized to her Watch the step. 8he weither slowed down nor watch the step. 8he wishers slowed down nor watch the step. 8he mistimed the height of the landing and fell. 8he quickly got up then went to sift I asked her is she was alright. 8he said 'yes" I askivated the drive cam. Then ealled dispatch and reported the lusident to Ms Malita James. I asked the passenger of y she wanted to leave her name and phone number she declined. Wen dispath told me to 10-8. There was no other incident.	Date Incident Occu	red: 7/23/18	Time Occurred: 17	:/0 Do not	have actual date or time
Complete a separate incident Report for each passenger affected by this event. Passenger Name: N/A Explain what happened: As I approached P. College I stopped the bus kneeled it Another passenger came running I signalled with my hand for ther to slow down and verbalized to her Watch the step. She visithed slowed down nor watch the step. She mistimed the height of the landing and fell; she guickly got up then went to sit I asked her if she was alright. She said 'yes' I additated the drive cam. Then called dispatch and reposted the lusident for Ms Malita James. I asked the passenger of y she wanted to leave the Name and phone number she declined. Then dispath fold me to loos. There was no old incident.	Date Reported: 7/	23/18 Time	Reported: 19°3 5		
Explain what happened: As I approached P. G. College I stopped the bus kneeled it Another passenger came running I signalled with my hand for her to slow down and verbalized to her Watch the step. "She wither slowed down nor watch the step. 8he mistimed the height of the landing and fell." She guickly got up then went to sit I asked her is she was alright. The said 'Ms' I additated the drive cam. Then ealled dispatch and reposted the lusident to Ms Malita James. I asked the passenger of it she wanted to large her name and plane number. She declined. Then dispath told me to 10-8. There was no other incident.	Location of Inciden	P. G. Co	llege		
Explain what happened: As I approached f. G. College I stopped the bus kneeled it. Another passenger came running I signalled with my hand for her to slow down and verbalized to her "Watch the step." She wither slowed down nor watch the step. She mistimed the height of the landing and fell. She guickly got up then went to sit I asked her is she was alright. The said "yes" I additated the drive cam. Then ealled dispatch and reposted the lusident to Ms Malita James. I asked the passenger of is she wanted to leave declined. Then dispath told me to lo-8. There was no other incident.	Complete a separat	e Incident Report for	r each passenger affec	ted by this event.	
As I approached to College I stopped the bus kneeled it Another passenger came running I signalled with my hand for her to slow down and verbalized to her "Watch the step." She vieithed slowed down nor watch the step 8he mistimed the height of the landing and fell. She guickly got up then went to sif I asked her if she was alright. She said "yes" I addivated the drive cam. Then ealled dispatch and reposted the lubident to Ms Malita James. I asked the passenger of y she wanted to leave her name and phone number she declined. Then dispath told me to 10-8. There was no other incident.	Passenger Name:	N/A		Passenger ID/Seat #	
	Lous Knee I signalle and vert veither si mistimed She gui aske	approa led it. ed with palized owed of led of the fr led of senger of me an	my hand for her lown nor eight of the up. the is she dispatch s malita dispatch dispatch	Watch the watch the watch the landing went the drive and report - James - wanted me number	step. 8he step. 8he g and fell, s sif t. 8he e Cam.
The state of the s	Operator Signature	Peleo M			7/23/18



SPP F.8 Rev 5/2015

Today's Date: 7/3 0 / 18 Time: 13:17
Operator Name: Leter Makayana Vehicle # 63198 Route #
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Yes Reported to Command: (Name)
I did not report the incident immediately because:
Did a SQM respond to this incident? No TYes (SQM Name) Mr. Boykin
Date Incident Occurred: 7/3 0 (18 Time Occurred: 13:17 Do not have actual date or time
Date Reported: 713018 Time Reported: 13:45 This is a late report
Location of Incident Riverdale and 54th street
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Ms Mary V Butler Passenger ID/Seat #
Explain what happened; AS I pulled up from the Stop Sign to our bus it ap I was watching the Kids, and approaching the Curb. My customer got up and stood holding her groceries. When I pulled up to the curb the customer slipped and fell inside the bus. I asked her if she was akay. She told me that she was akay and that she forgot to hold ow to the rail for support. I called dispatch and supervisor Mr Boykin came to Riverdale and Tanglewood dr.
Operator Signature: Ptte, M. Makayana Date Submitted: 7-30-18



BUS DIAGRAM

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

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

Complete and turn in with accident forms ASAP.

Thank You!

Date: 07/30/2018 Time: 1:170
Location: Riverdale Rd. @Targlewood dr
Driver: Peter Makuyana.
Supervisor: Don Boskin)



transdev supervisor's incident report

Date#: 7-30-2018 Time: 1.176 Run: 1401
Operator #: Peter, Maky yana Division: 0124 Vehicle: 63198
Supervisor: Don. Boykin
Location: Riverdale Rd. O Tanglewood dr. Riverdale Md. Address or Cross Street City & State
Description of Event: according to witness and operator, As operator
P. Makuyana was approaching the bus stop on Riverdale Rd.
at the corner of Tanglewood dr. a passenger stood-up to
get off; she was an ederly woman with the grocery bag cart
when the bus slowed to service the stop, the passenger lo
balance and fell over; she wasn't holding on to any rails; ju
the handle of her grocery cart: she said that she was o.k.
and wasn't injured, and refused medical assistance.
Once I arrived, she was standing outside the bus to give
her statement and information, then she wolked away to he
residence:
\mathcal{L}
Supervisor Signature: Non Bay



Accident/Incident/Workers Comp#:	Weident					
	(Workers (Comp # Issued by Sedgwick)				
Peter M. Makny	ana	Birth Date 04, 23, 19.	57	Hire Date		
Driver's License# M 250 6 Employee Number 3 0 4 DOT CARD VALID? See or NO (IF	80 599 75	313				
HOME ADDRESS: 5113	ou ther	N Ave #	202			
Capital Height	73	MD	ZIP COL	DE 20743		
HOME PHONE NUMBER 240 470 5962	DAYTIME NUM		EMPLO'	YEE STATUS (please circle) ME) OR PART TIME		
IS THE OPERATOR ON OVER TIME? Yes / No / Unknown		MARTIAL STATUS	NUMBE	R OF DEPENDANTS		
*SHIFT START TIME / END SHIFT TIMEAM or PM / 12:5		PM				

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



Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervisor Arrived: 2:40 PM				
Date of O	currence:	currence: 7/23/2018			Time of Occurrence: 2:07 PN				
Weather:	Clear	Day of the	Week:	Mor	nday	DHD (Y/N)	: N		
Location (Cross Stre	eet and Town)			Marlboro Pike,	Upper Marlboro	, Maryland			
Route Impact:				35 minute d	elay				
Employee Name:				Cheryl-Ann Cuml	berbatch				
Run#	51	03	Bus#	626	540	Tag#	LG94084		
What happened (Be Specific and Brief):		the scene. Superv	isor and Maint		atched to the lo	cation. Ther	contact with Vehicle #1 right re were no patrons on board. in service.		
Injuries (if any):				None					
Vehicle Damage				None					
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N		
Was the C	perator sent for Dr	rug/Alcohol Test ()	//N)·			N			
		ag/ neener rese (
Not	ified (Indicate nam	e and time) GM:			W. Tho	mpson @ 2	::13 PM		
Supervisor	K. Al	ston	ОМ	M. James (@ 2:07 PM	Maint	O'Neil @ 2:24 PM		
Safety	Mgr.	Robyn Jones (@ 2:12 PM		Dispatcher		Terry/James		
County Name and Time: (Check one) Telephone X			M. Wilson @ 2:14 PM						
(Спеск	kone) Telephone X			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: 1 Time: Operator Name: Cumber hatch Vehicle# Route # Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other_ Was the incident reported immediately? 40 Reported to Command: (Name) Syp I did not report the incident immediately because: Did a SQM respond to this incident? No. Yes (SQM Name) Att 4)/5 Date Incident Occurred: 1/23/18 Time Occurred: 2.20 pm Do not have actual date or time Date Reported: 2 2 0 pm This is a late report Location of Incident () Ollow 10 Pik (Complete a separate Incident Report for each passenger affected by this event. Passenger Name: _____ Passenger ID/Seat # Explain what happened: LABLOYO Broke down on Malboro

Operator Signature

Date Submitted:

__

SPP F.8 Rev 5/2015



Transder supervisor's incident report

Date#: 7-23-18 Time: 207 PM	Run: <u>5103</u>
Operator #: Cheryl-Ann Cumberbatch Division: 0124 Vehic	le: 62640
Supervisor: Alston	
Location: Mac boro Dike Address or Cross Street City & State	
Description of Event: When I arrived at bus 62640	it was
Sitting in the middle of the street on Marl	boro pike.
aperator Cumberbatch stated her bus brok	he down
and a passing truck made contact with &	he passenger
Side Missor. No damage to bus 62640	,
Alexander of Alexander .	



(Check one)	Accident		Incident	X	Time Superviso	r Arrived: N/	Α	
Date of Occ	urrence:		1/4/2019			me of Occurrence: 12:20 P		
Weather:	Clear	Day of the	e Week:	T Fr	iday	DHD] N	
Location (Cross Stree	t and Town)		Green	way Shonning Co	nter, Greenbelt	Mandand		
			Oreen.	way Shopping Ce	inter, Greenbeit	iviai yraiiu		
Route Impact:	aki funia di kua aku musiku da		are and a size of a series of the size of	None	Sayuna mgadimat Aguar i da indiriya t	regularia az Elipara da		
Employee Name:				Michael Tolson			* " * \$" * 1	
Run#	1.	602	Bus#	62	651	Tag#	LG94282	
What happened (Be Specific and Brief):		·		,	dispatched to th	· · ·		
Injuries (if any):				None				
Vehicle Damage				None				
(Check all tha	nt apply)	Police	N	Ambulance] N [Tow	1 N	
						7. 10 10 11 12 13 13 13 13 13 13 13 13 13 13 13 13 13		
Was the Op	erator sent for D	rug/Alcohol Test (\	Y/N):	Para 1908 a Padrilla Newson a subseque y o	There is a second of the secon	N	ANTERNATIONAL PLANTS OF THE	
relifikasioning 1894 kemangan apada 1 1 tahun kemangan menanggan								
Notif	ied (Indicate nan	ne and time) GM:			J. Modlin (@ 12:22 PM		
Supervisor	T. Ogu	ındeko	AGM	K. Jay @	12:24 PM	Maint	Ray @ 12:26 PM	
Safety IV	una, prototoje i boli, bili Prepisi Nave	0 10000	erin Leir Schill		galla la la farantak			
Salety IV	igrii	R. Jones @ 1	LZ:22 PIVI		Dispatcher	Jan	nes/Butler	
County Name :	and Time:	g i njagtu tert i p se tekstiv. 	LE TENNINE, TU	Marcha	Mileon 🙉		Marking Brown Brown	
(Check o		Telephone	х	Marsha Wilson @ (Must be done within 1 hour)				
						fistrac rit.	conc stum x nour	
Please note the details of this incident will change when the Supervisor Arrives			t the PAST STANDARD STANDARD	ing mangan mendah	en en swit waar iid w	zzuzie z krienkii:	e de la latera de la del Mari	



Today's Date: 01 04 2019 Time: 12; 20
Operator Name: Michael R., Tolson Vehicle # 62651 Route # 1602
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) Belliger.
I did not report the incident immediately because:
Did a SQM respond to this incident? No Syes (SQM Name) 20 Ng
Date Incident Occurred: 61 04/2019 Time Occurred: 12: 20 Do not have actual date or time
Date Reported: 01 04/2019 Time Reported: 12:22 This is a late report
Location of Incident Greenway shopping center - loveen belt Ribi breen belt, m
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Mark Jones Passenger ID/Seat#
Explain what happened: Pulled in to service the stop at Breenway shop. Control Passenger fell getting on the bus.
Passenger fell getting on the bus.
· · · · · · · · · · · · · · · · · · ·
Operator Signature: Michael R. Tolson Date Submitted: 01/04/2019 SPP F.8 Rev 5/2015



EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:		,	
•	(Workers	Comp#Issued by Sedgwick)	•
Name		Birth Date	Hire Date
Michael R". Tolson		12 /24 / 54	9-21-99
			1
Driver's License# T-425-603	-73 <u>4-97</u> 4	<u>(</u>	
Employee Number 1215	0		
DOT CARD VALID? (es) or NO (IF	NO, PLEASE EXPL	AIN WHY):	
			•
			
		•	
HOME ADDRESS: ሬኔዕን ሬሂች	ave A}+	-5	
CITY · Riverbale	STA	TE MD	ZIP CODE _ 20737
HOME PHONE NUMBER	DAY TIMĖ N	UMBER	EMPLOYEE STATUS (please circle)
240-444-4315			(FULL TIME) OR PART TIME
IS THE OPERATOR ON OVER TIME?	GENDER	MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / Ng / Unknown	(M)or F	MS W D	<u> </u>
, 12) (ty) 5 mm		<u> </u>	
SHIFT START TIME / END SHIFT TIME	:	·	•
0515 AMor PM / 131	AlVi (DICTIVITY	•

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



Date#: 01-04-19 Time:	12:20 pm	Run: 1602
Operator #: Micheal colsen	Division: <u>0124</u>	Vehicle: 62651
Supervisor: Balanda Ogulu		
Location: Greenbert mad Address or Cross Street	Greenwerg 5	shapping come.
Address or Cross Street /	City	& State
Description of Event: On Ful	James 4	2010 Aborder
Muchael Telson accomed	i natoly lested	a quastom at
a destinated Barrice 8to	p in the pro-	cers on gitting
on the Bus 62651, U	I Patron Ship	part and fell
Come in Contact wil	t foreloop No	served and some
so mying the lafe		Liver CO surelevel &
so which you ()	soften godson.	46.800
annoted.		
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	/	
Supervisor Signature:		· · · · · · · · · · · · · · · · · · ·
V Vs	will to	refranci



Safety & Training Department

(Check one)	Accident		Incident	X	Time Superviso	or Arrived: 7:5	0 Am
Date of O	ccurrence:		1/8/2019		Time of Oc	currence:	7:20 AM
Weather:	Clear	Day of the	e Week:	Tuesday		t	N
Location (Cross Stre	eet and Town)			West Hyattsville	e Metro Station		
*/							
Route Impact:				2 - Missed Pulls			
Employee Name:				M.Delgado			
Run#	13	02	552	Tag#	LG94093		
	1						
	Operator stated	that she had a very		the side of her he ported to local he		nce was called	I and the operator
What happened			was crans	ported to local in	ospitui.		
(Be Specific and Brief):							
briery.							
Injuries (if any):				None			
Vahiala Damasa							
Vehicle Damage				None			
(Check all t	hat apply)	Police	N	Ambulance	Υ	Tow	N
Was the 0	Operator sent for D	rug/Alcohol Test (\	Y/N):			N	
No	tified (Indicate nam	e and time) GM:			J. Modlin	@ 7:35 AM	
Supervisor	B. Ogu	ndeko	AGM	R. Bandak @	@ 7:24 AM	Maint	N/A
Safety	Sun	S. Ford @7	7·41 ΔM		Dispatcher	M Pro	ctor/R.Green
Saicty	Sup.	3. Toru @7	TIAIVI		Dispatcher	IVI.F10	Ltor/ K. Green
County Nam	e and Time:			7:34	AM		
(Check	one)	Telephone	Х	In Person		(Must be	done within 1 hour)
Please note the	~						
details of this incident							
will change when the Supervisor Arrives							
*							

Operator Incident Report Today's Date: Jan. 8, 2019. Time: Operator Name: Maggie Deloado Vehicle# 62653 Route# 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 Reported to Command: (Name) M. Prectop / R. Cricen Was the incident reported immediately? _________ I did not report the incident immediately because: _ · Did a SQIM respond to this incident? INo. Yes (SQIM Name) Loca Dayndeko Date Incident Occurred: 1-8-19. Time Occurred: 7:30 A.M. Do not have actual date or time Date Reported: 1-8-19. Time Reported: 1:30A.M. This is a late report West Huattsville Metro Station Location of Incident Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat # Explain what happened:

Operator Signature: Mayin Duly Le Date Submitted: 1-9-20/9
SPP F.8 Rev 5/2015



(Check one)	Accident	X	Incident	- cpartinent	Time Superviso	r Arrived: 8:	35 am
Date of Oc	ccurrence: 1/9/2019				Time of Occurrence: 8:04		
Weather:	Clear	Day of the	e Week:	l Wedn	Wednesday		N
	Cicar	Duy or the	a week.	Wedn	esady	DHD	
Location (Cross Stre	et and Town)			Chillum Rd @ (Queens Chanel		
Location (Cross Stre	et and Town,			Cillium Ru @ V	queens chaper		
Route Impact:				1 Missed trip			
Employee Name:				T. Strother			
Run#	l 12	01	Dun#	1 636		T#	1.504257
Kun#		01	Bus#	626	132	Tag#	LG94267
What happened (Be Specific and Brief):	Operator states as she was departing a bus stop (unit in motion), a passenger stood up from her seat and fell. Passenger is seeking medical treatment.						
Injuries (if any):			Daccor	nger was transpor	+od		
injuries (ii ariy).			Passer	iger was transpor	teu		
Vehicle Damage				None			
(Check all t	hat apply)	Police	N	Ambulance	Υ	Tow	N
Was the C	Operator sent for D	rug/Alcohol Test ()	v/N)·			Y	
vvas trie e	perator sent for b	rug/Aiconor rest (.,,,,,				
Not	tified (Indicate nam	e and time) GM:			J. Modlin	@ 8:06 AM	
Supervisor	B. Ogu	ndeko	AGM	R. Bandak (҈ 8:06 AM	Maint	Seldon @ 8:11 AM
Cofee	Cum	D lance O	O.OE ANA		Diametalia		anta a /D. Cu
Safety	oup.	R. Jones @	O.US AIVI		Dispatcher	IVI.Pro	octor/R.Green
County Name	e and Time:			M. Wilson (@ 8:08 AM		
(Check		Telephone	X	In Person		(Must be	done within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives							

Lat Long - 74.980207

54510



Operators CDL #/	Exp Date	Valid DOT Med Card /		Date		Acc	cident Report#	<i>ک</i> ر		•
S = 363 - 89 Accident Date	Day of Week T	Pyes DNo ime of Accident # of Vehic	les	Smarti	hive Tr	iggered		Photos	Substan	ce Abuse Tested.
Month Day Year				ПΥ	'es E	ž No	□ Yes	₽ No	三	Yes □ No
1-9-19	Werkussy	8:04A-1					ÖTHER	okory.	 	
	COMPANY	VEHICLE ?		PAT	ron.		· September 191		er Vitalia kirali	
Operator Name (Exactly As	s Printed Un License)	8-traller		□Veh	lcia 2	El Blc)	icilist 🏻 Peder	strian OF	xed Object	(DPax Fall
Address (Include Number 8	& Street)	Stroller Aprill		Name (Exactly			B)			
	Thus he	eruz e. Bis Zip		Address (Includ	Ho			Apti	1	
CityanToum	1 513	16 Zp 20772		Vaatesa (rucina	BERTIUM B.	I & Sileetj		l man		•
Employee ID#	Many Love 1	Sludent Driver? Y/N		City or Town		s	isia	. Zip		
30524	1-11-11			5 5 621.0	Sex		Driver's Lice	neo lio	State	#of Occupants
#of Cards #of	Occupania #Sealed	#Slanding		Date of Birth					DIAIO	(1,5,233,74,113
	Dieta 1	Vehicle Year / Make		Insurance Co		M LIF		IND		
BusiD# Plato#	94267 MB				i					
Vehicle Type	Roule#&R	čýn#		Name (Exactly	As Printe	d Registratio	on)			
Gillia	12	1201		Address (inclu	de Numbs	r & Street)		Apl	#	
VN LECTED	71861093	278	•	1,autoes (one		,,				
Insurance Co	Policy#&E	278 September Date 21268 Sident		City or Town			State	Zip		
Olas He	Corpuso Mr	WLP MIJER		Plate#	Slate		ar & Make of Vehicle	Vehic	aTyps	Color
	Location of Acc	melusa nos/Quesa	یق یا	عرد رسا	- CMM	'				
		1 1		VIN						,
At intersection with				Telephone#		, <u></u>				
II Not at Intersection		W of	-	Leishilotia 14						
☐ On Roadway	☐ Off Roadway		lan	ł j				-		
At Bus Stop? II Yes	ZerNo (If yes) □ Near	r Stop III Far Stop II Mid-Block 8		nental Conditi	nne		<u> </u>			
tet et	Surface	Traffic Control Ligh		llenial colore	nua	Roady	vay - if of Lanes	Roadway	<u>Characterist</u>	<u>ics</u>
Weather Clear	Dry Dry	ৰি Stop Sign ৰাট	aylight Iawn			IZ Divi	ded livided		and Level and Grade	
ロ Cloudy ロ Raining	□Wet □ loy	Traffic Signal III D	usk			⊟ Аврі	halt	☐ Straigh	at Hillcrest	
☐ Snowing	☐ Show			ad – Unlighted ad - Lighled			crete vel	☐ Curve a	nd Grade	
El Foggy	☐ Other	☐ Officer	E417.1.00	ии предпла		II Othe		🗆 Сигув а	t Hillcrest	
	<u>Pre.</u> l	Accident Movement					el Road Gondillon			
Vi V2/OV	V1 V2/OV	V1	V2/0	A			Unusual Conditions es I Deep Rut	3		
☐ ☐ Going Straight	*******	iling Bus Stop 5/8 0	П	Changing Lane	8 .	☐ Obsi	huction in road			
☐ ☐ Making right to ☐ ☐ Making right to		tering Bus Stop wing or stopping in traffic		Passing Verging	سيئم إ	☐ Cons	sinicijon / repair zo se malerial on road	ne		
☐ ☐ Making left tun	n 🗆 🗆 Sto	opped in treffic		acking Sacking		☐ Red	uced road width			
☐ ☐ making left on☐ ☐ Making U Tum		ofded object in road	П	Olher		☐ Othe	er ·			
Vehicle Lights	Tum Signals	Posted Speed Limit	Est	imated Speed	Limit	Direc	ction of Travel	A	cident/Col	Ision With
No 1 🗷 On 🗆 Off	No 1 🖂 Left Turn On	Vehicle 1 35 mph	Vehic	#1 <u>35</u>	mph		Vehicle 1	☐ Other Mo	lor Vehicle	•
	No 1 II Right Tum On		Vehic	fe2	mph	(N)s e w	☐ Bicycilst ☐ Rail Train		tron
No2 □ On □ Off	No 1 II Four Ways On No 2 I Left Turn On	1 Actions Tubit	2 MINO			,	Vehicle 2	☐ Fixed Obj ☐ Pedesida	ect [5	1
	No 2 CI Left Túm On No 2 CI Right Tum On					N-	-S-E-W	-El-Animal		
	_ No 2 _□ Four Ways On	1	irina.	/ Bicyclist Act	lās					
er Oresales USB Dissal		IT Riding / Walk	đna Alo	ng Highway Wi	th Traffic	· }		r-i n	ehina Hilod	dng On Vehicle
☐ Crossing With Signal ☐ Crossing - No Signal	or Crosswalk 🛴	√ / N □ Riding/Walk	dea Aas	ainst Highway V	Mith Trafi	fic	$A \setminus \mathcal{O}_5$	ПW	orking in Roa	adway
Crossing Against Sign Crossing - No Signal/	181 ·	口 Emerging Fro 口 Playing In Ro		UNI OF OF HENIO	u raiked	1.09)g		디어	of In Roadway her	y
☐ Going To / From Stop	ped Bus	☐ Getting On / (icle Other Than	Bus		<u> </u>		SPP F.20	7/2015
									U1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	117010

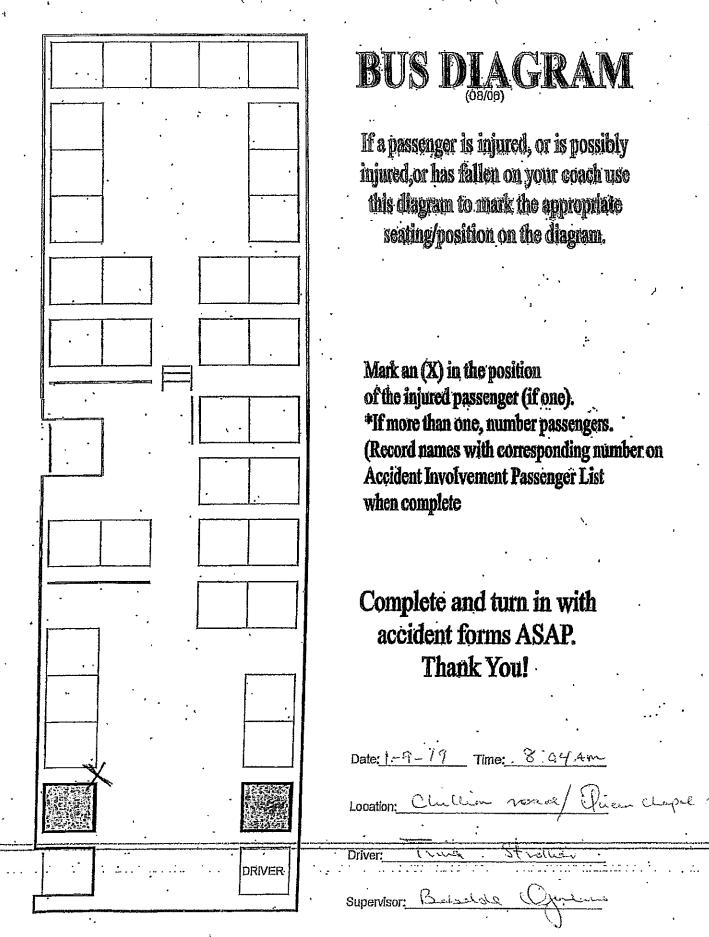
Vehicle Accide	nt Report	CA GOOT	(SCIE)
I Backing II Passing I Sidestvipe II Merging I T-Bone II Head On I Right Turn PA II Bus Right Mirror I Left Turn II Bus Left Mirror II Bus Rear Ends Vehicle II Bus Door Operalion I Vehicle Rear Ends Bus II Sudden Stop I Wheelcheir Lift Operation II Roll Over I Roll Away (Not Secured) II Ren Off Roadway	☐ Rallroad Crossing ☐ HIt Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	AR# Police Investigated? DYes Differ Name (Badge / ID#) Precinct# Report# A / A	Pedestrian
Type of Trip With Pax U Business Trip I Fixed Roule U Fixed Roule U Errand I Charter U Kon Rev move I Para Transit U Para Transit U Maintenance	Vehicle i Toward By	1)/A TO N/	/-
ccident Description Patron miss	Holt got	is in the fact veguest	ru)
is not my while le	to with but	to the back leg Come	itroller
Description of Damage Company Vehicle	☐ Minimal ☐ Moderate	□ Major Other Vehicle □ Minimal □ Moderate	→ □ Major
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle →		offirst impact on your vehicle and the other vehicle, Circle areas of other Bus 2 Truck Ca	damage.
		0	
upervisor on Scene? . 🗹 Yes : 🗀 No		Brobooks Commences. Supervisor / Manager Reviewing	



Today's Date: 1-9 - 19	Time: \$104 Am
Operator Name: Tring Strother	Vehicle # 42432 Route # 1201

T did my first pull at 5-30pm from West
I did my first pull at 5:30 pm from West Hyattsville Station I went to Chillum I
DICKUP patron at 538 am on Chillian
pick up patron at 538 an on Chillium Rd. at the top of hill The rode my dus
for Jeveral hours to Stay war m She
for Jeveral hours to Stay war m She is homeless we are allowed to give free
ndo L. Sanges and natron one
told me + hat she is Senor. Around S: 11 Am
told me ting to she is Senor. Around S: 11 mm I was driving down hill on Chillian Ad a patron pull cord A man walk to get off bus I pull at bus he part the pus I close the door taise the bus
Ad a patron pull cord A man walk
to get off bus I pull at bus he RXIT
the bus I close the door Fase the bus
pulled off The Sala noise at
was walking toward the trant door
I said want one second man I Stopped
The bus she put one leg behind the
que troop on the bus and she said
She was mured to got out of
and the state of t
And floor on the bus and She said She was injured. I got out of driver chair and called dispatch She graped her teg and wented help dispatched called Ambulance and When they arrived She \$tood up bold may on to railing the first responders.
dispatored carred the holding
on to Failure the first responders
Dut the Streether on the bus Stre
sat on the it there took her away
Date Submitted:
Operator Signature:

SPP F.8 Rev 5/2015





tionsdev supervisor's incident report

nate# 1-9-19 Time: .	8:04 Am	Run: 120)
Date#: 1-9-19 Time: . Operator #: Truing Shotton		Vehicle: 62632
Operator #: 1 vana 3 (10 and	Division. <u>0124</u>	
Supervisor: Balanta C	- Comment	11
Supervisor:	/ Yusen chapel	City & Chota
Address or Cross Stree	et	City of State
Address or Cross Street Description of Event:	merdy Jamey	d. 301d Abraha
Stroller was heren	V. Novice Consum	of from chilenne.
side towards West	Matterine mit	o a parten un
side (out to Air	a Holl exot	up from how some
the name of Miss		
on Pous 62632 Way	need towards !	the draw we the
front violing t	o get A	while the
Bus was in a mos	tion, operator	Stroken quickly
	, , , , , , , , , , , , , , , , , , ,	and has late
asked her to wa	et. but CE	- (VI (XI)
because she lock	ced have from	o leg signett the
base leg Course		
The Dation	in grastin w	sas from sported.
	:	•
before the arriva	1 of the S.	when aren .
Thus Safel	y Department	was notified
		ised will the openion
by taking out of	Jon rico on	term (
Concentre for d	my testing.	
	- U	•
<u> </u>		
	/	
		-
Supervisor Signature:	1 2 10	
	1300	meson

Transdev

EMPLOYEE INFORMATION

Accident/Nocident/Workers Comp#:	Patran Fello	m bus
A	(Workers Comp#Issued by Sedgwi	ck)
Name Tring " Shere	Birth Date Ströther 11, 17,	Hire Date 1969 1-11-11
0 4	5-803-765-	881
Employee Number 500 or NO (IF	NO DI FASE EVEL AINI WALVI	
DOI CARD VALIDI (169 0) NO (II	NO, PLEASE EXPLAIN WAY,	
HOME ADDRESS: 11009		ZIP CODE 20772
HOME PHONE NUMBER	DAY TIMĖ NUMBER	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? Yes / No) Unknown	GENDER MARTIAL STATUS M oi(F) (M)S W D	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIMI	7 %	
AmAMor PM/2/3		
	The state of the s	

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



(Check one)	Accident		Incident	X	Time Superviso	r Arrived: N/A			
Date of Occurrence:		1/11/2019			Time of Occurrence:		5:06 PM		
Weather:	Clear Day of the Week:		Week:	Friday		DHD	N		
Location (Cross Street and Town) Allentown Road, Camp Springs, Maryland									
Route Impact:	Route Impact: None								
Employee Name:				Aeletta James					
Run#	30	52	Bus#	626	52	Tag#	LG92014		
							as dispatched to the		
What happened	location. Th	ere were 5 patrons	on board. Ther	e were no injuries	reported. The	operator contin	nued on route.		
(Be Specific and									
Brief):	E 15								
				NI POSTO DE LA CASA DE					
Injuries (if any):				None					
Vehicle Damage				None					
(Check all t		Police	N	Ambulance	N	Tow	N		
Was the C		rug/Alcohol Tost ()	(/NI).			N.			
Was the C	Operator sent for D	rug/Alcohol Test (\	//N):			N			
	perator sent for D		//N):		I. Modlin				
			//N):		J. Modlin	N @ 5:24 PM			
	perator sent for D	e and time) GM:	//N):	K. Jay @ 5			Donald @ 5:23 PM		
Not	perator sent for D	e and time) GM:		K. Jay @ 5		@ 5:24 PM	Donald @ 5:23 PM		
Not	perator sent for Di ified (Indicate nam D. Jac	e and time) GM:	AGM	K. Jay @ 5		@ 5:24 PM	Donald @ 5:23 PM		
Supervisor Safety	Operator sent for Diffied (Indicate nam D. Jac	e and time) GM:	AGM	K. Jay @ 5	5:19 PM	@ 5:24 PM			
Supervisor Safety County Name	Operator sent for Diffied (Indicate nam D. Jac Mgr	e and time) GM: ekson R. Jones @	AGM 5:24 PM	Marsha Wilso	5:19 PM Dispatcher	@ 5:24 PM			
Supervisor Safety	Operator sent for Diffied (Indicate nam D. Jac Mgr	e and time) GM:	AGM		5:19 PM Dispatcher	@ 5:24 PM Maint Jam			
Supervisor Safety County Name	Operator sent for Diffied (Indicate nam D. Jac Mgr	e and time) GM: ekson R. Jones @	AGM 5:24 PM	Marsha Wilso	5:19 PM Dispatcher	@ 5:24 PM Maint Jam	nes/Butler		
Supervisor Safety County Name	Operator sent for Diffied (Indicate nam D. Jac Mgr	e and time) GM: ekson R. Jones @	AGM 5:24 PM	Marsha Wilso	5:19 PM Dispatcher	@ 5:24 PM Maint Jam	nes/Butler		
Supervisor Safety County Name (Check	Operator sent for Diffied (Indicate nam D. Jac Mgr	e and time) GM: ekson R. Jones @	AGM 5:24 PM	Marsha Wilso	5:19 PM Dispatcher	@ 5:24 PM Maint Jam	nes/Butler		
Supervisor Safety County Name (Check Please note the details of this incident will change when the	Operator sent for Diffied (Indicate nam D. Jac Mgr	e and time) GM: ekson R. Jones @	AGM 5:24 PM	Marsha Wilso	5:19 PM Dispatcher	@ 5:24 PM Maint Jam	nes/Butler		
Supervisor Safety County Name (Check	Operator sent for Diffied (Indicate nam D. Jac Mgr	e and time) GM: ekson R. Jones @	AGM 5:24 PM	Marsha Wilso	5:19 PM Dispatcher	@ 5:24 PM Maint Jam	nes/Butler		

ARABANA Coperator Indidentification and Control Copy
Today's Date: 119 Time: 1711 P Operator Name: 1000 Vehicle # 197 Route # 3003
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? 100 Reported to Command: (Name) 100 Com 600 Possible Passenger Complaint: No Damage Vehicle Incident Report Possible Passenger Passenger Complaint: No Damage Vehicle Incident Report Possible Passenger Pa
Did a SQM respond to this incident? No. Yes (SQM Name) Date Incident Occurred: Time Reported: 17 Do not have actual date or time Date Reported: Time Reported: 17 Do not have actual date or time Location of Incident Old H. Ch. Own K. E. H. Ch. Own W. C
Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Mark + A Passenger ID/Seat # FVON + Seat (202) 500 540 b Explain what happened:
When I furned the corner a minur child fell out the seat his morn state that he was Not hurt I ID-12 called dispetch and reported the inecident
perator Signature: Date Submitted: SPP F.8 Rev/5/2015



SUPERVISOR'S INCIDENT REPORT

Date#: 1-11-19 Time: 3.30 PN1 Run: 30 2 Z	
Operator #: A . JAMES Division: 0124 Vehicle: 63197	······································
Supervisor: D. JRCKSON	
Location: Allentown RD & Allentown WAY, TEMPLE Hills, MI	<u>} </u>
Address of closs street	
Description of Event: I AIRRIVED ON THE SCENE AT	
5:30 PM, AND the OPERATOR STATED That	
While she was Driving A MINOR FEIL	
OUT OF the SEAT. The MOTHER OF	
the child Stated that the child	
WAS OKAY. There ARE NO INJURIES.	
to REPORT AT THIS TIME. The	
OPERATOR CONTINUE IN SERVICE.	
•	
· .	
1	
· ·	
· · · · · · · · · · · · · · · · · · ·	
Supervisor Signature: Douald Paulson	

Today's Date: _ Time: Route# 3321 Operator Name: Vehicle# Report Submitted to: Supervisor Dispatch Safety Dept. Passenger Incident Passenger Injury Check One: Passenger Accident ☐ Vehicle Damage Passenger Complaint ☐ No Damage Vehicle Incident Report ☐ Other Was the incident reported immediately? UES Reported to Command: (Name)__ I did not report the incident immediately because: Date Incident Occurred: 1519 Time O date or time Date Reported: 11519 Time Reported Location of Incident_ Complete a separate incident Report for each pa Passenger Name: _ Explain what happened:

young landy t 34

I heard yelling and the gry sound your grand yelling and the gry sound your grand you in the Cace" I looked and he came to me and told me Blewas Collowing n, m all the way from S.E.

I told him iden't nit ner and he diogit want that thouble and he got off the bus and him halked toward the Starton She followed him he yelled at her and She walked the other direction I got on the bus and he got on he gailed to yelled of the sound he got on he gailed to she ran in the street yelling and banging on the bus the bus of the bus of the policy of the bus the street yelling and banging on the bus the bus of the bus of the bus and popped the bus the street yelling and banging on the bus the bus the bus and banging on the bus the bus the bus the bus and banging on the bus such bus street yelling and banging on the bus such bus such bus street yelling and banging on the bus such bus suc

Date Submitted:

Operator Signature:



(Check one)	Accident		Incident	X	Time Superviso	r Arrived: N/	A	
Date of O	ccurrence:	rence: 1/24/2019 Time of Occurrence:			6:30 PM			
Weather:	Weather: Clear		Day of the Week: Thursday			DHD	7 N	
Allowands Events Personal Carry 21 cons								
Location (Cross Stre	eet and Town)		Blader	nburg Middle Sch	ool, Bladenburg I	Marvland	शिक्ष विकास समूच स्थालका विकास -	
Route Impact:	None							
Employee Name:	Cheryl Cummberbatch							
cilipioyee ivalile:			Ln The state of the state of th	eryi Cummberba	tcn	nicalieses es	edeca participation and	
Run#	(2002-10-10-10-10-10-10-10-10-10-10-10-10-10-	**************************************	Bus#		209	Tag#	T LG92102	
						n.L.	1000102	
	Operator refuse	o move the bus do		Paristan - 41-			ue in service with thi	
(Be Specific and Brief):								
Injuries (if any):				None				
Vehicle Damage				None				
(Check all t	hat apply)	Police] N	Ambulance] N [Tow	1 N	
Was the C	perator sent for D	Prug/Alcohol Test (Y/N):			N		
Not	ified (Indicate nam	no and the al C00.		ligi liliki bişarılırı L		The state of the s		
NOC	med (mulcate hai	ne and time; Givi:				entropia de la com-		
Supervisor	T. Ogu	undeko	AGM	K. Jay @	6:35 PM	Maint	Ray @ 6:40 PM	
Safety	Mgr	R. Jones @	6:45PM		Dispatcher	Jan	nes/Butler	
County Name		Telephone	1		1 -		· · · · · · · · · · · · · · · · · · ·	
(Cneck	(Check one)		X	In Person		(Must be	done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives	iii a ta ku ta ka ta		nu 1990 film vester i d	Harrian Wi ng ragifi <mark>g</mark> i	general meter	· 조심 등 통해 및 기술() **	ap segmina a Akir A A A A	

transaev supervisor's incident report 1/24/2019, Time: 6:50PM. Operator #: C: Cumber batch. Division: 0124 Vehicle: 63209 Supervisor: Tayo Ogundana. Location: Bladensburg road Anapolis road, Hyartsville, Maryland.

Address or Cross Street City & State Description of Event: _ I got a radio call at 6:30pm to respond to patron incident on bus operated. Charil Cumberbatch on the 18th rout Cheryl Cumberbatch on the Bladensburg Middle School bus stop, Patron showed his I.D and proceeded to sent while the operator refused to more the bins because of 9 previous The pertrons name and number is below Rekwann Hopkins 202-400-4934 E-mail Rekwahn 7/ @ gmail. com. The patron usually sides the bus on thursdays of trusdays at 5:20 pm pick up on the 18th route. He attends Community based school in P.G by Bladensburg Middle School, There was no verbal commication between Operator and patron yet the Operator refused to move the JUNS: Supervisor Signature: 100

HACE TO COPERATOR IN ELECTRICAL CONTROL OF CONTROL	
Today's Date: On OA 2019 Time: 6-346 704 Operator Name: New Climber batch Vehicle # (13219 Route # 18	07
Report Submitted to: Supervisor Dispatch Safety Dept.	•
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Dam	age
Passenger Complaint No Damage Vehicle Incident Report Other	
Was the incident reported immediately? (/ @:) Reported to Command: (Name)	2015UL
l did not report the incident immediately because:	
Did a SQM respond to this incident? No. Wes (SQM Name)	
Date Incident Occurred: 1/34/19 Time Occurred: 6. 24/10 Do not have actual date	ortime ·
Date Reported: 134 Time Reported: (2.24 M This is a late report	
Location of Incident Annapolis Rola Bladenburg HS	·
Complete a separate incident Report for each passenger affected by this event.	, ,
Passenger Name: Passenger ID/Seat #	· · · · · · · · · · · · · · · · · · ·
	•
Explain what happened:	-
Possenger that I had on BSHE with price	
gut or my bus and I felt uncomfritable tia	<u>n jouch</u> i
	-
	
· ·	. *
	•
	·
hrus nth est est	,
erator Signature: Date Submitted: 1/24/1/9	



(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: N/A		
Date of Occurrence:			1/28/2019	Time of Occ		ccurrence:	4:16 PM	
Weather: Clear		Day of the	Week:	Monday		DHD	Υ	
Location (Cross Street and	Town)		Ft. W	ashington Mano	r, Fort Washingt	on, Maryland		
Route Impact:	Route Impact: None							
Employee Name: Helen Young								
				err roung				
Run#	35s		Bus#	63	164	Tag#	LG92014	
What happened (Be Specific and Brief):								
Injuries (if any):				None				
Vehicle Damage				None				
(Chec	k all that apply)	Police	N	Ambulance	N	Tow	N	
Was	the Operator sent for Drug/Alcohol	Test (Y/N):				N		
	Notified (Indicate name and time)	GM:			J. Mod	llin @ 4:25 PM		
Supervisor	D. Butler		AGM	K. Jay @	4:23 PM	Maint	Donald @ 4:28 PM	
Ç.	fety Mgr	R. Jones @	4.24 PM		Dispatcher	l Can	npbell/James	
54	rety mgr	IX. JOHES @	7.27110		Dispatcher	Car	проспузаттез	
County	Name and Time:			Marsha W	ilson @ 4:26 P	М		
(I	Telephone	X	In Person		(Must b	e done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives								

Time: Today's Date: Vehicle# Operator Name: Dispatch Safety Dept. Report Submitted to: Supervisor El Passenger Incident | Passenger Injury ☐ Vehicle Damage Check One: Passenger Accident ☐ No Damage Vehicle Incident Report ☐ Other_ Passenger Complaint Reported to Command: (Name) _______ Was the incident reported immediately? I did not report the incident immediately because: Did a SQM respond to this incident? No. Yes (SQM Name) Date Incident Occurred: 1-28-19 Time Occurred: 15pm Do not have actual date or time Date Reported: 15pm This is a late report washington bacanon Location of Incident Complete a separate incident Report for each passenger affected by this event. Marie (1): Wam's Passenger ID/Seat# Wheel Passenger Name: ___ Explain what happened:

ill the

Nota Suhmittad. 1-28

Transdev supervisor's incident	REPORT
Date#: 129 19 0 Time: 415 12	_ Run:
Operator #: Olivision: 0124	Vehicle: 62619
Supervisor: 180 Hyr	r 11/1 r. m
Location: WASHING TO City Address or Cross Street City	8. State
Description of Event: A the patron was exting	the his are
ration wind to get off the ramp stip a	recelerated pal .
her scurter worth to the left wheel from	ord the range
and patron tell out. Patron name is.	Made Milliams.
There are its invoice to const at	Ans fine.
Operation Yours states she thinks	potroal may have
hoen on modications of some Sort:	
. If she weeker to go the hospital and she	
The state of the s	
	•

Supervisor Signature:



(Check one)	(Check one) ACCIDENT		Incident	X	Time Supervisor Arrived: 5:45PM		PM	
Date of Occurrence:			1/30/2019	Time of Oc		ccurrence:	5:45PM	
Weather:	Clear	Clear Day of the Week:		Wednesday		DHD	N	
Location (Cross Street and Town) Southern Avenue Metro Station, Oxon Hill MD.								
Route Impact: 1 MISSED Pull								
Employee Name:	Employee Name: Tiffany Brown							
Employee Name.				Tillally Blowin				
Run#	35	54	Bus#	631	161	Tag#	LG84955	
What happened (Be Specific and Brief):	caught fire after	it was parked at t	he station. A su There were 2 pa	pervisor was at t	he location and and no one was i	was able to ne	to smoke and later utralize the flames trons exited the bus	
Injuries (if any):				None				
Vehicle Damage				None				
(Check all t	nat apply)	Police] N [Ambulance	N	Tow	Υ	
Was the C	perator sent for D	rug/Alcohol Test (Y/N):			N		
Not	ified (Indicate nam	e and time) GM:			J. Modlin	n @ 6:14PM		
Supervisor	D.Bu	itler	AGM	K.Jay @	6:00PM	Maint	Zaw @ 5:46PM	
Safety	Mgr	G.Bellinge	r@ 6:05		Dispatcher	Campl	pell/ Jackson	
County Name	e and Time:			M.Wilson	@ 6:058PM			
(Check one)		Telephone	Х	In Person		(Must be d	lone within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								

10t 30.218395

1009 81.1033442

TO THE PROPERTY OF THE PROPERT
Today's Date: Time: $\frac{435-600}{100}$ Operator Name: $1000000000000000000000000000000000000$
Report Submitted to Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Pehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately?
I did not report the incident immediately because:
Did a SQM respond to this incident? No. Yes (SQM Name)
Date Incident Occurred: 01-30-19 Time Occurred: Do not have actual date or time
Date Reported: 030-19 Time Reported: This is a late report
Location of Incident
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: Brown reported to Dispatch that
funes were smelling on my busat 4,35,
I sat in 18 degree weather, with no
maintenance no estates out for sver
an now. An 1-2 was on the spences scene
Taking to as fairin sui lo resolution in was lever, mage, being as, Ing Ind logger
Supply had died I May to the Hourt
of Park and Ride in in 11-19 Mino
art on southern Ave T smalled Ing.
Times again I called 12 to meet me
In Southern Ave, the arrived on the
Scener as Im Dulling into the station I
Ovopped Off the 2 Datrons at the Stap
Sign pulled 19to Ine 1st Spot on the 1871. to
Operator Signature: Date Submitted:
SPP F.8 Rev 5/2015

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التاكنوير	. 齒;				
1. OF 12m		-			য
# ~		व्यक्तिक क	COPPO OF	3 FT 6	
* 4	7	1 3	额.销费	1 38	lew
A P	#	ALC: U		-	Shideling and an
'Va					

SUPERVISOR'S INCIDENT REPORT

Date#: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5:59	Run: 3557
m	Division : <u>0124</u>	Vehicle: <u>63/6/</u>
Supprison: BUHE		
Location: Southern Ave Me	tro Staion Hill	Crest Heights, M.D.
Description of Event: Diving till	Brown Pulled M	to Southern Ave.
Station and the bis wa	5 SMOKING ON	DOUN STARS IN
the rear of the bus, C	Spora for Brown let	- OFF EN TWO
patrons that were on be	pard and pulled th	re pus to a sate
location inside the st	ation. I pulled i	ntrant of the bus
and walked to the b	us in doing a	Datron stated
Mey spena Plane at	the right rear	- the Operator
Brown got the Fire	extinguisher	I popped the
Mey seen a Plane at. Brown got the Fire cord and she man to	The tire and	spa sprayed the
tire. It continued	to burn despit	o her actions , Next
two more Metro workers	and I o wal	med to the bos
and sprayed the Ma	me with this	time 3 tipe
Pytinguisheese This 1	worked and and	caused the flamps
1 405	a inside of the	LIVE COUTIANOR
to smake t sprayed	1 DA MOR t	The and it timally
Shopped. The folice a	s well as the	the orepr univer
about 8 minutes	later and sta	ted everything
was ob. There are	no injuries to	report at this time
Supervisor Signature:	B	



(Check one)	ACCIDENT		Incident	X	Time Supervisor Arrived: 4:44PM		IPM	
Date of O	ccurrence:		1/30/2019		Time of Oc		4:22PM	
Weather:	Clear	Day of the	e Week:	Wedn	esday	DHD	l N	
Location (Cross Stre	eet and Town)			In National Har	bor, Oxon Hill M	D.		
Route Impact:				1 MISSED Pull				
Fundame None	1			T:((P				
Employee Name:				Tiffany Brown		SPACE CONTRACTOR		
Run#	35	54	Bus#	631	.61	Tag#	LG84955	
What happened (Be Specific and Brief):	Operator Brown stated that see smelled fumes on bus # 63161. There were 5 passengers on board and no was injuried. The operator evacuated the bus and waited for the fumes to clear. A supervisor was sent to the location to assist.							
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 (Y/N):			N		
Not	ified (Indicate nam	e and time) GM:			J. Modlir	@ 4:33PM		
Supervisor	D.Bu	ıtler	AGM	K.Jay @ 4:23PM Maint			Zaw @ 4:26PM	
Safety	Ivigr	Shirlette For	rd @ 4:27		Dispatcher	Cam	pbell/ Jay	
County Nam	a and Time:			M Wilson	@ 4:24BM			
County Name and Time: (Check one) Telephone			Х	M.Wilson @ 4:24PM In Person (Must be done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives								

Lat 20181 Long -71,004257

Tiday's Date: Tiday's Date:	, ,	
Report Submitted for ASupervisor ADDspatch Seriety Dept. Check One: Spassenger Accident Spassenger Incident Spassenger Injury Avenicle Darmage Spassenger Complaint Mo Damage Vehicle Incident Report Mother Was the incident reported immediately? See Reported to Command: (Name) I did not report the incident immediately Decause: Did a SOM respond to this incident? Mo. ASY (SOM Name) Date Incident Occurred: Made of Time Occurred: Do not have actual date or time Date Reported: Made of Time Occurred: 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: Passenger ID/Seat # DISPATCH HAAT HABE SMALL SM		THE REPORT OF THE PROPERTY OF THE PROPERTY REPORTS AND THE PROPERTY OF THE PRO
Report Submitted for ASupervisor ADDspatch Seriety Dept. Check One: Spassenger Accident Spassenger Incident Spassenger Injury Avenicle Darmage Spassenger Complaint Mo Damage Vehicle Incident Report Mother Was the incident reported immediately? See Reported to Command: (Name) I did not report the incident immediately Decause: Did a SOM respond to this incident? Mo. ASY (SOM Name) Date Incident Occurred: Made of Time Occurred: Do not have actual date or time Date Reported: Made of Time Occurred: 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: Passenger ID/Seat # DISPATCH HAAT HABE SMALL SM	•	
Report Submitted to Supervisor Dispatch Safety Dept. Check One: Spassenger Accident Spassenger Incident Spassenger Injury Deptet Damage Spassenger Complaint No Damage Vehicle Incident Report Stone Supervisor Signature. Was the Incident reported immediately Secured: Reported to Command: (Name) 1 did not report the incident immediately because: Did a SOM respond to this Incident? No. Syes (SOM Name) Date Incident Occurred; No. Syes (SOM Name) Date Reported: No. Syes (SOM Name) Date Reported: No. Syes (SOM Name) Date Reported: Some Stone Sto		Today's Date: Time: 405 6.00
Check One: Passenger Accident Passenger Inditent Passenger Indiv Passenger Complaint No Damage Vehicle Incident Report Pother. Was the incident reported Immediately Reported to Command: (Name) I did not report the incident Immediately because: Did a SOM respond to this incident? No. A Yes (SOM Name) Date Incident Occurred: 30-9 Time Occurred: Do not have actual date or time Date Reported: 31-11 Time Reported: Do not have actual date or time Date Reported: Reported: Passenger affected by this event. Passenger Name: Passenger Incident Explain what happened: Passenger Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat # Explain what happened: Passenger ID/Seat # Expla		Operator Name: / HOUNG BYOWN Sehicle # / Route # S
Passenger Complaint No Damage Vehicle Incident Report Nother Was the incident reported immediately? Reported to Command: (Name) I did not report the incident Immediately because: Did a SOM respond to this incident? No. See (SOM Name) Date Incident Occurred: 30-19 Time Occurred: Do not have actual date or time Date Reported: 33-17 Time Reported: Do not have actual date or time Date Reported: 33-17 Time Reported: Do not have actual date or time Date Reported: 33-17 Time Reported: Do not have actual date or time Date Reported: 33-17 Time Reported: Do not have actual date or time Date Reported: 33-17 Time Reported: Do not have actual date or time Date Reported: 33-17 Time Reported: Do not have actual date or time Date Reported: Do not have actual date or time Date Reported: Do not have actual date or time Date Reported: Do not have actual date or time Date Reported: Do not have actual date or time Date Reported: Do not have actual date or time Date Substitution of Incident Date Substitution of Incident Date Substitution of Incident Date Substitution Date Substitution Date Submitted: D		Report Submitted to Supervisor Dispatch Safety Dept.
Nas the incident reported immediately. I did not report the incident immediately because: Did a SQM respond to this incident? In No. Asyes (SQM Name) Date Incident Occurred. Date Reported: Date Reported: Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger Name: Passenger ID/Seat # DisDatch finat Annes: Date Incident Report for each passenger affected by this event. Passenger ID/Seat # DisDatch finat Annes: Date Incident Report for each passenger affected by this event. Passenger ID/Seat # DisDatch finat Annes: Date Incident Report for each passenger affected by this event. Passenger ID/Seat # DisDatch finat Annes: Date Incident Report for each passenger affected by this event. Passenger ID/Seat # DisDatch finat Annes: Date Incident Report for each passenger affected by this event. Passenger ID/Seat # DisDatch finat Annes: Date Incident Report for each passenger affected by this event. Passenger ID/Seat # DisDatch finat Annes: Date Incident Report for each passenger affected by this event. Passenger ID/Seat # Date Submitted: Date Submitte	i	Check One: Passenger Accident Passenger Incident Passenger Injury Dehicle Damage
I did not report the incident immediately because: Did a SOM respond to this incident? In No. A Yes (SOM Name) Date Incident Occurred: 0-30-19 Time Occurred: In Do not have actual date or time Date Reported: 0-30-19 Time Occurred: In 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: From A Sound report and the Dispatch for A The Sound Form of A T		Passenger Complaint
Did a SQM respond to this incident? INO. A Syes (SQM Name) Date Incident Docurred; Ol 30-19 Time Occurred: ID Do not have actual date or time Date Reported: Ol 30-19 Time Reported: IThis 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: Prown reported to Dispatch that the separate Incident Report for each passenger ID/Seat # Explain what happened: Prown reported to Dispatch that the separate Incident Report for each passenger ID/Seat # Explain what happened: Passenger ID/Seat # Explain what happene		Was the incident reported immediately? Reported to Command: (Name)
Date Incident Occurred: Do not have actual date or time Date Reported: O. 30-19. Time Reported: Dispatch incident Location of Incident Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat # Explain what happened: Prown reported to Dispatch that the pened: The one Brown reported to Dispatch that the pened: The one Brown reported to Dispatch that the season was at the season to the seaso		l did not report the incident immediately because:
Date Reported: 031-19 Time Reported:		Did a SQM respond to this incident? No. A Yes (SQM Name)
Location of Incident Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger Name: Passenger ID/Seat # Explain what happened: FITHORY Brown reported to DISPACH THAT THE DAY IN BURGERY WEATHER AND ALL TO SUITE DUTTON MAINTENAME NO SWITCH DUTTON DESOLUTION WAS JOHN MAGE, BURG AS THO HULL SMELL HAD ALGERY WAS IN THE SUPPOSE SCH ALT PARK AND HULL THAT IN THE THORY ALT PARK AND HULL TO SUITE AND THE SUPPOSE THE SUMMER AGAIN TO SUITE AND THE THE SUMMER AGAIN TO SUITE AND THE SUMMER AGAIN TO SUITE AND THE SUMMER AGAIN THE SUITE AND THE SUMMER AGAIN THE SUPPOSE AND THE STATE SUMMER AGAIN THE SUPPOSE AND TH		Date Incident Occurred: 01-30-19 Time Occurred: Do not have actual date or time
Explain what happened: Explain what happened: THANK BYOWN REPORTED TO MY BUSAT 4:35 LUMES WESTE SMELLING ON MY BUSAT 4:35 Explain what happened: WAS ALLEY WAS IN THE BELLINGS SCENE SCENE FOR MELLINGS AGAIN, I CALLED TO SMELLING TO STATE SMELLINGS AGAIN, I CALLED TO SMELLING THE SMELLINGS AGAIN, I CALLED TO SMELLING THE SMELLINGS AGAIN, I CALLED TO SMELLINGS AGAINS AT THE STATE STAT		Date Reported: Time Reported:
Explain what happened: A THONY Brown reported to Dispatch that TWO IS WELL SMELLING ON MY BUS AT 4:35 IN 18 DEGREE WESTER AUTH NO MAINTENANCE NO SMITCH DUT TO AVEN AND 1-2 WAS IN THE SERENCE SCE FAIKING TO ALS PATCH DUT NO PROJUTION WAS ILVER MAGE, BEING AS THO THE SMELL HAD AIRBUT HAD IN-19 TINCE TO AT DAY ON SOUTHERN AVE TO SMELLED THE SUMMER AGAIN IT CALLED TO THE SETTION WORDER OFF THE 2 DAY ONS AT THE STA		Location of Incident
Explain what happened: THOWN Brown reported to Dispatch that fumes were smelling on my bus at 1:35 I Sat in 18 degree weather with no maintenance no switch out for over an now, Apr 1-2 was in the second sce folking to dispatch but no resolution was liver made, being as the that at fark and ried than 10-19 mice I at fork and ried than 10-19 mice I fumes again, that I smelled the Southern the diriver in the Scince as Impuling into me station Wappend off the 2 partons at the Station Sign pulled with the 1 for me station No poed off the 2 partons at the Station Operator Signature. Date Submitted: 07-30-7		Complete a separate incident Report for each passenger affected by this event.
TITHORY Brown reported to DISPATCH FINATE FUMES. WERE SMELLING ON MY BUSAT 4:35 I SOT IN 18 DEGREE WESTER WITH NO MAINTENAME NO SALTEN BUT FOR SPECOCOS SCE FOLKING TO DISPATCH BUT NO RESOLUTION WAS JEVEL, MAGE, BEING, AS, THO THE SMELL HAA DIEST WAS TO STAFF AT PARK AND KILL THE SMELLES THE FUMES AGAIN, I CALLED TO THE STATION OPERATOR OFF THE DISTINCT STATION OPERATOR SIGNATURE OPERATOR SIGNATURE OPERATOR SIGNATURE Date Submitted: OF 30-79		Passenger Name: Passenger ID/Seat #
TITHORY Brown reported to DISPATCH FINATE FUMES. WERE SMELLING ON MY BUSAT 4:35 I SOT IN 18 DEGREE WESTER WITH NO MAINTENAME NO SALTEN BUT FOR SPECOCOS SCE FOLKING TO DISPATCH BUT NO RESOLUTION WAS JEVEL, MAGE, BEING, AS, THO THE SMELL HAA DIEST WAS TO STAFF AT PARK AND KILL THE SMELLES THE FUMES AGAIN, I CALLED TO THE STATION OPERATOR OFF THE DISTINCT STATION OPERATOR SIGNATURE OPERATOR SIGNATURE OPERATOR SIGNATURE Date Submitted: OF 30-79		
Maintenance no Switch out for over at now, Apr 1-2 was on the speciological Schalking to dis patch but no resolution was lever made, being as the thing smell had died I was told to start at for on southern Ave I smelled the funds again, I called I-2, to meet me should as Impulling into the station of the 2 patrons at the station of pulled with the 13th to station of pulled with the 1st to station of the 2 patrons at the 3th to station of the 2 patrons at the 3th to station of the 2 patrons at the 3th to station of the 2 patrons at the 3th to station of the 3th		Explain what happened: 1 THOUNG Brown reported to DISDACH that
Maintenance no Switch out for over at now, Apr 1-2 was on the speciological Schalking to dis patch but no resolution was lever made, being as the thing smell had died I was told to start at for on southern Ave I smelled the funds again, I called I-2, to meet me should as Impulling into the station of the 2 patrons at the station of pulled with the 13th to station of pulled with the 1st to station of the 2 patrons at the 3th to station of the 2 patrons at the 3th to station of the 2 patrons at the 3th to station of the 2 patrons at the 3th to station of the 3th		fumes labre smelling on my busat 4:35
forking to dispatch but no resolution was lever, made, being as the thing symptom and dieg. I was told to start at tark and rude then, 10-19, tince I at on southern Ave to smelled the function of the station of the s	س. د	I Sat in 18 degree weather, with no
forking to dispatch but no resolution was lever, made, being as the thing symptom and dieg. I was told to start at tark and rude then, 10-19, tince I at on southern Ave to smelled the function of the station of the s	į	maintenance no switch out for over
	•	at now. At 1-2 was on the species SCL
	<u> </u>	talking to als patch but no resolution
	-	Mas Jever, Mage, Deno as, Ino, Inc.
	<	SMILL MAN LIEB + WAS TOLA TO STAFT
	Ļ	At fund wax from 10-19 Mile I
	(-	The source of the street of the
	Ī	TUING MUNIFITH (MILE 1-2, TO VILLET YILL
	0	Cano as In Juliand into the state
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	<u> (</u>	Virin Dulled 19to And 1St. Cost in the last to
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SUPERVISOR'S INCIDENT REPORT

Date#: \\\ 30/19\\\\ Time: _5:59\\\\\	Run: 3557
Operator #: Division: 0124	Vehicle: 63/6/
Supervisor: BUHC	()
Location: Southern Ave Metro Stainn Hillers Address or Cross Street City	4 Helights, M.D.
Description of Event: Opens for Brown fulled into	Southern Ave.
Station and the bus was smoking on box	Insides in.
the rear of the bus. Operator Brown let of	c the two
patrons that were on board and pulled the lo	ous to a safe
location inside the station. I pulled in t	ront of the bus
and walked to the bus in doing a pa	from stated
Mey seen a flame at the right rear &	re. Operator
They seen a flame at the right rear to Brown got the Free extinguisher I	popped the
cord and she ran to the tire and spor	sprayed the
tive. It continued to burn despite	her actions. Next
two more Metro workers and I a walked	
and sprayed the Plane with this time	a 3 fine
extinguishers This worked and cal	ised Who Flamps
to go out but the wo inside of the t	ire continued
-O SMARKO, T CORDIAND BURN MOM TIME	and it tillelle
Stopped. The police as well as the to	ire dept allived
apout 8 minutes later and stated	everything_
was ob. There are no injuries to les	port at this trime
Supervisor Signature:	



(Check one)	Accident	Х	Incident		Time Supervisor Arrived: 12:		12:58PM				
Date of O	ccurrence:		1/15/2019		Time of Occurrence:		12:11 PM				
Weather:	Clear	Day of th	e Week:	Tuesday		DHD (Y/N):	: N				
Location (Cross Stre	eet and Town)		Rivero	lale Road @ 67th	Avenue - Hyatts	sville, MD	TOTAL STATE OF STATE				
Route Impact:		1 - Missed trip									
Employee Name:		Kim Shelton									
Run#	14	01	Bus#	63:	167	Tag#	LG85852				
What happened (Be Specific and Brief): Injuries (if any):		of vehicle 1 then fled the scene. Supervisor & Police dispatched to assist. Per Supervisor Investigation; 2 patrons on- board, no injuries claimed. No damage found to Vehicle 1. Relief operator continued in service.									
				None							
Vehicle Damage				None							
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N				
Was the (Operator sent for D	rug/Alcohol Test (Y/N):			N					
No	tified (Indicate nam	e and time) GM:			J. Modlin	@ 12:20 PN	1				
Supervisor	G. Bel	linger	AGM	K. Jay @ :	12:19 PM	Maint.	Ray @ 12:30 PM				
Asst. Safe	ety Mgr.	R. Jones @	12·28 PM		Dispatcher	1	D. Terry				
		in solies e	12:20 1 11		Dispatcher		D. Terry				
County Nam	e and Time:			D. Walker (@ 12:37 PM						
(Check one) Telephone X			Х	In Person		(Must b	e done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives											

Operator Incident Report
Today's Date: 13/19 Time: 12/10P Operator Name: 4:m Shelfan Vehicle # 63/67 Route # 1401
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) Desha Textus I did not report the incident immediately because: Did a SQM respond to this incident? No News (SQM Name) GARY PELINGER Date Incident Occurred: 15/9 Time Occurred: 12/10 Do not have actual date or time
Date Reported:
Explain what happened: Arapped of fusseries at location bus not morne. A small van hit driver side mirror loept going onto Blu play. The inpact knowled his mirror off The drive continued onto Blu play not stopping.
Operator Signature:



Supervisor's incident report

Date#: 1-15-19 Time: 12:10 pm Run: 1401
Operator #: Kim Shelton Division: 0124 Vehicle: 63167
Supervisor: GARY BELLINGER
Location: 67th + Kiverdale Kond Kiverdales NID
Description of Event: Upon My Arrival Operator Kim Shelton
was not moving and at a bus stop with 4 ways
was not hoving and at a ous or with tways
on and triangles behind the bus. Operator was
traveling South on Riverdale Road, She Stated
that when She was servicing A stop A vehical
nit her left side mirror (Drivers side) and Rept going
onto B/W PARKWAY. The Bus was not damaged and
is able to continue in service Vehical (2) mirror was
Knecked into the Street. Operator Said that it was A
Small van that hit the bus. She was not able to get
the tag number. There was no injuries to report.
P.G. County Police ARRIVED And gave A REport number
· · · · · · · · · · · · · · · · · · ·



(Check one)	ACCIDENT	Х	Incident		Time Supervisor		m			
Date of Oc	currence:		1/22/2019		Time of Occurrence:					
Weather:	Clear	Day of the	e Week:	TresdayWedr	esday-	DHD	N			
				y y	7.7					
Location (Cross Street	et and Town)			In th	ie yard					
					St. and Commission St. St.					
Route Impact:		None								
Employee Name:	Shawn Harrington									
2 2 2 4 2 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
Run#	20	06	Bus#	633	.64	Tag#	LG92014			
What happened (Be Specific and Brief):	While pulling ou	t of a parking spac		Operator Harringt e passenger side n		nd made contac	t with bus 62644			
Injuries (if any):				None						
Vehicle Damage				None						
(Check all th	at apply)	Police	N	Ambulance	N [Tow	N			
Was the Op	perator sent for Dr	ug/Alcohol Test (Y/N):			N				
Noti	fied (Indicate nam	e and time) GIVI:			J. Modlin	@ 5:24 PM				
16 3 65 36 Sp. 25 45 48 6										
Supervisor	R.Gr	een	AGM	R.bandal	(@ 5:57	Maint	J.w_			
Safety N	/ler	R. Jones @	5:56AM		Dispatcher	Procto	or/Terry			
		ali espaja especial de la com-			a de la composição de la c					
County Name			1	1	ſ					
(Check o	one)	Telephone	<u> </u>	In Person		(Must be don	e within 1 hour)			
Please note the details of this incident will change when the Supervisor Arrives										

ehicle Accident Report



			0-1x-10-d	T See Y	2010		Accio	lent Report#			
Operators CDL#/I	Exp Date	Valid i Ø Yes	OOT Med Card A	Exp			İ		سلم ال		
Accident Date	Day of Week	Time of Accide	ent #of Vehic	les	Smartl	Orive Tr	iggered	Scene	Photos		e Abuse Tested
Month Day Year	Tues	5:35	2 M	.	. ДҮ		Į No	Yes Yes		1	es 🗏 No
22 11	COS	WENT	OLE 7	F (5)	श्रीत च्यानन		स्टब्स	OTHER	PARTY	4 tg. 2 4 4 7 4	er er egyen ag eg er er er
Operator Name (Exactly As	Printed On License)	<u> </u>	<u> </u>	<u> </u>	†11Ve)			ist 🗀 Pedos	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Contract Con	i ta a sa
4 Hay 25	than crinist	ز _ا ن			Name (Exactly						
Address (Include Number 8	(Street)	Apt#	7		Maille (Exact)	METHRE	Outringuisel				
Cityor Town	Carty scale	State i Zio	weeks a second		Addresa (Inclu	de Numbei	r & Street)		ĄĮ	ol# .	
Surtlend			5745		City or Town		Sta	'n	Zi	9	
Employee ID#	Date of Hire 3 - 22 -	18 Swoem	Driver? Y(N)		Old or 12mm				•		
#of Cards #of	Occupants #Seater	d #Sle			Date of Birth	Sex		Driver's Lice	nee Li	c,Slate	#of Occupants
Ling	e	´	<u> </u>				M IIF	Tives I	INO Y		<u></u>
Bus ID# Plate#	State	Vehicle Year / Mak	e		Insurance Co		Policy#&i	shrdag /	(,		
Vehicle Type	Roule#	& Ron# Z	S (S Co.		Name (Exactly	/As Printe	i d Registration)			
e Wiss	220	5			Address (Incl	uło klusalne	n S. Cironii		· TA	ol#	
VIN C C C C C	7194117	7542		•	Adoress funci	IATE TARETERS	il et alleed		! ''	;	
insurance Co	Policy #	& Expiration Date			City or Town		S	fale	2	ip	•
old Reput	Location of	7 — 1 —	<u> </u>		Piate#	State	Year	& Make of Vehicle	 Vel	ilde Type	Color
					1,1001	4.2.4					
Address/Street on which a	occident occurred			•	VIN			•			
Attalersection with	5-4 200	17 111 65		•	Telephone #						
1 /		C W VI									
☐ On Roadway At Bus Stop? ☐ Yes 1	LIUITKOAQWAY Kato lifvesi FIN	ear Stoo. 🗆 Far S	Stop ElMid-Blocks	iop					•		
Athua stohi Filies i	7440 (it July 741.	<u> </u>	<u> </u>	nyironi	nental Condit	<u>Ions</u>	···		,		
Weather	Surface	Traffic	Confrol Ligi		<u>.</u>		Roadwa	y∽# of Lanes •d		<u>y Characteristio</u> phland Level	<u>15</u>
☐ Clear ☐ Cloudy	p≅'Drỳ □Wet	□ Yle	dSign 🕮 🛭	Jaylighi Jaym	į		LI Undiv	ided	☐ Strafg	htand Grade htat Hillcrest	,
☐ RainIng	□ ley □ Snow	□ Tra □ Flaj		Jusk Jark Ro	ad Unlighted	İ	J⊠ Conα	olt ete <u> </u>	☐ Curve	and Level	·
☐ Snowing ☐ Foggy	□ Other		onfrolled 🗆 🗆		ad - Lighled		☐ Grave	·		and Grade at Hillcrest	
) Ci Other .		e Accident Move				`				***************************************	
V1 V2/OV	<u>r.</u> V1 V2/		M File	V2/0	V	•	四 No U	Road Gondition rusual Condillon	<u>목</u> }		,
☐ ☐ Going Straight	Ahead 🗆 🗆	Exiling Bus Stop	П	ונו	Changing Lane	ıs ·	☐ Holes ☐ Obstru	/ Deep Rut clion in road			
☐ ☐ tViaking right for	m I.I	Entering Bus Stop Slowing or stopping	to to the	П	Passing			uciion / repair zo material on road	n o		
☐ ☐ Making left iun		Stopped in traffic	75		Verging Backing		☐ Reduc	ed toad width			
☐ ☐ making left on ☐ ☐ Making U Tum		Parked Avolded object in ro	oad ' 🗆	П	Other		☐ Other	·			
Vehicle Lights	<u>Tum Signals</u>	Post	d Speed Limit	Est	lmated Speed	Limit	<u>Directi</u>	on of Travel		Accident / Collis	sion With
No 1 YOU I Off	No 1 ☐ Left Turn C		1 <u>5</u> mph	Vehic	lei <u> </u>	mph	_ N	hicle 1	El Olher N □ Bicyclis	/bior Vehicle +	•
No2□On□Off	No 1 🗆 Right Tum No 1 🔑 Four Ways	On Vehicle	2mph	Vehic	la 2	mph	OM:	BEW	☐ Rell Tra	in	
NOT IN OU	No.2 ☐ Left Turn C							hide 2 EW	□ Fixed O □ Pedestr	oject ian	
	No 2-1 Right Tum	On					IAC	12 VY	-El-Animal-		
 	No 2 .□ Four Ways	OII J			/ Bicyclist Act			 	****		*** ** **** ****** ** ** **
☐ Crossing With Signal	or Chronovalle		ロ Riding / Walk ロ Riding / Walk	âna Aas	inst Hahway l	Mith Traff	ic \	11		Pashing / Workin Working in Road	ig On Vehicle
☐ Crossing -No Signal o	al	4	☐ Emerging Fro	om in Fi	ont of or Behin	d Parked	Care M	A R A	П	Not in Roadway	nuy
☐ Crossing - No SignaW	Viarked Crosswalk		☐ Playing In Ro ☐ Gelling On / (iau Off Vehi	icle Other Thai	ı Bus	. ,			Other	

ANATISTICAL STATES AND AND ADDRESS OF THE PERSONS AND ADDRESS AND	Vehicle	Accident	Report	ere une ara victe			, rranso
			<u> </u>	AR#			
ErBacking II Sideswipe II T-Bone II Right Tum II Left Tum II Bus Rear Ends Ve) II Vehicle Rear Ends II Wineelchair Lift Ope II Roll Away (Not Sec	Bus 🗆 Sudden S ration 🗆 Roll Ove	It Mirror I Mirror I Mirror r Operation Stop r Roadway	I Railroad Crossin I Hit Fixed Object I Hit Pedestrian I Hit Animel	Police Office Preci	Investigated? IT Yes Department Responding r Name (Badge / ID #)_ not# ons / Arresis IT Oper	Report#	□ Bloyclist □ Pedestri
	Type of Trip		(Olemona			,	11.4
La Fixed Roule	그 Fixed Route - 디티 그 Charler - 디N	on Key move	/ehicle 1 Towed By /ehicle 2 Towed By	-		To	
Accident Description	OPERATO	512. C	· * * *	BACK	ug his	م رسم ، ن	the Vari
رريركد	OPERATO	Sports	ca Ar	le ma	Le cont	me I w	the the
P (> 55	ا کے سامہ جات کا دوج	de c	The the fire the	04 J	ELicle C	<u> </u>	<u> </u>
							
		•					
		•					•
Description of Dama	, ge Compan		vinimal □ Mo		· · · · · · · · · · · · · · · · · · ·	rehicle □ Minima	
Description of Dama Vehicle 1 is ALWAYS Y Articulated Bus Name of Witn	our Vehicle. Shuille Vehicle —▶		Place an X on the subset		npact on your vehicle a	id the other vehicle. Ch	rcle areas of other damage Car
Vehicle 1 is ALWAYS \ Articulated Bus	our Vehicle. Shuille Vehicle —▶	*	Place an X on the subset	exact point of first i Bu	npact on your vehicle at	id the other vehicle. Ch	rcle areas of other damage Car
Vehicle 1 is ALWAYS \ Articulated Bus	our Vehicle. Shuille Vehicle —▶	*	Place an X on the subset	exact point of first i Bu	npact on your vehicle at	id the other vehicle. Ch	rcle areas of other damage Car
Vehicle 1 is ALWAYS \ Articulated Bus	our Vehicle. Shuille Vehicle —▶	*	Place an X on the subset	exact point of first i Bu	npact on your vehicle at	id the other vehicle. Ch	rcle areas of other damage Car

Operator incident Report

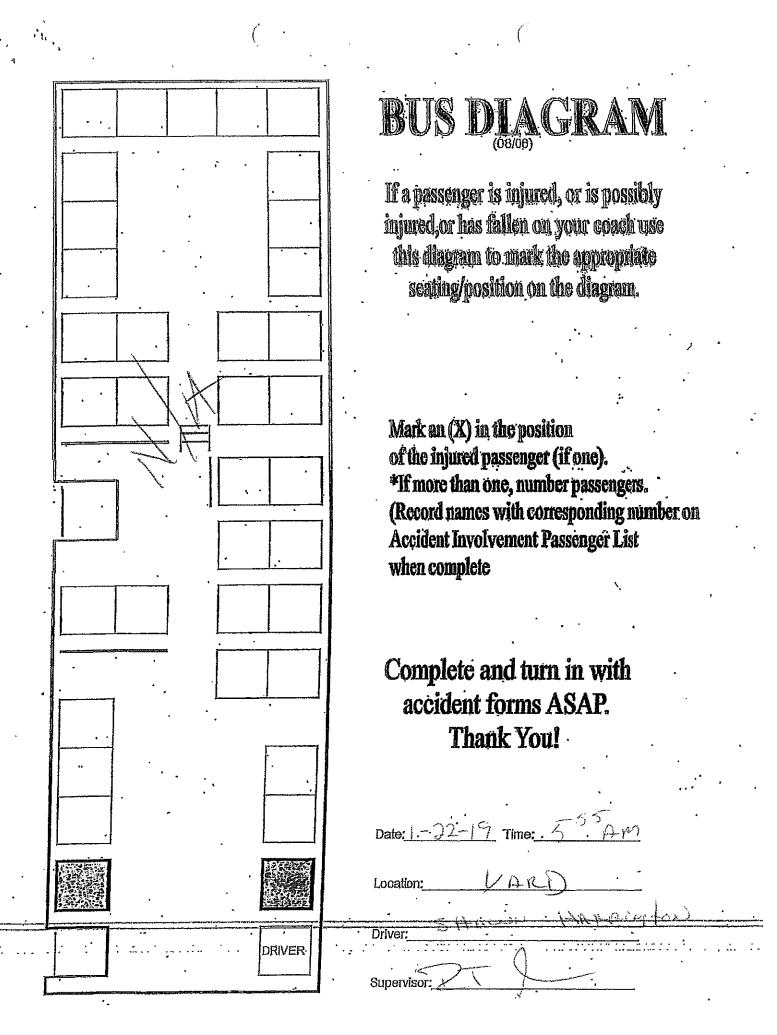
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	- 1
Today's Date: 1-27-19 . Time: \$1.55	,
Operator Name: Shawn Aurinston Vehicle # 63164 Route # 20	<u> 2 - </u>
Report Submitted to: 🔟 Supervisor 🔲 Dispatch 🔲 Safety Dept.	•
Check One: Passenger Accident Passenger Incident Passenger Injury Wehicle Dam	age
Passenger Complaint No Damage Vehicle Incident Report Other	
Was the incident reported immediately? Yes Reported to Command: (Name) Mr. C-/	<u> ~~</u>
did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes (SQM Name) 6-1-6-17	
Date Incident Occurred: 1-22-/9 Time Occurred: 5, 55 Am Do not have actual date	or time
Date Reported: Siso Time Reported: 5.55 This is a late report	
Location of Incident Dyrcy Roud in Purking 10+	,
Complete a separate incident Report for each passenger affected by this event.	•
Passenger Name: Passenger ID/Seat#	•
·	
Explain what happened: Did not have nobody to buck	
me up so I. buch into a part bus to	
to leave the yard, minnor damage nom	~_
dumuse!	V
	**
	1817. Zzalaka
perator Signature: Date Submitted: 1-27-	10
CDD E O ROM	5/2015

1-77-19 CDD EO Paus/2015





Tuonsdev Supervisor's incident report

Details $1-22-19$ Time: $5-55$
pator.
Operator #: 5 Hrawis, HARRINGTON Division: 0124 Vehicle: 63164
Supervisor: Robert Creen
Location: 5401 DARCY RD (YARD) FORESTUILE MD
Address or Cross Street City & State
Description of Event: Openation SHAW HARRING WAS Haying to
BACK bus 63164 without A Exound Spotten making
construct with the PASSENGER Side Mireun of bus
63196 CAUSING MINIMUL damage
•
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•
•
$oldsymbol{\cdot}$
<u> </u>



(Check one)	Accident	Х	Incident		Time Superviso	or Arrived: 7:30) AM
Date of O	ccurrence:	rrence: 1/22/2019 Time of Occurrence:		currence:	6:57 AM		
Weather:	Clear Day of the Week:		e Week:	Tue	sday	DHD (Y/N):	N
Location (Cross Stre	eet and Town)		Baltimore	Avenue @ Tucker	man Street - Hy	attsville, MD	
Route Impact:		2 - Missed Pulls					
Employee Name:			N	Marcia Whitelocke			
Run#	1	703	Bus#	626	537	Tag#	LG94081
What happened (Be Specific and Brief):		atrons on-board, n				and operator co	The second secon
Injuries (if any):):			None			
Vehicle Damage	Vehicle Damage Mirror detached from bus						
(Check all t	(Check all that apply) Police N			Ambulance	N	Tow	N
Was the (Was the Operator sent for Drug/Alcohol Test (Y/N):					N	
EN PARTE GOVERNOR	azerator sent for a	rug/Alconor rest (Lavernovi e e e		
No	tified (Indicate nan	ne and time) GM:		J. Modlin @ 7:15 AM			
Supervisor	R. Campbell AGM		AGM	R. Bandak (R. Bandak @ 7:01 AM Maint		J.W @ 7:00 AM
Asst. Safety Mgr. R. Jones		R. Jones @	6:57 AM	7 AM Dispatche		M. Proctor	
County Name and Time:			V	M. Wilson @ 7:27 AM			ava sin si
Спеск	(Check one) Telephone X			In Person		(Must be d	one within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives							

Today's Date: Operator Name: MARCIA Noticled Vehicle # Route # Report Submitted to: Check One: Passenger Accident Passenger Incident No Damage Vehicle Incident Report Today's Date: Passenger Complaint No Damage Vehicle Incident Report Was the Incident reported immediately? Reported to Command: (Name) Sup DASIO Idid not report the incident Immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Sup Name Date Incident Occurred: Date Reported: Date Reported: Time Reported: On This is a late report Location of Incident Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat# Explain what happened: On Hard Alake hime and dafe While Ast Was The Dasion Of Alash Mark On Hard Alake hime and dafe On Hard Construction Of Carash Mark On Hard Alake hime and dafe On Hard Alake hime and and and and and and and and and and
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Was the Incident reported immediately? See Reported to Command: (Name) Sup DASIO I did not report the incident Immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Sup Wish Asymptotic Passenger Injury Vehicle Damage Date Incident Occurred: 122/19 Time Occurred: 0704 Do not have actual date or time Date Reported: 122/19 Time Reported: 0704 Do not have actual date or time Date Reported: 122/19 Time Reported: 0704 Do not have actual date or time Date Reported: 122/19 Time Reported: 0704 Do not have actual date or time Date Reported: 122/19 Time Reported: 0704 Do not have actual date or time Date Reported: 122/19 Time Reported: 0704 Do not have actual date or time Date Reported: 122/19 Time Reported: 0704 Do not have actual date or time Date Reported: 122/19 Time Reported: 0704 Do not have actual date or time Date Reported: 0704 Do not have actual date or time Date Reported to Command: (Name) Sup William Passenger Name: Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger Injury Date Reported to Command: (Name) Sup William Passenger
Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Explain what happened: On the Above time and date While Passenger ID/Seat# Explain what happened: On the Above time and date While Passenger ID/Seat# Explain what happened: On the Above time and date While Passenger ID/Seat# Explain what happened: On the Above time and date While Passenger ID/Seat# Explain what happened: On the Above time and date While Passenger ID/Seat# Explain what happened: On the Above time and date While Passenger ID/Seat# On the Above time and date On the One of the On
peraboling the 1703 Rowte After Crossing Oxier EAST what they i pick up A PASSANGES Mr. Stepe Coffey who was Stfing in the 1st seat FA
and SAW treet MY Millor had fell off file right of the bus, I had a total of Five PASSAGE only one Claim he wanted to CALL 911, he called base and stoke to Someone then left with his fried Coan back and left Again out on the Meto. Mr. Steve (offer) and Mr. L. Phillips 202- 200-559-8732 847-8480

Operator Signature:

Date Submitted:



Date#: 1/10/	$\frac{\partial}{\partial l}$ Time:	7:04 AM	Run: <u>1703</u>
. '	arcia whitelack		Vehicle: <u>62637</u>
Supervisor: $ extcolored$	lston		
Location: R_0	Address or Cross Stre	eet st	City & State, MD
Description of E	Event: When I a	crived at bus	637 NO Patrons
was on	the bus and	the passenge	side Mirror was
			ror it seemed to
-			onstant Shaking
			bumps. The scree
	\mathcal{A}	•	was the back
if the v			
YE THE N	EVIS & OA .		
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		*	
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	30		,
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(Check one)	Accident			or Arrived: 1:51 PM			
Date of Oc	ccurrence:		1/21/2019	/2019 Tim		Time of Occurrence: 1:	
Weather:	Clear Day of the Week:			Monday		DVD	Y
weather:	Clear	Day of the	e week:	IVION	day	DYD	T T
Location (Cross Stre	et and Town)		495 So	uth @ Exit 15, Ca	pital Heights, M	aryland	
Route Impact:				None	· · · · · · · · · · · · · · · · · · ·		
Employee Name:				Kim Shelton			
			TENNESS OF THE PERSON				
Run#	14	02	Bus#	631	67	Tag#	LG85852
	Operator stated	d as Vehicle (1) was	traveling on 49	5 South deadhea	ding to the yard	; Vehicle (2) r	nade contact with
Miles becaused	Vehicle (1) left mi	rror. Supervisor wa	as dispatched to	the location. The	re will no injurie	es reported. N	lo patrons onboard.
What happened			The opera	tor returned to th	ie yard.		
(Be Specific and Brief):							
bilely.							
of the second state of the second sec							
Injuries (if any):			None				
Vehicle Damage				None			
(Check all that apply) Police			γ	Ambulance	N	Tow	N
(Check all that apply) Police				Ambulance	IV	TOW	MARKET CONTROL OF THE
Was the C	perator sent for D	rug/Alcohol Test (Y/N):			N	
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 1:58 PM			
Supervisor	D. Bo	ykin	AGM	K. Jay @ 1:40 PM		Maint	Ray @ 1:57 PM
Safety M	anager	R. Jones @ 1:39 PM			Dispatcher	Jack	kson/James
County Name	e and Time:			Marsha Wilso	n @ 1:41 PM		
(Check one)		Telephone X		In Person		(Must be done within 1 hour)	
Please note the details of this incident							
							71
will change when the Supervisor Arrives							

transdev **Operator Incident Report** Today's Date: _ Time: Route # Vehicle # /n: Operator Name: 4 Report Submitted to: Supervisor Dispatch Dsafety Dept. Passenger Incident Passenger Injury Check One: Passenger Accident ☐ Vehicle Damage Passenger Complaint ■ No Damage Vehicle Incident Report ■ Other ■ Was the incident reported immediately? $\sqrt{\beta}$ Reported to Command: (Name) ___ I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) _ _ Time Occurred: _/;40/ Do not have actual date or time Date Incident Occurred: / /2// $\frac{9}{2}$ Time Reported: This is a late report Date Reported: Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat # Passenger Name: __ Explain what happened:

Operator Signature:

SPP F.8 Rev 5/2015

Date Submitted:



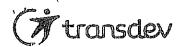
transder supervisor's incident report

Date#:	1-21-2	019	Time: _	1:45		Run: 140	
Operator	#: Kin	Shelfon		Division: <u>01</u>	<u>24</u>	Vehicle: 63/67	
Superviso	or: Doa	Boykin					
Location:	<u>495 Se</u>	outhbound.			Capitol He	state Mcf.	
		Address or C				:	
				•		near exit 15	—
a Ford	F-150	traveling	South	bound pass	erl on the	left side and	_
mode	contac-	t with the	e huse	s left side	mirror.	the was no	_
damac	e to	either V	ehicle;	vehicle ?	2 stayed o	n the scene:	
,)	•	/				
	***************************************		,				_
							_
			V.W	•			
			····				_
		•					_
		- LW-L-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
	•						
Supervisor	· Signature	(i On	Bay &	- According	,		_

transdev EMPLOYEE INFORMATION

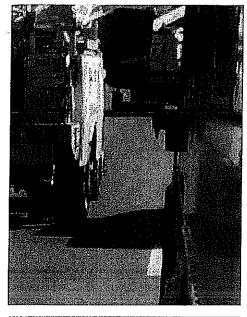
Accident/incident/Workers Comp#:		
	(Workers Comp # Issued by Sedgwick)	
Him Sheltan	Birth Date 8/17/68	Hire Date 9/16/04
Driver's License# S-435-44 Employee Number DOT CARD VALID? Yes or NO (IF NO, PLE		
		·
HOME ADDRESS: 9538 M	ruintente Ro	(#T)
city Launel	STATE	ZIP CODE
	TIME NUMBER 0-273-893 №	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
	DIDER MARTIAL STATUS MS W D	NUMBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME	AM or PM	

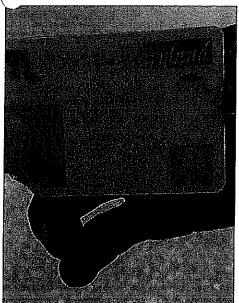
^{*}This **COMPLETED** document **MUST** be included in **ALL** Accident/Incident/Workers Comp Files*

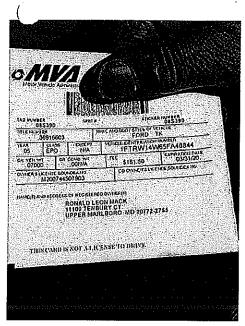


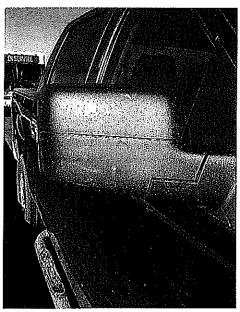
transder supervisor's incident report

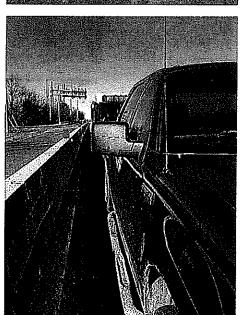
Date#:	1-21-2019	Time:	1:45	Run: 140
Operator	#: Kim Shelton		Division : <u>0124</u>	Vehicle: 63/67
Supervis	or: Don Boykin			
	495 Southbourd		Ĉa	pitol Heights Md.
	Address or	Cross Stre	et	City & State
Descripti	on of Event: <u>ぬんだ</u> e	travel	ing Southbound	on 495 near exit 15
a Fore	1 F-150 travelin	SOUH	abound passed	on the left side and
mode	contact with +	re hus	es left side i	nimor. the was no
				stayed on the scene:
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-				
				And the state of t
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				•
<u> </u>		•		
		•		
		1.7	/ .	,
Supervisor	r Signature:	Day 4	The state of the s	







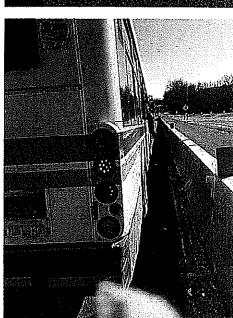


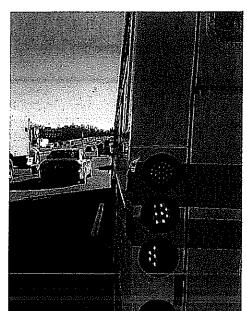


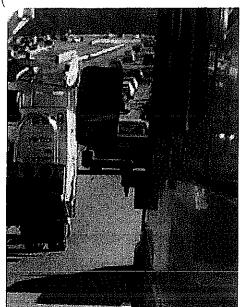




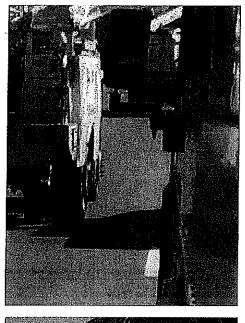


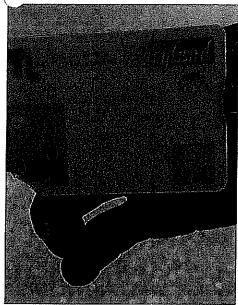


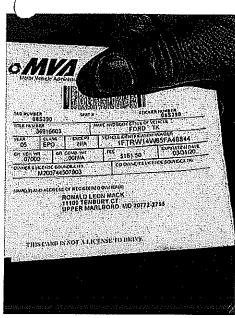


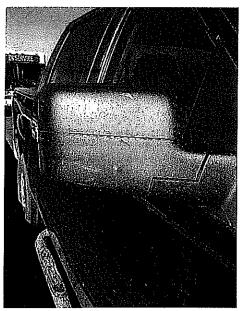


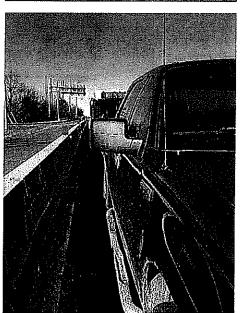
(







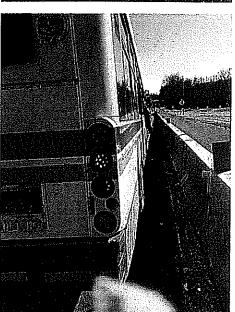


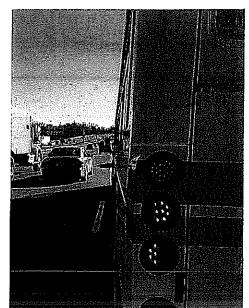


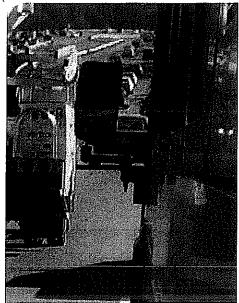












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Safety & Training Department

(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 9:			35 AM					
Date of Oc	currence:		1/21/2019		Time of Oc	currence:	9:32 AM					
Weather:	Clear	Day of the	e Week:	Mon	day	DHD (Y/N):	N					
Location (Cross Stre	et and Town)		Baltimore	Avenue @ Ogleth	orpe Street - Hy	attsville, MD						
Route Impact:				1 - Missed Pull								
Employee Name:		Jean Joseph -										
		A CONTRACTOR OF THE CONTRACTOR										
Run#	17	03	Bus#	626	37	Tag#	LG92006					
What happened (Be Specific and Brief):		nat he misjudged h					r dispatched to assist. inued in service.					
Injuries (if any):				None								
Vehicle Damage				Curbside mirror								
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N					
Wester		(0) 1 1 7 1 (0)	14 (a.)									
was the C	perator sent for Di	rug/Alcohol Test (Y/N):			N						
Not	ified (Indicate nam	e and time) GM:										
Supervisor	M. Pr	octor	AGM	R. Bandak @	9:36 AM	Maint.	Ray @ 9:39 AM					
Asst. Safe	ety Mgr.	R. Jones @	9:35 AM		Dispatcher		D. Terry					
Causatu Nasa	and Time.			NA NACIONA	0.50.444							
County Name and Time: (Check one) Telephone X				M. Wilson @ 9:50 AM In Person (Must be done within 1 hour)								
LAW IS IN CONTROL OF THE CONTROL OF	The second second	reiephone		III r el soli		(Widse bi	e done within I hour,					
Please note the details of this incident will change when the Supervisor Arrives												

Vehicle Accident Report



	-210.													
Operators CDL#/	-31-2	2023	3	Valid DOT	No		12-5	5-2	218	Accident Repor				
Accident Date	Day of W	leek	Time	of Accident	# of Veh	icles	Smar	Drive 1	rigger	ed Sco	ene Pho	tos S	Substar	ce Abuse Tested
Month Day Year	Mone	yay	9,0	Am	626	37	П,	Yes .	No No	₽ / Ye	es I	I No	П,	Yes □ No
Operator Name (Exactly A				VEHICLE					a sara. Mari			ſΥ		
) security	\circ E_{c}	mo	nd	Augus	Lan	osle	PYOVE	nicle 2	DE	icyclist 🏻 Ped	destrian	☐ Fixed	Object	□Pax Fall
Address (Include Number	& Street)			Apt#	× × × × × × × × × × × × × × × × × × ×		Namo (Exact)	As Printe	d On Lice	i <mark>čýcilští i Pe</mark> c inso)		Service Control	en en en en en en en	_
13006 76	llevue	2S±		(-										
Beltsville	MD		State MD :	Zip ZO7 Student Driver	85		Address (inch	ide Numbe	er & Stree	1)		Apt#		
Employee ID# 12083	Date of Hire	0-2	000	Student Driver	YIN		Cily or Town		•	State		Zip		
	Occupasia	#Soaled		#Standing			Date of Birth	Sex		Driver's L	Icensø	Lic. State		#of Occupants
	_ /	2		1	<u> </u>				MDI		□No			
Bus ID# Plate#	./	State (A)	20	ear/Make 10 G.//.c			insurance Co		Policy	# & Exp Dale				
Vehicle Type 61	Hic ,	Route#8		1703			Hame (Exactly	As Printe	d Registr	alion)				
VIN							Address (Inclu	do Numbe	r & Stree	Ŋ		Apt#		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
156682715	811790	15					07 7			T over				
insurance Co	10.10	POSCY IF &	\mathcal{TB}	21268	7-1-1	19	City of Town			Stele		Zip		
VIN 156682715 Insurance Co CIC Republic Address/Street on which a	Lo	cation of A	ccident	Lmca	1.70.7u	,	Plate#	Stale	1	ear & Make of Vehic	le	Vehicle Type	3	Color
Address/Street on which a At Intersection with	eccklent occurred	1600	, Dui	7111701 E J	WALIN		VIN							
i Not at Intersection	r-	-1 11 6 5	- 116 at 1				Telephone#			***************************************				
1			: y v ∪i			-	reiophonosi			•				
At Bus Stop? 🗀 Yes 🏾	□ Off Ro	-	ar Ston	Files Ston F	Thlid-Block o	ion								
Arbas dobi La res i	4110 (11)0	<i>ioj</i> 12110	и отор	- (a) olop -		1	pental Conditi	ons						
Weather	Surface			Traffic Confr	ol Ligh	Ľ		<u> </u>	Roac	lway -# of Lanes		dway Chara		<u> </u>
E Clear □ Cloudy	□ Dry □ Wet			□ Stop Sign □ Yield Sign	,E10	aylight awn		٠		vided Idivided		tralght and 1 traight and (
☐ Raining	□ lcy			☐ Traffic Sig	nal 🗆 D	lusk			□At	phalt	_ ess	traight at Hil	icrest	
☐ Snowing ☐ Foggy	☐ Snow ☐ Other			☐ Flagman ☐ J/ncontroll			ad – Unlighted ad - Lighted		⊟ Co □ Gr	oncrele ravel		urve and Le urve and Gr		
☐ Other				ZI Oliner					O	her	ЦC	urve at Hilici	est	
				<u>Movement</u>		14010		۷.		ual Road Condition				
V1 V2/OV		V1 V2/0		01	V1	V2/0	V			o Unusual Condillo les / Deep Rut	ns			
Z ☐ Going Straight ☐ ☐ Making right to			xiling Bus intering Bu	us Stop	,		Changing Lane Passing	S		struction in road nstruction / repair :	-ana			
☐ ☐ Making right or ☐ ☐ Making left turn			lowing or topped in	stopping in trai			/lerging			ose malerial on roa				
☐ ☐ making left on	red :	□ □,F	Parked		□ Zar	, 🗆 🛭	Backing Other			educed road width her				
☐ ☐ Making U Tum Vehicle Lights		Signals	volded ob	ject in road Posted Spe			mated Speed	Limit		ection of Travel	1	Accide	nt / Colli	sion With
No 1 2 On CI Off		eft Turn On	,		. <u>Smph</u>	Vehlo				Vehicle 1	ווס ניין	her Motor Ve		
,	No1 □R	ight Turn C	On 📗						1	V S E	□Bid	cyclist	Ando	
No 2 □ On □ Off	No1 □F	our Ways (ת ת	Vehicle 2	mph	Vehic	18 Z	mph		Vehicle 2	Ja Fix	il Train ed Object		
		aft Turn On ight Turn C						ĺ	ŀ	SEW		desirian		
	No2 □F	ur Ways C	On		n _a J.	nofrtan	/ Bicyclist Act	lon						
☐ Crossing With Signal				口			ng Highway W		3			[7] Darlet	n 11k/a-1-1	nn On V-bi-i-
☐ Crossing - No Signal ☐ Crossing Against Sign	or Crosswalk				Riding / Wall	king Aga	ainst Highway ' ront of or Behir	Wilh Traf	fic			☐ Pusnini		ng On Vehicle dway
□ Crossing - No Signal/i	Marked Crossy	/alk			Playing in Ro	oad			น บผเจ			□ Not In I □ Other	Roadway	·
☐ Going To / From Step	ped Bus				Getting On /	Olf Veh	icle Other Tha	n Bus					F 20	

Vehicle Acciden	t Report	Transde
A second		AR#
☐ 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 Slop ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Type of Trip With Pax Without Pax ☐ Business Trip	☐ Railroad Crossing MHIT Fixed Object ☐ Hit Pedestrian ☐ Hit Animal Violations	Police Investigated? ☐ Yes ☐ No Police Department Responding Officer Name (Badge / ID #) Precinct # Report # Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian
☐ Fixed Route ☑ Fixed Route ☐ Errand ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance		
Accident Description White drive Avenue operators Curb And Struct OFF of the Was called	ring nor Soseph M LApole 194 SI	th down baltimore ove to close to the hnocking the Mirrian de of the bus. Shop
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle	Minimal III Moderate Place an X on the exact point Bus 1 Ing Injury? Type of Injury Cla	of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car Truck Truck The contraction of the other vehicle. Circle areas of other damage.
Supervisor on Scene?	Supervisor Name (Print): Unit Number	Ol Supervisor / Manager Reviewing

Operator Incident Report



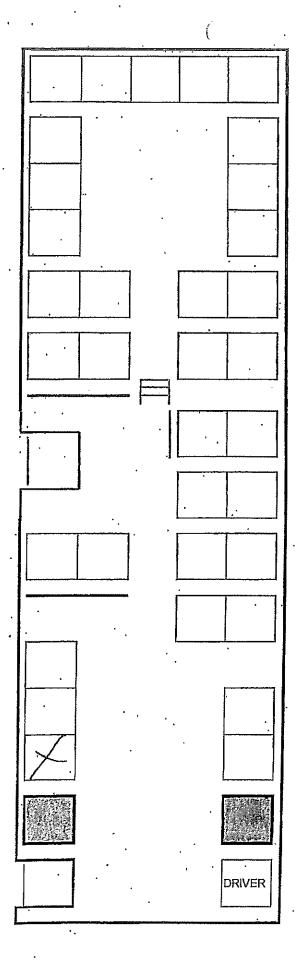
SPP F.8 Rev 5/2015

Today's Date: 10111 Time: 930 RM
Operator Name: <u>イモのの - TOSEPH</u> Vehicle # <u>62632</u> Route # <u>1703</u>
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Reported to Command: (Name)
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 1/2/1/9 Time Occurred: 9:30 Avy Do not have actual date or time
Date Reported: Scane This is a late report
Location of Incident
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: I was going to MTBRINER TERMINAL, Pight after
Decomply BD about 100 Freet Alone in a Sic
Halo on the Pright Dide I Third to avoid it
Manse to the cure and ou Bole was at also
50 Frest, I hit my Bright Dido of Millar and
Sugho it, Immediatly a call the to chip botch,
there was I rassenger on the our she left &
another bus, I did not your find to dan ne
Lor her mane and information.
1. That a coids to
or sout occurre
parator Signaturas & Mr. Apoll . Data Submitted 1/31/10



Accident/Incident/Workers Comp#:					·
	(Workers Co	mp#Issued by Sedgwick)		
Name		Birth Date		Hire Date	
Jean Jo	seph	12 31 1	956	2-20	<u> </u>
Driver's License# 5 - 210 - 3	85-178-	<u>998</u> .			
Employee Number .					
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLAIN	WHY):			•
•		•	 		
HOME ADDRESS: <u>13006</u> B	ellevae	<i>S</i> +			
city <u>Beltsville</u>	STATE	mp	ZIP COI	DE 20	705
. ^					
HOME PHONE NUMBER	DAY TIME NUM	BER	EMPLO	YEE STATUS (olease circle)
301603-2210			(FULL TI	ME OR	PART TIME
IS THE OPERATOR ON OVER TIME?	GENDER	MARTIAL STATUS	NUMBE	R OF DEPEND	ANTS
Yes / No 7 Unknown	V or F	SW D		<u> </u>	
SHIFT START TIME / END SHIFT TIME	<i>.</i> E				
AM or PM /	AM or P	M			

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



BUS DIAGRAM

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

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

Complete and turn in with accident forms ASAP.

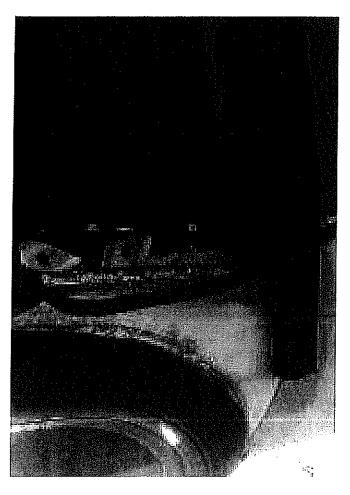
Thank You!

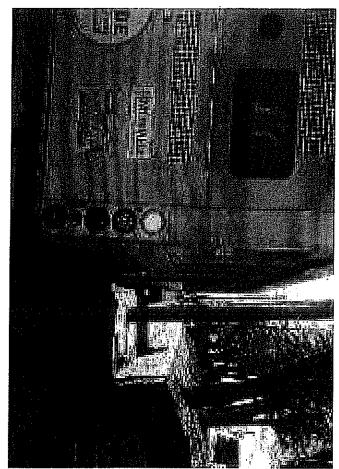
Date: 1-21-19 Time: 930AM
Location: 6000 Block of Baltimore
Driver: Jean Joseph
122 Post in

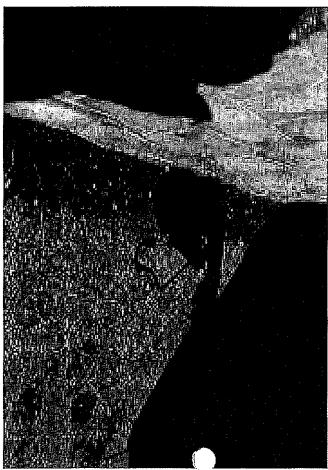
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A CHOCK

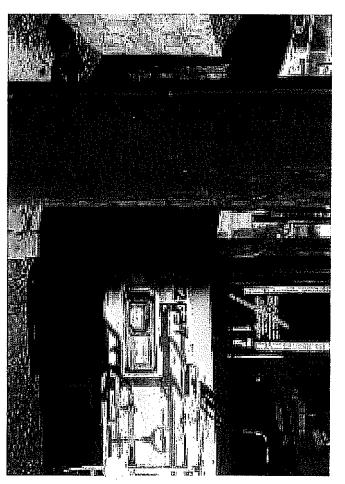
SUPERVISOR'S INCIDENT REPORT

Date#;	1-21	-18	Time:	9,30 _{AM}		Run:
Operator	#:_ <u>5e</u>	anjo	seph	Division: <u>0124</u>	Vehic	le: <u>62 637</u>
Superviso	or: <u>12</u>	2 Proc	tir		, //	11 11
Location:	6009	Baltir	nore 1	Avenue	Hyattsu	Il Marylano
			Cross Street	travelin	City & State	days
. 11	on of Event	'n		ţ	ng South	COWN
1	timor			operat	101 JOS	seph Knocke
th	e mi	110	onto	he rig	ht sia	le of the
bu	15 CO	mple	tely o	++ A+7	Lerstrik	ning A
U.F	11,44	Pole				/
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			10/	-> / _		
Sunarvisor	Signature:	Mer		2/2		











Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervisor Arrived: 8:47 AM							
Date of Oc	currence:		1/24/2019		Time of Oc	currence:	8:25 AM					
Weather:	Rain	Day of the	e Week:	Thur	N							
Location (Cross Stre	et and Town)		Professional	Place @ Garden (City Drive - New	Carrollton, M	D					
	1											
Route Impact:		20- Minute Delay										
Employee Name:		Jerome Thomas										
Run#	21	.02	Bus#	631	47	Tag#	LG81869					
What happened (Be Specific and Brief):	bus. Police and Su	Operator stated that as he was making left turn on to Garden City Drive, Vehicle 2 made contact with front right side of bus. Police and Supervisor dispatched to assist. Per Supervisor Investigation; 9 patrons on-board at time of accident, all patrons de-boarded bus before Supervisor arrived, no injuries claimed. Strategic operator continued in service.										
Injuries (if any):				None								
Vehicle Damage			Rigl	nt Blinker damage	d							
(Charles III t	han a la la N	Dalia.	1 v	0								
(Check all t	пат арріу)	Police	Υ	Ambulance	N	Tow	N					
Was the C	Operator sent for D	rug/Alcohol Test (Y/N):			N						
	·6· - 1/1 - 1· · ·					0.025.444						
NOI	ified (Indicate nam	e and time) Givi:			J. Modiin	@ 8:35 AM						
Supervisor	K. Al	ston	AGM	R. Bandak @	9 8:36 AM	Maint.	Ray @ 8:55 AM					
Asst. Safe	ety Mgr.	R. Jones @	8:25 AM		Dispatcher		D. Terry					
County Name	a and Times			NA NA/:l	O 0.27 AM							
County Name (Check		Telephone	Х	M. Wilson In Person	@ 8:37 AIVI	(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 () 3/	23 Valid D	OT Med Card /	Exp				ncident Report		AA	•
Accident Date	Day of Week	Time of Accider			Smart	Drive T	riggered	P19012	ne Phot	os Substa	nce Abuse Testec
Month Day Year		0.000			ΠY	es l	IZÍ No	□ Ye	s I	I No 🖂	Yes ⊡No
1124/19	Thursday	18.32 AN			्रा अभूत्रास्टर			l		<u> </u>	्राच्या च्याप्यस्य स्ट्रीसिक
Operator Name (Exactly a	* * * * * * * * * * * * * * * * * * *	VEHIC	LE 1					OTHE	(4) No. 46. 1 (3) 24. 5	vega Taran salah salah salah salah salah	
	<u>Erome Nat</u>	daminal			□Veh	lcie 2	El Bic	yciat 🗆 Ped	estrian	☐ Fixed Object	it DPax Fall
Address (Include Number	- & Street)	Apt#			Name (Exactly	As Printe	d On Licen	•			
5123 B st	S.E.		<u> </u>		Address (Includ	5. VIE.	- 2 Ol O	N	H_	∏ Apt#	
Cilyor Town		State Zip DC 2001	G,		Addless (High	ecmon e	ir & alleetj			wha	•
Mashine Employee ID#	Dale of Hire	Student Da	Iver? (Y/N		Cify or Town			State		Zip	
30839 _	3/7/16							- 1 - 2 : : : :			1
#of Cards #o	fOccupanis / #Seate	i #Standi	-		Dale of Birli	Sex		Driver's Li		Lio, State	#of Occupants
Bus ID# Plate#	State	Vehicle Year / Make	<u> </u>		Insurance Co	□	M DF	□Yes & Exp Date	□No		
63147 [68			7		.,			-, <i>ç</i>			
Vehicle Type	Route#	& Run#			Name (Exectly	As Printe	d Registrati	ion)			
BUS VIN		<u>02</u>			Address (Inclu	le Numbe	r & Street)			Apl#	
	115711128	368		•						1.7	
Insurance Co	Policy#	& Expiration Date			City or Town			State		Zip	•
Old Reput	Location of	TBZ1268	7/419		Plato#	Slate	Ye	ar & Make of Vehicle	<u> </u>	Vehicle Type	Color .
Addmen/Street serialish	accident occurred Pro		1 PI		.,		'`	- 4 11-14-07 F-1-1-1-1	_	Car	Red
	inden City			Î	VIN						
	Feet N S				Telephone #						
		L- 88 VI	·		- eroperona n						
If On Roadway At Bug Ston? If Yes 1	□ OffRoadway □ No (If yes) □ No	arSloo II FarSlor	い/片 DMH-Block sto	203					•		
It and chapt and I am	——————————————————————————————————————				ental Gonditio	ns					
Weather I Clear I Cloudy I Reining I Snowing I Foggy I Other	Surface II Dry IZWet II ley II Snow III Olher	Traffic Cr IT Slop S II Yield S II Traffic II Flagnie II Unconf II Olher	ontrol <u>Light</u> gn © Da Ign © Da Signal © Du n © Da	ylight wn sk rk Roa	d Unlighted d Ughled	•	MDW ENUnd LI Aspl	ivided 2 halt crete ret	口 SI 口 SI 口 CI 口 CI	Iway Characteriet iralghtand Level ralghtand Grade ralght at Hillorest Irve and Level Irve and Grade Irve at Hillorest	ics
V1 V2/OV II El Going Straight II II Making right tu II Making left turn II II making left turn II II making left on t	V1 V2/0 Ahead	Accident Movemen: Vixiling Bus Stop Intering Bus Stop Itowing or stopping in stopped in traffic Parked	Vi vietlic D	□ Pa □ Ma □ Ba	hanging Lanes assing arging acking	-	☐ No U ☐ Hole ☐ Obst ☐ Cons ☐ Loos ☐ Redu	al Road Condition Inusual Condition a / Deep Rut nuction in road fruction / repair ac o material on road used road width	s ne		
☐ ☐ Making U Tum	ППА	volded object in road		ㅁ이			II Othe				
Vehicle Lights	Turn Signals		peed Limit	Estin	nated Speed L	_	Direc	ion of Travel	/	Accident / Colli	sion With
No 1 図 On ロ Off No 2 ロ On ロ Off パット	No 1 Eff Left Turn On No 1 El Right Turn C No 1 El Four Ways C	n In Vehicle 2	200	Vehicle Vehicle		ph ph	N (/ehicle 1 S) E W ehicle 2	☐ Bicyo ☐ Reil ☐ Fixeo	Train i Object	·
	No 2 D Left Turn On No 2 El Right Turn O	1					N(-	S+EW	□ Pede -El-Anim	sman al	
	No 2	<u>n L</u>	- Dawair		licyclist Actio					\	**** ** *******************************
I Crossing With Signal I Crossing -No Signal o I Crossing Against Signa I Crossing -No Signal/W I Going To / From Stopp	al Tarked Crosswalk	1 1 1	Pedesti I Riding / Walking I Riding / Walking I Emerging From I Playing in Road I Getting On / Off	g Along g Again In Froi	i Highway With ist Highway Wi nt of or Behind	Traffic In Traffic Parked (o Cars Y		1 1	I Pushing / Workli I Working in Road I Not in Roadway I Other SPP F.20	lway
										Sピピ じ. ZU	112010

en et erent ette ette bes	V	ehjele/Aeeide	nt Report	e en en en en en en en en en en en en en		tronsdev
		And same the date of the desired		AR#	The second second	- n - Ka f. v. pa f.g. a. Ma. i
II Backing II Sideswipe II T-Bone II Right Turn II Bus Rear Ends Ve II Vehicle Rear Ends II Wheelchair IIIt Of II Roll Away (Not Se	ehicle Case Case Case Case Case Case Case Cas	Passing Merging Head On Bus Right Mirror Bus Left Mirror Bus Door Operation Sudden Stop Roll Over Ran Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Department Respondin Officer Name (Badge / ID#)	1/6 Hayden Report# <u>PP1901</u>	12.400000.629
	Without Pax ☐ Fixed Roule ☐ Charler ☐ Para Transit	□ Business Trip □ Errand □ Non Rev move □ Maintenance	Vehicle 1 Towed By: Vehicle 2 Towed By:	•	To	
Accident Description	March	TO UNIOS	making a	ieft turn	when a	on Coming
Vehicle	Mode_	Contact	with his	Cight-side tu		ight it breaking
, , , , , , , , , , , , , , , , , , ,			•		,	
					•	
escription of Dama	ge C	ompany Vehicle	☑ Minimal ☐ Moderate	□ Major Other Vo	ehicle 🗆 Minimal	□ Moderate □ Major
ehicle 1 Is ALWAYS \ Articulated Bus	Shuttle	Vehicle → Age Ciain	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	f the other vehicle. Circ. Truck	Odr →
·						
ipervisor on Scen	e7 . 🖸 Yes	: □ No 8	Supervisor Name (Print):	Krom · Alsto	173	

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		(
		BUS:	DIAGRAM (08/08)
		injured, or h this diagra	er is injured, or is possibly as fallen on your coach use on to mark the appropriate position on the diagram.
•			
		of the injure *If more tha (Record nan	in the position d passenger (if one). n one, number passengers. nes with corresponding number on volvement Passenger List ete
•		acciden Th	and turn in with at forms ASAP. Time: .8.25 AM
		Location: Profe	ssional Pl
		Driver: Secon	

Operator Incident Report

Today's Date: 1/3+/19 Time: 8:30 Am
Operator Name: Thomas Vehicle # 63/47 Route # 2/
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? YES Reported to Command: (Name)
I did not report the incident immediately because;
Did a SQM respond to this incident? No Yes (SQM Name) 7-14 5- AUSTON
Did a SQM respond to this incident? \(\sum \) No \(\sum \) Yes (SQM Name) \(\sum \) \(\sum \) \(\sum \) Do not have actual date or time
Date Reported: 1/04/19 Time Reported: This is a late report
Location of Incident CARDEN CITI DA & PROFESSIONAL PL
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat#
Explain what happened: AFTER STOOPING AT A STOO SIGN,
VEFT & RIGHT ARFORD TURNING LETT NO
TORN OPERATON THOMAS NOTICED CARS
ATTEMPING TO PASS THE BUS ON THE RIGHT
GIDE USING THE SASHOVIDED A ARED CAR COLLIDED
WITH THE RIGHT PRINT OF THE BUS.
DISPATCH WAS NOTIFIED. DELVER OFF DED CAR LEFT SCENE BEFORD SUPERVISOR APRILED.
CAR LEFT GLENE METERS SUPERVISOR HARMAN

Operator Signature: Alione Thomas

Date Submitted: 1/2-t/

SPP F.8 Rev 5/2015



Supervisor's incident report

Date#: 1/24	/ 19 Time: _	8:25 AM	Run: <u>2109-</u>
Operator #: Jec	ome thomas	Division : <u>0124</u>	Vehicle: _63147
Supervisor: Alsh	 0Λ	,	•
Location: Profes	Sional RL & Address or Cross Street	Garden City Dr	New Carrollton my
Description of Event	: Operator sta	ted he was M	aking a left turn
and that he	locked both	ways he fore Me	aking the tearn
and as he	Completed +	he turn a rec	Cour coming
•	<i>t</i>		nd made contact
		·	King it:
	· Marie Silver	from the first the second	· · · · · · · · · · · · · · · · · · ·
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	<u> </u>	The second secon	
Supervisor Signafure: _	7- Al		

Contraisdev EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:	<u> </u>	
	(Workers Comp#Issued by Sedgwick	,
Name	Birth Date	Hire Date
Jerome Ihoma	95 06,03,19	167 3/8/16
Driver's License# DC 29	120389	•
Employee Number 3083	39	
DOT CARD VALID? Yes or NO (IF)	no, please explain WHY):	
•	. •	
•		
HOME ADDRESS: 5/23	B St. SE #	301
CITY WASA DC.	STATE	ZIP CODE
HOME PHONE NUMBER	DAY TIME NUMBER 2027046274	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME?	GENDER MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / No / Unknown	MorF M5WD	
*SHIFT START TIME / END SHIFT TIME		
5:30 AM or PM/	AM or PM 12/10 PM	1

P/o Hayden	
District III	
301-772-4901	Pr
PP19012400000629	
	-

	Plo Hayden	
	District ALL 301-772-4901	·
	PP1901240000629	_
-		
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Safety & Training Department

(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: 1:0	ООРМ	
Date of Oc	currence:		2/5/2019	Time of Occurrence:		12:42 PM		
Weather:	Clear	Day of the	Week:	Tues	day	DHD (Y/N):	l N	
Location (Cross Stre	et and Town)		Kipling Parkw	vay & Old Marlbo	oro Pike, Distric	t Heights MD		
Route Impact:				1- Missed Pull				
Francisco Nomes				Marilli B				
Employee Name:				William Davis	A CARA DE EQUESTA		AND CONTROL STATE OF THE STATE	
Run#	20	01	Bus#	626	38	Tag#	LG94095	
What happened (Be Specific and Brief):	seat and did no	Operator Stated that as he was driving a female patron that was standing fell out. The patron got up and sat in the bus seat and did not look alert. The ambul; ance were called and took the patron for medical treatment. There were 10 patrons on board. A supervisor was sent to the location. The operator was able to return to service.						
Injuries (if any):	1 Female patron was tranported by ambulance							
injuries (ii arry).			remale patron	was tranported t	by ambulance			
Vehicle Damage				None				
(Check all t	hat apply)	Police	N [Ambulance	Υ	Tow	N	
Was the C	perator sent for D	rug/Alcohol Test (Y	//N):			No		
Not	ified (Indicate nam	e and time) GM:			J.Modlin	@ 1:28PM		
Supervisor	G.Bell	inger	AGM	K.Jay @ :	1:28PM	Maint	Ray@1:33PM	
Safaty Su	nomicor		-OODM		Disease		Complete II	
Safety Su	pervisor	<u>S.Ford @ 1</u>	L.UUPIVI		Dispatcher	[К.	Campbell	
County Name	County Name and Time: M. Wilson @ 1:30PM							
		Telephone	Х	In Person	C = 1001 III	(Must be	done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								

uncertaint (Operation Indicent Report Indicent Indicent Report
Today's Date: 2-6-19 Time: 12:50
Operator Name: Wilham DAVIS Do Vehicle # 62638 Route # 20
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? Yes Reported to Command: (Name) Mrs CAM Poel
I did not report the incident immediately because:
Did a SQM respond to this incident? No. Yes (SQM Name)
Date Incident Occurred: 2-5-19 Time Occurred: 12:50 Do not have actual date or time
Date Reported: 2-5-19 Time Reported: SIAME This is a late report
Location of Incident MASTONS VIRE
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: ON February 5Th 2019
I WAS GOING TO ALUSON & STATION When Someone Yelled
OUT AND SAID A Young Fell ON The Floor I immediately
STOP The BUS AND CAHLAN MY JOB AND THEY TOLD ME
TO MAIL GH I did AND PONNED Around 15-TO 20 201N 1ATEN
I did Hay FAIL. When I SAW HEX. She was up.
WALL, NO TO The BOS DOOK
<u>.</u> .
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un
AND AND AND AND AND AND AND AND AND AND
perator Signature: Date Submitted: 3-5-19 SPP F.8 Rev 5/2015



Dato#: 2-5-19	Time:	12:42 pm	Run: <u>20</u>	01
Date#: 2-5-19 Operator #: William	DANIS	Division: 0124	Vehicle: 6263	8
Supervisor: GARY	BELLINGER		,	
supervisor:	V + Old	Malhoo oiks	District Heights	MD
Location: Kipling PA	ddress or Cross Stre	et Distriction	District Heights City & State	1 00
Description of Event:	Apon My AR	RIVAL BUS 626	38 WAS AT MIAR	100RO PIKS
+ Kinling Packu	DAY THE BUS	s was not m	voving and had	4 WAYS
on and triana	ales in back	k of the bus.	THE BUSWAS.	travelina
Nestin uns	diesction	of Addison R	and metro st	ation,
Dopertoe Wil	liam Davis	said that w	hile he was do	zi ving
the bus a lac	ly Fail. On	spator SAid V	is did not sas	4h5
lady Fall Bu-	t a patron	did I Spoke	= with the pa	rtron
			er phone And	
sha nickedir	ten. Sho	became diz	zy and fail on	4ns_
Rus The lad	in WAS TAK	lan by the A	mbulance by 4	MB_
	- · ·	· · · · · · · · · · · · · · · · · · ·		
V_ i	· · · · · · · · · · · · · · · · · · ·		name is Berr	MEG
Sackson #30	01-806-304	18	1	
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	100	\mathcal{N}_{i}		- Politica No.
<i></i>	Ton 1 Coll	Vince		
Supervisor Signature:/—	11100		*	



1)	1		,					
(Check one)	Accident		Incident	X Time Supervisor A		or Arrived: 6:3	Arrived: 6:33PM	
Date of O	ccurrence:		2/12/2019		Time of Oc		5:45PM	
Weather:	Rain	Day of th	e Week:	Tue:	sday	DHD (Y/N):	N	
Location (Cross Stre	et and Town)		Gree	nbelt Station Par	kway , Greenbel	t MD.		
Route Impact:	1 Missed Pull							
Employee Name:		Ronald Dickerdson						
				Diskerason				
Run#	15	02	D.:-#	634	LOF.	T#	1000105	
KUN#	15	52	Bus#	631	132	Tag#	LG90125	
	Operator stated that	at he smelled fum	es on the bus . T	he bus was evacı	uated immediate	ly. There were	e 6 patrons on board	
							s the situation. The	
What happened	at the time of the						s the situation. The	
(Be Specific and		bus was returne	tu to base and th	e route was cont	inueu by a strate	egic operator.		
Brief):								
Dileij.								
Injuries (if any):				None				
mjuries (many):				None				
Vehicle Damage				None				
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N	
Was the Operator sent for Drug/Alcohol Test (Y/N):								
					159.55 5 WHAT 95276			
NI-4	rified (Indicate name	o and time \ Cha			1.8.6111	0.10014		
NO	tified (Indicate nam	e and time) GIVI:			J.Modlin	@ 6:10PM		
Supervisor	G.Bell	inger	AGM	K.Jay @	5:50PM	Maint	Zaw @ 6:12PM	
Safety Su	pervisor	Bellinger	@ 6:33		Dispatcher	R.O	Campbell	
County Name	o and Time:			NA Milas	@ C.00			
County Name		T-1- 1	,,,	M. Wilson @ 6:08pm		Dec 10 300.00		
(Check	one)	Telephone	Х	In Person		(Must be	done within 1 hour)	
Please note the								
details of this incident								
will change when the								
$\frac{1000}{280000}$ $\frac{1000}{20000}$ $\frac{1000}{2000}$ $\frac{1000}{2000}$								
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	/ \/ \ \ \ /	1	1000	T		11		
						16		
$\alpha \cup$	ACPI	- 1	0			210	\triangleright	
28.	Japan	-	W. 1.			10/2	\triangleright	
28.	199080	-	W. 1.			900/5	Ø	

#2900155

AND TOTAL OR THE PORT OF THE P
Today's Date: 3/12/19 Time: 5:45pu Operator Name: Rould Dickerson Vehicle # 63195 Route # 1592
Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident: Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? TES Reported to Command: (Name) SUPTIVISOR VENTES I did not report the incident immediately because: Did a SQM respond to this incident? No. Yes (SQM Name) Date Incident Occurred: 71749 Time Occurred: Do not have actual date or time
Date Reported:
Explain what happened: 2/12/19 WHILE OPERATORING BUS 159 WHICH IS THE 15 EXPRESS A PASSENGED SUELL FUMES COUNTY FROM INSIDE OF THE BUS, I RONALD DICKEDSON WAS OPERATORING THE BUS AT THE TIME SO I ASSESS THE SHUATORY AND CONFIDURT, THEN REPORTED THE INCIDENT TO BASEPISPACH

Operator Signature: fonald Ducker

Date Submitted: 7 [2]

SPP F.8 Rev 5/2015

FEB 338443-37



Date#:	2-12-19				Run: 1592
Operato	r#: Ronald Di	CKERSON	<i>D</i> ivision: <u>0124</u>	Vehic	le: <u>63195</u>
Sunervi	sor GARY BE/	linger			
Location	n: GREANDOHS	tation Ro)Ad.	GREENDELT	MS
Descript	tion of Event: $A_{\widehat{\mathcal{D}},\widehat{\Lambda}}$	MY ARR	ival on G	REBOLDE IT	Station Packway
Sper	Ator R. Dick	Geson u	jas 10-12	FACING G	reen bold Road
wit	h 4 ways c	0.0613	3 pm. Oper	Ator State	d shathe
Sm&	Hed Fumes c	on the B	WS. I Als	0 Sms//&	(Fumes
					ymoes pulks
	nis Bus. I				
Jaki	ne it back	to base	3 NO ONE	WAS hAR	ned by 448
	£.				ted At the
		PRINCIP	3 17 17 17 17 17 17 17 17 17 17 17 17 17		CEA PA
<u> bus</u>	stop,				
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	a				
	A Cina	, BAU,	214		
Superviso	or Signature:	1			



Safety & Training Department

(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: N	/A
Date of Oc	Date of Occurrence:		2/15/2019		Time of Oc		3:09 PM
Weather:	Clear	Clear Day of the V		: Week: Frid		DHD (Y/N):	N
Location (Cross Stre	et and Town)		Kipli	ng Parkway, Distr	ict Heights, Mar	yland	
Route Impact:			1	L5 minute delay			
Employee Name:				Carlos Ginyard			
				carios diriyara			
Run#	24	54	Bus#	626	526	Tag#	LG94086
What happened (Be Specific and Brief):	steps. Supervisor		the location to	assist. There wer	e 5 passengers	on board. The	onto the rear door ere were no injuries ued on route.
Injuries (if any):				None			
Vehicle Damage				None			
(Check all th	nat apply)	Police	N [N Ambulance N		Tow	N
Was the O	perator sent for D	rug/Alcohol Test (Y	/N):			N	
Not	ified (Indicate nam	e and time) GM:			<u>J. Modlin</u>	@ 3:25 PM	
Supervisor	G. Bel	linger AGM		K. Jay @ 3:26 PM		Maint	Zaw @ 3:27 PM
							STEER DESCRIPTION OF THE PROPERTY OF THE PROPE
Safety M	anager	<u>B. Dunham @ 3:</u>	27 PM (VM)		Dispatcher	Bo	ykin/James
County Name and Time:		M. Wilson @ 3:29 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							

Mike Andrews (Operator Undden) Report, Andrews (1984)



SPP F.8 Rev 5/2015

Today's Date: 2 - 15 - 15	Time:	
Operator Name: CARZOS Gingara	Vehicle #_62626	Route # 2404
Report Submitted to: Supervisor Dispatch	Safety Dept.	-
Check One: Passenger Accident Passenger I	ncident	Vehicle Damage
Passenger Complaint No Damage	Vehicle incident Report 🔲 Oti	ner//A
Was the incident reported immediately? $\frac{\sqrt{\epsilon s}}{\sqrt{\epsilon s}}$		
l did not report the incident immediately because:	Right Away	
Did a SQM respond to this incident? No, Yes		
Date Incident Occurred: 2 - 15-19 Time Occurre		
Date Reported: 2 - 15 - F Time Reported: 16		
Location of Incident KIDING Park a	•	•
Description of the second seco	FC + 131 + +	
Passenger Name: 14/17	Passenger ID/Seat #	1# Behindi
Passenger Name: 7 t	. rassenger ib/seat#	
Explain what happened:		•
The bell sill	0	h. c c l o
She got off hooked be	F	
	ack pulled up.	
LODGED back A passenger?		
door you of I was go		-
DISPERT ME(tIC he so	id DDEN the LEY	ME DEF LET 1
DEF I OPEN the LOOP. L	JINITHESS PRINC	90/08 HAD
240 501 7475 CEE 1605 TI		
		.*
a this	-	
17.44 17.44 17.64	, <u>, , , , , , , , , , , , , , , , , , </u>	
14 14 15		and the state of t
	•	•
perator Signatures DUW HUWA	Date Submitte	ed: 2-15-19



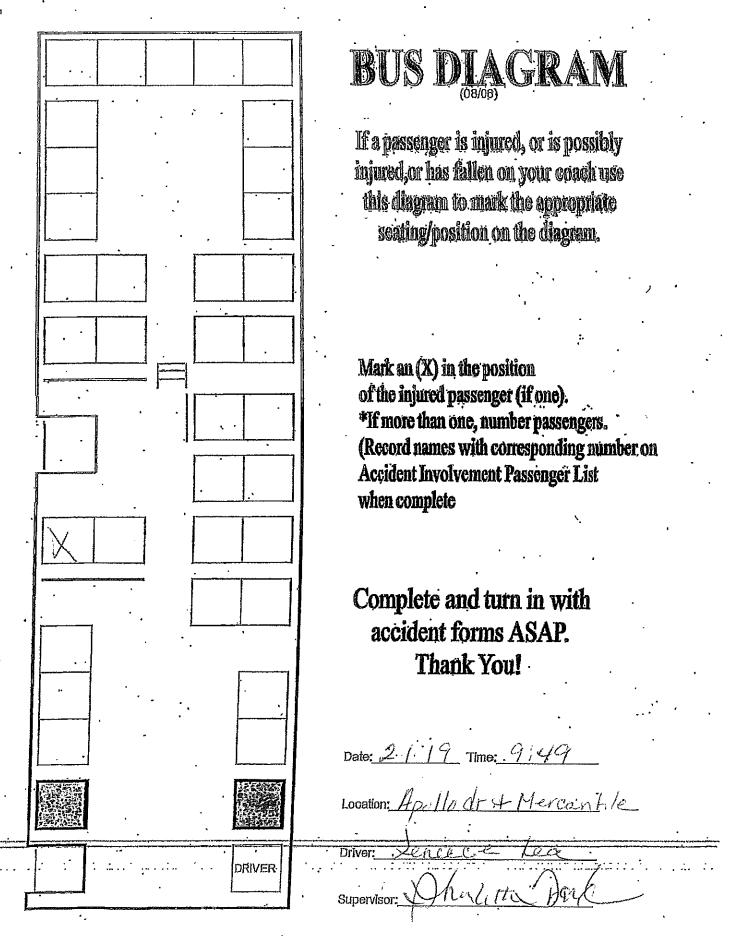
			arcty & Training	Department			
(Check one)	Accident	Х	Incident		Time Superviso		33 AM
Date of Oc	currence:		2/1/2019		Time of Oc	currence:	9:40 AM
W						Dun fortun	
Weather:	Snow	Day of th	e Week:	Fric	lay	DHD (Y/N):	N
Location (Cross Stre	et and Town)			Mercantile Lane	@ Anollo Drive		
Location (Cross Stre	et and rown,			Wiercantile Lane	& Apollo Diffe		
Davida Imparado				1 Minned D. II			
Route Impact:				1- Missed Pull			
Employee Name:				Jeneece Lea			
Run#	21	03	Bus#	631	48	Tag#	LG81867
	Operator stated th	at as she was con	onleting a loft tu	rn onto Morcantil	a Lana Vahisla 1	made centar	ct with the right side
	100 mg (100 mg 100 mg 1						See acceptance to make a contract the contract of the contract
What happened	100						side and requested
(Be Specific and	ivied	ical Attention. Par	ron was transpo	rted to hospital. F	Relief Operator o	continued in s	ervice.
Brief):							
Direij.							
Injuries (if any):			1 male patron o	laiming injury to l	his right side		
			STEEN ASSESSMEN				
Vehicle Damage			Dent	on right side of b	IIS		
			Denie	on right side of b			
(Check all t	hat apply)	Police	7 Y	Ambulance	Υ	Tow	N
Massachus Massachus Massachus Massachus Massachus Massachus Massachus Massachus Massachus Massachus Massachus M	inde depty)	CANADA MARIA		Ambalance		1000	
Was the C	perator sent for Dr	ug/Alcohol Test	(V/N)·			Y	
Nus the c	perator sent for Br	ag/Alconor rest	.,,,,,				
Not	ified (Indicate nam	e and time) GM:			I Modlin	@ 9:44 AM	
1400	inea (marcate nam	e and time; divi.			J. Modili	@ 3.44 AIVI	
Supervisor	S. Fo		ACNA	D. Dandalı 6	0.44 414	B.O. sind	Day @ 0.47444
Supervisor	Э. ГС	Jiu	AGM	R. Bandak @	9:44 AIVI	Maint	Ray @ 9:47AM
Safety Su	pervisor	S. Ford @	9:44 AM		Dispatcher	N	1. James
County Name	e and Time:			M. Wilson 🤄	9:46 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							
				~ (A			I
			16	11/10	1		
	101			2011	50		
	1 (1)	(60)	-	028			
	1	- 6100	/	10.83819			
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	$\alpha(G)$						
	/14.	•					
	35.	705150					

Vehicle Accident Report



Operators CDL#	Exp Date	इन्श्र की किया का	Med Card / Ex	Date		Accide	nt Report#	D & L > 12.5	navia: 13
1 000 39	8720 334	7 Yes □ Time of Accident	No # of Vehicles	SmartD	rive Tri	rapted	Scene Phot	Substan	ce Abuse Tested
Accident Date Month Day Year	Day of Week	Time of Accident	# of delinies						,
2/1/19	7 FRICKUI	9:49am)	□ Ye	38 🗶	l No			res □ No
		y vehicle					OTHER PAR	T Y	
Operator Name (Exactly	į.	n a		ŭ Vehi	cle 2	🗓 Bicyclisi	🗖 Pedeşirlən	다 Fixed Object	OPax Fall
Address (Include Number		2CApI#		Name (Exactly A	a Printed (On Ucense)		1	- 2
3412 P	ervinante	$\sigma D_z = 1$		1.53 (1		2 2		Apl#	CEDEKT
Chyor Town		State Zip	MIL	Address (Include	a mentenar a	a citery	1	Wha	
Employee ID#	Dale of Hire	Sludent Driver	7 YO	City or Town		State	•	Zíp	
30534 #01 Cards #0	OS PI	ZZT #Standing	·	Date of Birlit	Sex		Driver's License	Lio, Siate	#of Occupants
O	0 0) -)			NDF	□Yes □No		
Eus ID# Plate#	State	Vohicle Year / Make	71.	Insurance Co		Polloy#&Exp			·
Volide Type	81867 AN		1/19	Name (Exactly A	is Prinfed :	Registration)			
G. III	\mathcal{B}_{i}	01/210	3				·		
VIN	2000000	1201.0	•	Address (include	e Number (&Steet)		Apl#	
Insurance Co) X / / / / / Policy # 6	Expiration Date	VIL 44	City or Town		State		Zip	,
Old Repud	lic !	7-1-20	19	7 \ Plate#	Slate	VasceM	ake of Vehicle	Vohide Type	Color
f	Location of t	rcantilei	J. Barrell	Z TIMES	oppe	fact of ta	byanı salıını	antino salto	20,01
Address/Street on Which	ADOILE I	Dene	7()-1-0	VIN			,		
At intersection with EX Notet intersection	Fael N S			Telephone #					
El Notat intelsection	☐ Off Roadway	- 1 V		•					
At Bus Stop? II Yes	· · · · · ·	arStop. 🗆 FarStop 1	IMid-Blockstop				•		
		<u>.</u>		mental Condition	<u> 18</u>				
<u>Weather</u> □ Clear	Surface III Dry	<u>Traffic Cont</u> ∐ Stop Sign	ro <u>i Light</u> M Dayligi	ıf		Roadiyay - 1	of Lanes Roa	<u>dway Characteristic</u> Baightand Level	<u>15</u>
☐ Cloudy	Ja Wet	🖂 Yjeld Sign	☐ Dawn	.•	•	☐ Undivided ☐ Asphalt		iralghiand Grade iralghiat Hilloresi	
☐ Reining Snowing	□ lcy □ Snow	☐ Traffic Sig ☐ Flagnian	🗀 Dark R	oad-Unlighted		□ Солствів	пс	urve and Level	
□ Foggy □ Other .	□ Olher	_Krunconfroli □ Olher	ed 🗆 Dark R	oad - Lighled		☐ Gravel ☐ Other		urve and Grade urve at Hillcreat	
	Pre	Accident Movement	•			Housial Ros	d Conditions		
V1 V2/OV	V1 V2/O	v	V1 V2/	OA .		☐ No Unusu	al Condilione		~,
☐ ☐ Going Sheight☐ ☐ Making rìghttu		ixiling Bus Stop Intering Bus Stop		Changing Lanes	· i	□ Holes / De □ Obstruction	ln road		
□ □ Making right or	n red 17 - Ret S	lowing orstopping in trai lopped in traffic		Passing Merging		🗆 Loose male			
☐ ☐ Making left fun ☐ ☐ making left on	red 🗆 🗆 P	arked		Backing Olher		□ Reduced o □ Other	oad widin		
☐ ☐ Making U Turn	☐ ☐ A	roided object in road Posted Spa		Imated Speed Liv		Direction o	FTravel	Accident / Collis	ion Wifb
Vehicle Lights		- 1		de 1 <u>5</u> mp		Vehicle	- L	er Molor Vehicle	<u>,</u>
No 1 X On □ Off	No i Kleft Turn On No i El Right Turn O	n I	1		- 1	Venicia N (S) E	W □ Bicy	rclist	-
No 2 III On DE OFF	No 1 D'Four Ways 0	n Vehicle 2 2	mph Vehi	de 2 <u>/ O</u> mp	m	Vehicle	2 □ Reil	d Object	1
	No 2 D Left Turn On No 2 Et Right Turn Cr	4				-(N)-S-E	T Dot	esirian	
···	No 2 . I Four Ways O		- n.u.:ca**	I Distraction was a second				*	
Crossing With Signal			Riding / Walking Ald	<u>/ Bicyclist Action</u> ng Highway Wilh 1	Fraffic			🗆 Pushing i Working	On Vehicio
☐ Crossing -No Signal c ☐ Crossing Against Signa	r Crosswalk el		tiding / Walking Ag imerging From in F	ainst Highway With	Traffic	ite		🗆 Working in Roady	
☐ Crossing - No Signal/A	řístked Crosswalk 💢 🗼	I DP	laying in Road etting On / Off Veh		÷	NOW	US !	□ Not In Roadway □ Other	
1 Going To / From Stopp	red Dilis / V		Complete Coll Agi	· · · · · · · · · · · · · · · · · · ·				SPP F.20 7.	(2015

Vehicle Accider	n Report			transdev
		ARI PP190	2010000	3763
I Backing I Passing I Sideswipe II Merging I T-Bone II Head On I Right Turn II Bus Right Mirror I Bus Rear Ends Vehicle II Bus Door Operation I Vehicle Rear Ends Bus II Sudden Stop I Wheelchair Lift Operation II Roll Over I Roll Away (Not Secured) II Ran Off Roadway Type of Trin	□ Raifroad Crossing □ Hit Fixed Object □ Hit Pedestrian □ Hit Animal	Police Investigated? A Yes Police Department Responding Officer Name (Badge / ID#) _/ Precinct#	DISATE 9. Donah Report#PP190	+ 2 ue # 3777 2010000076
Fixed Route II Fixed Route II Errand Cheriter II Cheriter II Non Rev move Para Transit II Para Transit II Maintenance	Vehicle 1 Towed By:		To	
oddent Description I DATA OFFICE	al Nebicele	1 had de	mare	-10
the passenger H	ght Pane	1 had do	e 2 coa	s gine
		(<u>,=, =,=,=,,,</u>	•	
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A TA A LANGE OF THE PARTY OF TH				
•				•
			•	
ecription of Damage Company Vehicle	□ Minimal □ Moderate	21 Major Other Ve	hicle 🗀 Minimal I	⊐ Moderate ÅrMajor
			·	
icie 1 is ALWAYS Your Vehicle, Addulated Bus Shuttle Vehicle	Bus 1	of first impact on your vehicle and Bus 2	Track	Car
Nama of Witness of Injured Age Claim	ing Injury? Type of Injury Clair	ned Injured Transported To	Olher Transported To	Transported By Unit#
,				
				-
			,	
ervisor on Scene? - 🔀 Yes : 🗆 No S	upervisor Name (Print):	: Whick He	trais.	A A B 400 M TO B 10 M TO B
ervisor's Signature Alicelette (1)	1 1000	/ Supervisor / Manager F		



Operator Incident Report Time: Today's Date: _ Vehicle # 63 14/8 Route # 212 Operator Name: Dispatch Safety Dept. Report Submitted to: Supervisor Passenge Check One: Passenger Accident Passenger Incident No Damage Vehicle Incident Repor Passenger Complaint Was the incident reported immediately? _________ Reported to Comm I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 12.1.19 Time Occurred: 9:49 _ Time Reported: _ Date Reported:__ Location of Incident Complete a separate incident Report for each passenger affected by this eve enger ID Passenger Name: ____ Explain what happened:

Operator Signature: Date Submitted: 2 / SPP F.8 Rev 5/2015

(Fransde)	p
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SUPERVISOR'S INCIDENT REPORT

Date#: 2/1/19 Time: 47000 149am Run: 21/2103
Operator #: 36536 Division: 0124 Vehicle: 43/48
Supervisor: 3. ForD
Location: Mercantile Int Applio Deive Lawy ND. Address or Cross Street City & State
Address or Cross Street City & State
Description of Event: At approx 9:49 am Geratar J. Low was
traveling south bound on Mercantile Lane making
a left turn onto Apollo Dr. When vehicle 2 was
A left hun onto Apollo Dr. when vehicle I was
The rear panel of the passerger side of v 63148.
anising major damage to both vehicles. There were,
Le patrons on board. I make pretron claimed
enjury and was taken by ambulance to the
hospital
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•
· · · · · · · · · · · · · · · · · · ·
•
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·
•
supervisor Signature: That ITTE DOCC

Supervisor Signature:

Operator Incident Report (Continuation Report)

Today's Date: 2/1/19	Time: 44	an
Operator Name: <u>Jenesoe</u> Leo	Vehicle#	_ Route #_21/2103
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	t	
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	*	
		.
	•	
·		
•		
		•
erator Signature:	Date Submitt	ed:

SPP F.8 Rev 5/2015



(Check one)	Accident	Х	Incident		Time Superviso	or Arrived: 9:3	O AM	
Date of Oc	currence:		2/4/2019	Time of Oc		currence: 8:52 AM		
Weather:	Clear	Day of the	Week:	Monday		DHD (Y/N):	N	
Location (Cross Stre	et and Town)			Woodyard Roa	d - Clinton, MD			
Route Impact:				2 - Missed Pull				
Employee Name:		Andrea Carroll						
Run#	32	04	Bus#	626	32	Tag#	LG94267	
			20011	1 dg# LG5420				
What happened (Be Specific and Brief):	Operator stated that as she was traveling Southbound on Woodyard Road, Vehicle 2 ran a red light and made contact with right driver side panel of bus. Per Supervisor Investigation; 5 patron on-board, no injuries claimed/patrons deboarded bus before Supervisor arrival. Minor damage found to driver side panel/operator continued in service.							
Injuries (if any):	None							
Vehicle Damage			Minor de	ent on driver side	panel			
(Cheek all th	at analis	Delies	V	A ma basila mana	N.	T	A.	
(Check all th	тат арріу)	Police	Υ	Ambulance	N	Tow	N	
Was the O	perator sent for Di	rug/Alcohol Test (Y	//N):			N		
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 8:59 AM		
Supervisor	B. Ogu	ndeko	AGM	K. Jay @	9:25 AM	Maint	Ray @ 9:30 AM	
Safety Train	aining Sup. S. Ford @ 9:05 AM		9.05 ΔΜ	Dispatcher		K. Alston		
Surety Hun	ining Supi	5.1014 @ 5	7.05 AIVI		Dispaterier	· ·	C. Alston	
County Name	and Time:			M. Wilson (a 9:09 AM			
	(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		/alld DOT	Med Card / I No	Ехр	Date	<u></u>		Acciden	t Report #	2 64	500608	630
Accident Date Month Day Year	Day of Week	Time of A	ccident	# of Vehicle	es		Drive T	-	_	_		Substar	ice Abuse Tested
2-4-19	Marchey	8:5.	5 Am	3			es (₽ No		IZ Yes		No 🗆	Yes ⊉1Ño
Trajanta.	COMPA	VY V	EHICLE	4						OTHER	PART	Y	
Operator Name (Exactly /	As Printed On License)					□Vel	ilcle 2	□i	Bicvelist	□ Pede	strian	☐ Fixed Objec	 □Pax Fall
Address (Include Number		woll an	pt#			Name (Exactly							
3707		Av2 "	P4.11			mano (cana)	*10 1 17110			Win	استحديد	·~.	
City or Town	succle		20	784		Address (Inclu			(19 مینا <i>د</i>	~		Apt#	
	Date of Hire		ludani Driver?	Y (V)		City or Town			State			Zîp	
12025	Cocupanis #Seated		#Slanding			Date of Birth	Sex		<u> </u>	Drivar'a Lice	neo	Lic, State	# of Occupants
"Ol Calos "O	3 3	·	- 7-)-			DUID OF BIRT			_			10,0(0tb	not coopains
Bus ID# Plate#	State	Vehicle Year /				Insurance Co	<u> </u>	Policy	+ #&ExpDa	ıle	INo I		
62632	ma										\sim	wareh	
Vehicle Type Cully	Roule#4		ጋ. ለ ረዕ			Name (Exactly	As Printe	d Regist	miion)				
		7			•	Address (inclu	de Numbe	r & Stree	el)	······································		Apt#	
Insurance Co Old Refr Address/Street on which:	Policy#8	Expiration Date	-// 	/ ₂ Sr		City or Town			State			Zlp	
ora ruga	Location of A	ccident	ا مراحد			Plate#	State		Year & Mak	e of Vehicle		Vehicle Typs	Color
Address/Street on which a	accident occurred Mor	odyare	e rd/	Brauh	41								<u> </u>
At intersection with	Wood youl	1. Ban	rauch	Ave (Puts	s)	ViN			w	we	~~~		
☐ Not at Intersection	Feet N S I	/ E W of				Telephone#							
ر ا	☐ Off Roadway												
	⊒No (if yes) □ Ne	arStop ⊑IF	ar Stop II	Mid-Block stop	,								
				Envi	ronn	ental Condition	0119						
Weather Clear	Surface Dry		affic Contro ∕\$top Sign	<u>Light</u> Daylayi	llaki			Roa	dway - # c livided	f Lanes		way Characteristic aight and Level	<u> </u>
☐ Cloudy	ÆWet		Yield Sign	☐ Daw	/n			טם	individed _		□ Str	aight and Grade	
☐ Raining ☐ Snowing	□ fcy □ Snow		Traffic Sign Flagman			d – Unlighted							
☐ Foggy ☐ Other	☐ Other		Uncontrolle Other			d - Lighled			ravel _			rve and Grade rve at Hillcrest	
	Pra	Accident Mo								A 14/-		ser morout	
V1 V2/OV	V1 V2/0			V1 V	/2/0\	1		Unu.	sual Road Io Unusua	Conditions Conditions	3		
☑ □ Going Straight		xiting Bus Sto			ПО	hanging Lane:	,		oles / Deep bstruction				
☐ ☐ Making right tu ☐ ☐ Making right or		intering Bus St llowing or stop		, II I	ΠР	assing	,	ДС	onstruction	/ repair zon	ie		
☐ ☑ Making left turn	1 🗆 S	lopped in traffi	fic	L. 1		lerging acking			oose maler leduced ro	ial on road ad width			
☐ ☑ making left on: ☐ ☐ Making U Turn		Parked voided object i	in road		□ 0			□o					
Vehicle Lights	Turn Signals		osted Spec	ed Limit	Esti:	mated Speed	Limit	Di	rection of	Travel		Accident / Colli	sion With
No 1 Iar On □ Off	No 1 ☐ Left Turn Or	veh	nicie 1 💆	5 mph V	/ehicl	e1 3.5	mph		Vehicle	1	El Olive	er Melor Vehicle	
No 2 Er On □ Off	No 1 □ Right Turn C No 1 □ Four Ways C	On .		- I		e2 <u>35</u>	· 1		N (S) E		☐ Bicy ☐ Rail	clist	
140 E O I I O II					- U11(U)		nhu		Vehicle	2	☐ Fixe	d Object	
	No 2	n					j		N)s e	w	☐ Pede ☐ Anim		
	THE PERSON NAMED IN COLUMN TO					Bicyclist Act	-					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
☐ Crossing With Signal ☐ Crossing - No Signal ☐	or Crosswalk	N/A		Riding / Walking Riding / Walking						P/A		Poshing / Worki	
☐ Crossing Against Sign	nal	*1"	□ E	merging From	in Fr					1. J.		☐ Working In Roa ☐ Not In Roadway	
☐ Crossing - No Signal/I				Playing in Road ≧etling On / Off		cle Other Than	Bus	¥				□ Other	
		_				1						SPP F.20	7/2015

Operator Incident Report



Today's Date: 2 - 4 - 19 Time: 10:00 Am
Operator Name: ANGREA CARROLL Vehicle # 62632 Route # 3204
operator rame.
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) MB. Fragge L)
I did not report the incident immediately because:
Did a SQM respond to this incident? No Ves (SQM Name) 1019
Date Incident Occurred: $2-4-19$ Time Occurred: 8.52 Am \Box Do not have actual date or time
Date Reported: SAME Time Reported: SAME This is a late report
Location of Incident Woody Ard Rd. At Branch Avc. baidge
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: Bus WAS ERAUCTIME WEST BOUND ON WOOD- WALD Rd. When Red pickup FRINCK RAN The Red Diglit
And into Fbe side of the bus. Then missed The
median And hit a small war that was in the legt
LANE to make A Left EURUJACING CAST BOUND. I
immediately radiood dispately

Operator Signature: Charles Cause Date Submitted: 2-4-19
SPP F.8 Rev 5/2015

	Vehicle Accider	nt Report			transdev
□ Backing	Passing	☐ Railroad Crossing	Police Investigated? TYes	No Prince	Georges Cont
☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends Vehicle ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Away (Not Secured)	☑ Merging ☐ Head On ☐ Bus Right Mirror ☐ Bus Left Mirror ☐ Bus Door Operation ☐ Sudden Stop ☐ Roll Over ☐ Ran Off Roadway	☐ Hit Pedestrian ☐ Hit Animal		Report# PP190	Curges Cout 3463 20400006 Bloydist Pedestrian
Type of	<u>rip</u>	Violations		,	
With Pax Without Pa La Tixed Route II Fixed Ro II Charler II Charler II Para Transit II Para Tra	ute	Vehicle 1 Towed By:	N/A Consum Tousing Co	To r	s/A-
Accident Description				•	
Valuela 5	Come	in Con mela res	in set in	Other "	Last Z
been hos	pitalized	R ,			
		and the American			
			V-14		
Description of Damage	Company Vehicle	☑ Minimal ☐ Moderate	□ Major Other Ve	hicle 🏻 Minimal 🗈	□ Moderate □ Major
/ehicle 1 Is ALWAYS Your Vehicle Articulated Bus	hullle Vehicle	Place an X on the exact point Bus 1	of first impact on your vehicle and Bus 2	the other vehicle. Circle a	reas of other damage, Car
Name of Witness / Injured		ning injury? Type of injury Cla ろり (つかえ		Other Transported To	Transported By Unit#
1 . 1		No Name		10/A 10/A	10/4-1202) 8
Asqipal Jo	vas	medt ou	~ P/4	12/4	P/A-(3+D 351
Supervisor on Scene? 🗷	Yes No	Supervisor Name (Print);	Bolovilda O	Ludium	
pervisor's Signature	At to	Unit Number 512	PSupervisor / Manager	Reviewing	



Accident/Incident/Workers Comp#:		
	(Workers Comp#Issued by Sedgwick)	
Name	Birth Date	Hire Date
ANDREA "CAREOLI	12/22/5	2 6-25-01
<i>A</i> .	5	
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLAIN WHY):	
HOME ADDRESS: 3707 HA	enoul Rue.	
CITY HYATHSWILLE	STATE MI)	ZIP CODE 20784
HOME PHONE NUMBER	DAY TIME NUMBER 202-766-6552	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? Yes No / Unknown	GENDER MARTIAL STATUS M over M s w/D	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME 5:25 AM or PM / /3:		

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

,		
Transdev	SUPERVISOR'S INCIDEN	IT REPORT
Date#: 2/4/19	Time: 8:53 4m	Run: 3204
Operator #: Andres	~	Vehicle: 62632
Supervisor: Balsalu	~	
Location: Wood	and road Brouch the	Chufar wal
	On Marry falsnamp &	
	haading Sohet at 15	
	mand and Brough	
,	a red light of the	
•	with Bus 62632 on	~
	another black. Con in	•
meren since	x a legt turn.	
	unsafe act regulted	in other Vehrelie
	Gospitalizad and T	•
forward amoun	y. No claim cinqu	vies from paterns
on Rows 62	632 comted to be f	we in number.
	,	
	\ \	
Supervisor Signature:		
	Jacob C	and,



(Check one)	Accident	X	Incident		Time Superviso	or Arrived: 1:	20PM
Date of Oc	currence:		2/6/2019		Time of Oc	Occurrence: 1:09 PN	
Weather:	Clear	Day of the	Week:	Wedn	esday	DHD (Y/N):	N
Location (Cross Stre	et and Town)		Ritchie	Marlboro Road, C	Capital Heights, I	Maryland	
Route Impact:				None			
Employee Names				ames Matthews			
Employee Name:		James Watthews					
Run#	26	02	Bus#	632	.08	Tag#	LG90128
What happened (Be Specific and Brief):	Vehicle (2) sideswipe Vehicle (1) left rear while traveling in the turnabout on Ritchie Marlboro Road. Supervisor an Police was dispatched to the location. There were 3 patrons onboard. There were no injuries reported. Strategic operator continued on route.						
Initiation (if a make							
Injuries (if any):		TERNO CONTRACTO		None		Section in plants	
Vehicle Damage	Vehicle	1 - minor scratche	s to the left rea	r panel/ Vehicle 2	- minor scratch	es to right fro	ont fender
(Check all the	hat apply)	Police	Υ	Ambulance	N	Tow	N
Was the C	perator sent for Di	rug/Alcohol Test ()	(/N):			No	
		ag, mooner test (
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 1:10PM	
Supervisor	D. Bu	itler	AGM	K. Jay @	1:10PM	Maint	Donald @ 2:02PM
Safety Su	pervisor	S. Ford @ :	1·15PM		Dispatcher		Bandak
	Sales Sales					Barraak	
County Name	e and Time:		Pax	ton (to inform T	yrone) @ 1:13	BPM	
(Check	(Check one) Telephone		Х			(Must be	done within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives							

Vehicle Accident Report



Operators CDL#/	Exp Date 75/31/1 5/36/3	Valid DOT Med Card	Exp Date 4/7] 9	Accident Report	#	
Accident Date	Day of Week Time	of Accident # of Vehic	les SmartDrive	Friggered Sca	ne Photos	Substance Abuse Tested
Month Day Year	1. 1.	1 = 1	□ Yes	II No EYE	s □No	□ Yes 轁 No
2/6/2019	1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	05 pm 2	H 162			
	COMPANY	VEHICLE 1		OTHE	RPARTY	
Operator Name (Exactly A		· AN	□ Vehicle 2	□ Bicyclist □ Ped	lestrian 🗆 Fix	ed Object DPax Fall
Address (Include Number		Apt#	Name (Exactly As Printe	ed On License)	**************************************	
S103 TO			Address (Ignade Numb	Flora C	alhoun	
City or Town	State	Zip A ACI (17	Address (locked Numb	er & Street)	Apt#	
Temple Hills Employee ID#	Date of Hire	Student Driver? Y 19	City or Town	ymposium-	Na / Zlo	
I V J	10 19/2001	(V)	Clinton	MD	NU Zip	7 <i>0735</i>
#of Cards #o	Occupants #Sealed	#Standing	Date of Birth Sex	Driver's I		ale #of Occupants
	3 3.			IM EF EYES	IINO M	ν
Bus 10# Plate#		OYOar/Make	Insurance Co	Policy#& Exp Date	07200	C 4X3 2
(3)08 1696 Vehicle Type	Roule # & Run #		Name (Exability As Prints	Policy#& Exp Date Ab > 238 ad Registration)	430 7-	2 10 • 2
Bus	2-150) <i>F</i>	t lora 1	Cesi VI 1 91	101111	
VIN 1 C L f		101	Address (include Numb	or & Street)	∧pt#	
Insurance Co	B 27 A 7	on Dale	City of Town	State	Zip	- 47:-
Old Republic	Location of Accident	4769 7/1/201	9 Chinton	MA		207155
			Plate# State	Year & Make of Vehicl		
Address/Street on which a	icoldent occurred Nitture	Mandoro Kor	2-B17893 W	1) 2019 Chary (arany La	12/1/10
At Intersection with			101F	BIRSYK	111750	26
Dirional intersection	Feet NSEW of		Telephone#	2-53-1-	Z	.,,,
M On Roadway	☑ Off Roadway		21/1-	300- 200	سـ	
At Bus Stop? ☐ Yes 1	☑No (if yes) ☐ Near Stop	☐ Far Stop ☐ Mid-Block st	pp 70	300 FOO	5	
		<u>En</u>	Ironmental Conditions			
Weather □ Ølear	Surface ☑ Dry	Traffic Control Light II Stop Sign II Da	- ylight	Roadway - # of Lanes	Roadway Ch	<u>aracieristics</u> ad Level
□ Cloudy	□ We t	🗆 Yield Sign 🗀 Da	wn	☐ Undivided	🗆 Straight ar	nd Grade
☐ Raining ☐ Snowing	□ lcy □ Snow	☐ Traffic Signal ☐ Du ☐ Flatiman ☐ Da	sk rk Road – Unlighled	☐ Asphalt ☐ Concrete	□ Straight et □ Curve and	
□ Foggy	☐ Other	⊡ Uncontrolled □ Da □ Other	rk Road - Lighted	☐ Gravel	III Curve and III Curve at H	
□ Other .	Dro Accido	nt Movement	<u> </u>			HIOLOGO
V1_V2/OV_	V1 V2/0V		V2/OV _	Unusual Road Condition I No Unusual Condition	<u>IIS</u>	
☑ ☐ Going Straight				☐ Holes / Deep Rut	10	
☐ ☑ Making right tu	m 🗆 🗆 Entering	Bus Stop	☑ Changing Lanes ☐ Passing	☐ Obstruction in road ☐ Construction / repair 2	one	
☐ ☐ Making right or ☐ ☐ Making left turn		or acopping in manic	Ed Merging /	☐ Loose material on roa		
☐ ☐ making left on	red 🔲 🖂 Paiked	phinatin road	□ Backing □ Other	☐ Reduced road width☐ Other		
☐ ☐ Making U Turn Vehicle Lights	Tum Signals	Posted Speed Limit	Estimated Speed Limit	Direction of Travel	Acci	dent / Collision With
		75	ሳሎ		1	
No 1 型 On □ Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn On	Vehicle 1 .3.2 mph	<u> </u>	Vehide 1	☐ Other Motor ☐ Bicyclist	Aeticle
No 2 □ On □ Off	No 1 II Four Ways On	Vehicle 2mph	Vehicle 2 <u>AU</u> mph	ν,	☐ Rall Train ☐ Fixed Objec	,
	No 2 🗆 Left Turn On			Vehicle 2	☐ Pedestrian	
	No 2 PRight Turn On No 2 Pour Ways On			U	I Animal	
			frian / Bicyclist Action	*		· · · · · · · · · · · · · · · · · · ·
☐ Crossing With Signal ☐ Crossing - No Signal C	or Crosswalk		ng Along Highway With Traffic ng Against Highway With Traf			ning / Working On Vehicle
Crossing Against Sign	al	☐ Emerging From	n in Front of or Behind Parket			king in Roadway In Roadway
☐ Crossing - No Signal/ ☐ Going To / From Stope		☐ Playing in Roa ☐ Getting On / O	đ If Vehicle Oiher Than Bus	•	☐ Oihe	
C COME TO 1 TON COP	- OR BOW	= Stang Off O	- Super Sales (1901 DED		S	PP F.20 7/2015
	Accident Type					

Beaching	. Vehicle Accide	nt Report			transdev
Description of Damage Company Vehicle I Minimal Moderate Major Wehicle I Minimal Moderate Major Major Vehicle Minimal Moderate Major Minimal Min	☐ Sideswipe ☐ Menging ☐ T-Bone ☐ Head On ☐ Right Turn ☐ Bus Right Mirror ☐ Left Turn ☐ Bus Left Minor ☐ 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 Type of Trip With Fax Without Pax ☐ Business Trip	☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal Violations	Police Investigated? Layes Police Department Responding Officer Name (Badge / ID#) Precinct# R Citations / Arrests 🖂 Operate	Dowle A. Marle A. Marle deport# PP171 or1 Q Vehicle 2 D	District Str 1206 00012 Bloydist Pedestrian
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.	Accident Description Operator Matthe Para Transit Description Operator Matthe Paral of Dies 63208 at cabou Front Dight fewder Bus rear paral. There were Weller two witheres who	Vehicle 2 Towed By: LAS LIAS STRUCK IN 105 pm. 1 C3208 had NO injuries Left informa Struck the	La vehicle in which in we we will be in the contract of the co	ja the	left cear to My exist left ye. There Roth
Ariculated Bus Shatto Vehicle	Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Name of Witness I Injered Age Clair Supervisor on Scene?	Place an X on the exact point o Bus 1 Type of injury Clain Supervisor Name (Print):	first impact on your vehicle and Bus 2 Indicate the property of the property	the other vehicle. Circle Truck Other Transported To	ereas of other damage.



Today's Date: 2/06/2019 Time:
Operator Name: JAMES R. MAHHEWS Vehicle # 63208 Route # 2602
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Pvehicle 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: 2/04/2019 Time Occurred: 1:05 / Do not have actual date or time
Date Reported: 5AME Time Reported: 1:05 PM This is a late report
Location of Incident Ritchie Maribaco Cd
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:
I will have to defer to the two passenger withesses
Who left their INFORMATION BECAUSE I WAS NOT AWARE That
A CAC had chipped my rear bumper. I was Flagged down
ON HARRY S. TrumAN drIVE AND MADE AWARE OF the CONTACT
AND CALLED IT IN
· · · · · · · · · · · · · · · · · · ·
Λ

Operator Signature: James K. Matthews

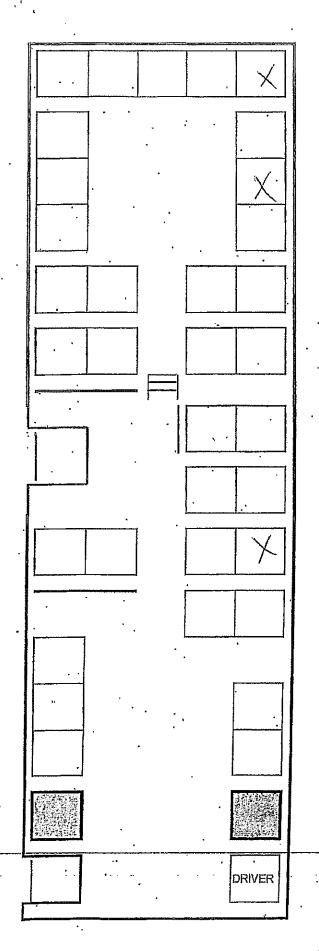
____ Date Submitted: 2/06/2019 SPP F.8 Rev 5/2015

(Transde	W
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SUPERVISOR'S INCIDENT REPORT

Date#: $\frac{2/6/19}{1.200}$ Time: $\frac{1.27p_m}{1.200}$ Run: $\frac{2602}{1.200}$
Operator #: James Mathews Jr. Division: 0124 Vehicle: 65008
Supervisor: 1 Ponte Wille
Location: May horo College May M. O. Address or Cross Street City & State
Description of Event: I arrived at the scene at 1:27 pr. Police
were there Operator Matthews and a witness as well as the
driver of the vehicle that struck the bur. I noticed
the damage on the left of at the bus as well as damage
to the right front of the vehicle (fender). I asked the
operator what occurred he stated to ask the witness because
he didn't know until the passenger stated the bus was
Struck. The driver of the vehicle stated the bus struck
her car while she tried to menge outo 1-95 going around.
the circle on Ritchie Marlboro Rd. I received the
report from the officers on the scene and statements
From the the patrons who were on board documented. I took photos and sent them to managers and safety
I took photos and sent them to managers and safety
staff.
·

. 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:	16/19	Time;	1:0	Spm	-	
Location:_	Ritch	Ne	Ma	A bo	LO.	RA
Driver:	James	M	44/	1	:J/	· ·
	Dean	Lo	A .	11/0	,	

WERE YOU A PASSENGER IN OUR VEHICLE? KINDLY FAVOR THE DRIVER OF THIS VEHICLE BY FILLING IN THIS FORM THIS WILL ENABLE THE MANAGEMENT TO TREAT RECORD OF DRIVER FAIRLY. WAS ANYONE HURT? WHERE YOU A PASSENGER IN OUR VEHICLE? WAS OUR DRIVER AT FAULT?
REMARKS The Sliver car proceed to lane
Change . I shills tapping the Bus
DATE OF ACCIDENT 2/6/19
PLACE OF ACCIDENT WHILE LOWIC RD 288
NAME GOVERSON LLEY PHONE 240-601-2091
STREETCITY
KINDLY FAVOR THE DRIVER OF THIS VEHICLE BY FILLING IN THIS FORM THIS WILL ENABLE THE MANAGEMENT TO TREAT
RECORD OF DRIVER FAIRLY. DID YOU SEE THE ACCIDENT? 45 WAS ANYONE HURT? NO
WERE YOU A PASSENGER IN OUR VEHICLE? YES WHERE YOU HURT? NO WAS OUR DRIVER AT FAULT?
REMARKS The lady who car not swiped, she
came over onto the bus and clipped the
REMARKS The lady who car got swiped, she came over onto the bus and clipped the back lebtside of the bus.
DATE OF ACCIDENT Was fab 6 2019
PLACE OF ACCIDENT
NAME JUSTIN Riley PHONE 202 553 2772
STREET 2106 Springholly dr CITY District Heights

•

Prince George's County Police

MOTOR VEHICLE COLLISION INFORMATION EXCHANGE FORM

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

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

Barrack: Bowie District Station Unit Phone: 3013902100	_Case Number: PP190206000012
nvestigator: OFF A. Marler 4155 Assignment: Bowie District Station	Phone: 3013902100
Date: 02/06/2019 Time: 13:09 Weather: N/A County	Prince George's
_ocation: RITCHIE MARLBORO RD FROM WALKER MILL RD	
Vehicle Registration: LG92101 State: MD VIN: 15GGB2711A1178121	Type: Bus - Transit
Year: 2010 Make: GILL Model: BUS	-
Insurance: SELF INSURED Policy #: SELF INS	SURED
Owner Name: PRINCE GEORGES COUNTY GOVT	
Address: 8019 CENTRAL AVE CAPITAL HEIGHTS MD 20743	
Home Phone: Work Phone:	
Driver Driver's License Number: M320367751397 Licen	nse State: <u>MD</u>
Name: JAMES RUSSELL MATTHEWS JR Date	of Birth: 05/26/1953
Address: 5403 JOEL LN TEMPLE HILLS MD 20748	
Home Phone: Work Phone: 3015	5366356
Vehicle Registration: 2BY7643 State; MD VIN: 1G1FB1RS4K0117526 Year: 2019 Make: CHEVROLET Model: CAMARO Insurance: LIBERTY MUTUAL Policy #: AOS2380 Owner Name: FLORA REGINA CALHOUN Address: 6416 SYMPOSIUM WAY CLINTON MD 20735 Home Phone: Work Phone: 24030 Name: CALHOUN Date of Address: 6416 SYMPOSIUM WAY CLINTON MD 20735 Home Phone: Work Phone: 24030	328457083 002005 se State: MD of Birth: 07/18/1953
Name: SHANTE MONIQUE CURRY	
Address: 2406 VERMONT AVE HVATTEVILLE NO COTOR	
Home Phone: Work Phone: 5407555114	
Name: JUSTIN MICHAEL RILEY Address: 2106 SPRINGHOLLY DR DISTRICT HEIGHTS MD 20747 Home Phone: Work Phone: 2025532772	
TOTAL TOTAL	

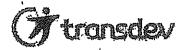


(Check one)	Accident	X	Incident		Time Supervisor Arrived: 7:30PM						
Date of Oc	currence:		2/6/2019		Time of Occ		7:04:00PM				
Weather:	Wet	Day of the	Week:	Wedn	esday	DHD (Y/N):	N				
Location (Cross Street and Town) Indian Head Highway @ Wilson Bridge Drive, Oxon Hill, Maryland							Maryland				
Route Impact:		None									
Employee Name:	Kathleen Lafortune										
Limployee Name.				Katilleeli Laioi	tune						
Run#	37	04	Bus#	626	527	Tag#	LG94087				
What happened (Be Specific and Brief):	(Be Specific and										
Injuries (if any):				None							
Vehicle Damage	Vehicle (1	.) right mirror was	pushed in. Supe	ervisor pushed th	e mirror out and	the operator	r continued on route.				
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N				
		drawije daz		7 and and a second							
Was the C	perator sent for Di	ug/Alcohol Test (Y/N):			N					
Not	ified (Indicate nam	e and time) GM:	M: <u>J. Modlin @ 8:03PM</u>			PM .					
Supervisor	D. Bu	ıtler	ОРМ	M. James (<u> 7:04PM</u>	Maint	Zaw @ 8:15PM				
Safety Su	pervisor	S. Ford @	8:02PM		Dispatcher		R. Campbell				
County Name	a and Time:			Tyro	no @ 9:02BM						
County Name and Time: (Check one)		Telephone	Х	Tyrone @ 8:03PM In Person (Must be done within 1 ho		fust be done within 1 hour)					
Please note the details of this incident will change when the Supervisor Arrives							,				

Cignson Indicative epople and the control of the co
Today's Date: 2-5-19 Time: 807P
Operator Name: Kathleen La Fortungvehicle# 62627 Route# 37
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? <u>yes</u> Reported to Command: (Name) <u>Sup Jackso</u>
I did not report the incident immediately because:
Did a SQM respond to this incident? INo. Yes (SQM Name) Supervisor Butler
Date Incident Occurred: 2-5 19 Time Occurred: 700 P Do not have actual date or time
Date Reported: $2 - 5 - 19$ Time Reported: 7059 This is a late report
Location of Incident (+ 210
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:
. At approximately 700.Pm 9 was travelling on 14210
running Block 3.704. I was in the left TaneThere
was 2 tractor trailer travelling in the middle laine
following each other, as I was scanning my mirror
I recline the truck was speeding up bécause the traffic
Started to move 9 stowed down and the second truck
MBI company name # 2163 Struck my right mirror
pushing it in. I continue unto Palmer road then Stop at a safe rocation and reported the incident
to dispatch: It was told to continue, my route
because there was no damage to the mirror, also
Supervisor Butler was sent to inspect the mirror
Operator Signature: Date Submitted: 2-5-19
SPP F.8 Rev 5/2015

Turansalex EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:		
	(Workers Comp # Issued by S	edgwick)
Name	Birth Date	Hire Date
Jeneece R.	Lea osso	11968 3.1.2011
Driver's License# 1-100-598	130.336	
Employee Number 345	36	
DOT CARD VALID? (Yes) or NO (IF	no, please explain why):	•
. ,	. *	
A Alexander of the second of t		•
HOME ADDRESS: 34/2 F	arkicas Ferre)r + 1
. /	I	
CITY Sylthand	STATE 41)	ZIP CODE
HOME PHONE NUMBER	DAY TİMÊ NUMBER	. EMPLOYEE STATUS (please circle)
1501. 712 4034		FULLTIME OR PARTTIME
,		
S THE OPERATOR ON OVER TIME?	GENDER MARTIALSTA	TUS NUMBER OF DEPENDANTS
Yes /(No)/Unknown	Morf) MSWD	3
, , ,		
SHIFT START TIME / END SHIFT TIME		•
	23 AM or PM	
1347		



SUPERVISOR'S INCIDENT REPORT

Date#: $\frac{J/h/h}{h}$ Time: $\frac{7.35}{h}$ Pm Run: $\frac{370}{h}$
Operator #: Leforture Division: 0124 Vehicle: 477
Supervisor: Butter
Location: Route 2/0 Address or Cross Street City & State
Description of Event: I arrived to Old Branch are and Allentown
Rd. Once there I observed Bus #62627 where Mrs. Lafortone
Sigs the bus was struck. Operator Lafortine stated a
toruck struck her mirror and kept goins. She was able to get
the truck number and company name. The mirror had no damage
but Operator Lafortine said the mirror was pushed in and she
had to push o it back out. It was the right front mirror
Which was struck. There are no injurier to report at
Mrs fime.
' ·
3
\cdot
Supervisor Signature: () 2 h

Priace George's County Police Department

Police Officer A. Donahue #3777 District II, Bowie Station

(301) 390-2100 (301) 218-1091 Fax 601 Crain Highway Upper Marlboro, MD 20772





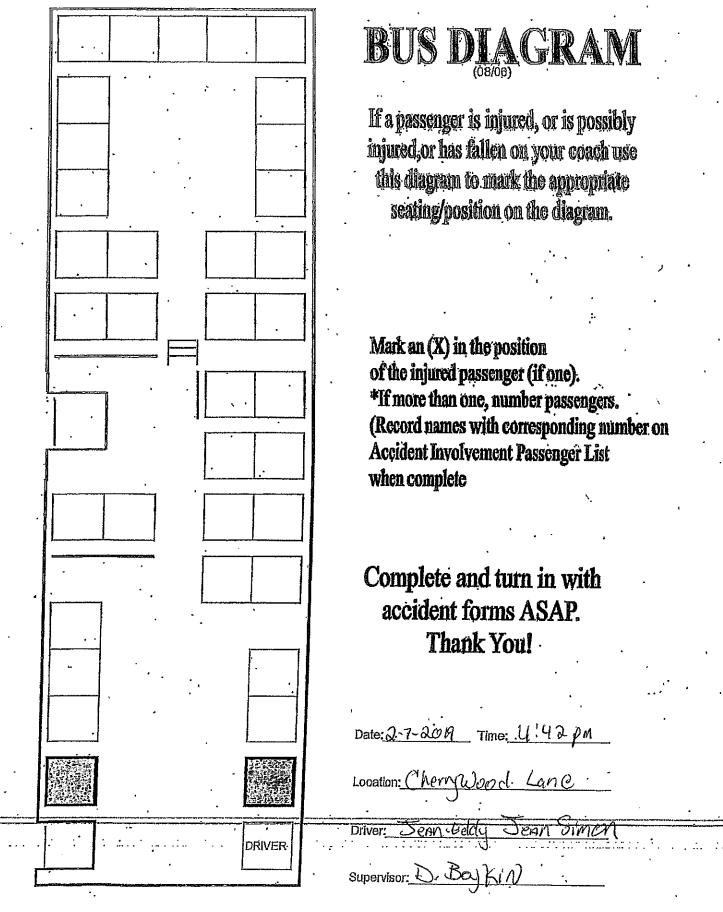
(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 4:56 PM			56 PM	
Date of Oc	currence:		2/7/2019		Time of Occurrence:			
Weather:	Snow	Day of the	e Week:	Thur	Thursday		N	
Location (Cross Stre	et and Town)		Cherrywood	l Lane @ Greenbe	elt Road, Greenb	elt, Maryland		
Route Impact:								
Employee Name: Jean Eddy Simon								
				earreday officer		Progression		
Run#	16	53	Bus#	626	35	Tag#	LG94094	
What happened (Be Specific and Brief):	were 20 parions onboard, there were no injuries reported, the operator continued on route.							
Injuries (if any):		07/99/25 Text (1/10/10/10/10/10/10/10/10/10/10/10/10/10		None				
Vehicle Damage		Vehicle	(2) - front bum	per damage/ Veh	icle (1) - no dam	age		
(Check all th	nat apply)	Police	Υ	Ambulance		Tow	N	
Was the O	perator sent for Di	rug/Alcohol Test (V/N)·			N		
Was the C	perator sent for bi	ag/Alcohol rest (,,,,,			ıv		
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 4:51 PM				
Supervisor	D. Bo	ykin	AGM	K. Jay @ 4:53 PM			Donald @ 4:52 PM	
Sofotu Su		C. Pallinger	O 4.54 DM		Discontabase		1 11/1	
Safety Su	pervisor	G. Bellinger (@ 4:54 PIVI		Dispatcher	Cam	pbell/James	
County Name	e and Time:			T. Harriston	@ 5:02 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								

Vehicle Accident Report



Operators CDL#	/Exp Date	Valid DOT	Med Card / Exp	Date		Acciden	tReport#	NO 011	
Accident Date	85 169 3615 Day of Week	Time of Accident	# of Vehicles	Smarit	rive Trigg	ered	<u> </u>		ance Abuse Tested
Month Day Yea	ا ا		2	ПY					lYes □No
		IV. VEHICLE	9 11	MA TO BE TO S		15.47	OTHER PAR	TY	
Operator Name (Exactly	As Printed On License)			□ Vehi	rio 2	1 Ployellet			ict - ElPax Fall
Jean E	ddy Jea	n-DIMO	<i>Y</i> \	Name (Exactly A			E i cuconiali	E i waa obj	ou Grantal
Unntega (Heinne troune	1 A Therton	, lighter .		Shorita		raceitze)			
Gilver Town Gilver		State Zip Mol. 2091		Address (Include 10 Sheffi	e Number & S	lreei) rxy CF		Ap1# 103	1
Employee ID#	Date of Hire	Student Driver	3 Y/N	Cily or Town		State	•	20904	
1225°	3 - 31 - 2 of Occupants #Seater			Silver So	mnu) Sex	1 100	Daver's License	Lic.Siate	#of Occupants
				01/06/15	пм.	WF	Difes DNo	mo	
Bus ID# Piate#	State	Vehicle Year / Make	llig	Іпвигался Со	Po	Iov#&ExpD	ale		
vehicle Type	1099 Mcl Roule#		1119	Gui eg Nama (Exactly A			112859		
B 65	Topour	16 1603		Sharik		hananii			
Lati	II b 17 ami	·		Address (Include Same A	3 Number & S	reel)		Apt#	
	111B117901	Explication Date	, ,	City or Town	5 coo	M. Siate		Zip	,
oldler	blic NW	Expiration Date TS 21268	O7/01/19						
	Location of A	coldent	(1)	1	siate MO	Year & Mal	e of Vehicle Ford Fuzion	Vehice Type Sakun	Color
Address/Street on which	accident occurred Che	SKOPPING (Center C			1		-	11-0
	<i>.D</i> }	102/	1 11/2	3 F A	HPO	6Z6	78 1777	37	
☐ Not at Intersection		W of 12C	ireenbelt kd						
THORROADWAY At Bus Stop? ET Yes	□ Off Roadway ☑No (If yes) ☑Ne	arSton 🗆 FarSton D	3Mid-Block stop	(৯40) '	788 - 9	275			
				pental Condition	1 <u>S</u>				
Weather Diclear	Surface JZ Drý	Traffle Confr	ol Light Lifbaylight		R	oadway • # c Divided		dway Characteris Irakhi and Level	ilcs
Cloudy	□Wet	□ Yleki Sign	□ Dawn			Undivided_	¤s	lraightand Grade	
☐ Raining ☐ Snowing	□ lcy □ Snow	🗀 Traffic Sigr 🗀 Flagman		id-Unlighted		Asphalt _ Concrete _		broight at Hillcrest urvo and Level	
☐ Foggy ☐ Other	☐ Olher	Ø-Uncontrolls □ Other	ed 🗆 Dark Ros	nd - Lighted		Gravei Other		urve and Grade urve at Hitlorest	
LI OHO!	Pre	Accident Movement	,					inc hit liftores	
V1 V2/OV	V1 V2/01		V1 V2/0\	,	L H	uspal Road No Unispal	Conditions Conditions		
☑ Going Straight		dling Bua Stop		hanging Lanes		Holes / Deep Obstruction i			
□ □ Making right fo □ □ Making right o		itering Bus Stop owing or stopping in traff	, D DP	assing lerging	_ III		/repair zone		
□ A Making left tun □ □ making left on	1 🗆 🗆 Si	opped in traffic arked		acking		Reduced ros			
☐ ☐ Making UTum		olded object in road	<u> </u>			Other			
Vehicle Lights	Tum Signals	Posted Spee		nated Speed Lin	nit <u>L</u>	frection of	ravel .	Accident/Col	lision With
No 1 ÁSLOn □ Off	No 1 El Plat Turn On		5mph Vehicle	1 <u>15</u> mp	ħ	Vehicle 1		er Molor Vehicle	
102 11 On 151-Off	No 1 □ RightTum Or No 1 □ FourWays O		mph Vehicle	2 <u>5</u> mpi	h	NSE	□ Reil	Train	
	No.2 U Left Tum On	-				Vehicle 2	t T David	d Object eshian	.
	No 2 El Right Turr On No 2 El Four Ways Or					N-S-E-	W - E Anim		
	no a _LLI un vraya U			Bicyclist Action	!			.,,	
I Crossing With Signal I Crossing - No Signal o	r Crosswalk	□ R □ Ri	iding / Walking Alon; iding / Walking Agair	g Highway With T ist Highway With	raffic Traffic			☐ Pushing / Work	
) Crossing Against Sign:	al		nerging From in Fro					I Working in Roa I Not in Roadway	
I Crossing - No Signal/N I Going To / From Stopp	raikei Gosswalk led Bus		aying In Road eting On / Off Vehic	le Olher Than Bu	8			I Other	
								SPP F.20	7/2015

\widetilde{V}_{i}	ehicle Accident	(Report	CONTRACTOR OF THE STREET		ronsdev
			AR#		
☐ Sideswipe ☐ ☐ T-Bone ☐ ☐ Right Turn ☐ ☐ Left Turn ☐ ☐ Bus Rear Ends Vehicle ☐ ☐ Vehicle Rear Ends Bus ☐ ☐ Wheelchair Lift Operation ☐	Passing Merging Head On Bus Right Mirror Bus Left Mirror Bus Door Operation Sudden Stop Roll Over Ran Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Chject ☐ Hit Pedeshian ☐ Hit Animal Violations	Police Investigated? A Yes Police Department Responding Officer Name (Badge / ID#) Precinct#	P.G. Count CPI S. Price Report#PP19020	7000016
With Pax Without Pax IN Fixed Roule II Charler II Charler II Para Transit II Para Transit	□ Businesa Trip □ Errand □ Non Rev move □ Maintenance		•		
Accident Description While Clinection of bus 62635; a Hempted to of the bus corner of the	Green be A Car beat the and cam	ng Northbo It Metro S leaving out lous and m le in Conta er: Causing	tation, ON of Greenboake a le	the 1603 elf Shoppin ff turn	ng Center in front the front
Description of Damage Co	ompany Vehicle	(Minimal □ Moderate □	I Major Other Ve	hicie □ Minimel 🎝	Moderate □ Major
Vehicle 1 is ALWAYS Your Vehicle, Articulated Hus Shuttle	Vehicie E	Place an X on the exact point of Bus 1	Bus 2	Truck]	Çar →
Name of Witness / Injured	Age Claiming	a Injury? Typa of injury Claim	ed Injured Transported To	Other Transported To	Transported By Unit#
Supervisor on Scene? . It Yes	: □ No Sup	pervisor Name (Print): D	on Boykin	J _{z.,zz.}	
Supervisor's Signature (UDC	7 -	Unit Number	Supervisor/ManagerF	Reviewing	-



Operator Incident Report
Today's Date: 2/7/19 Time: 4:42
Operator Name: 18aw Eddy & Sumov Vehicle #62635 Route # 16
Report Submitted to: Supervisor Sispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Wehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Reported to Command: (Name)
I did not report the incident immediately because:
Did a SQM respond to this incident? No No Name)
Date Incident Occurred: $\frac{2/7/9}{9}$ Time Occurred: $\frac{4'}{4}$ Do not have actual date or time
Date Reported: 2/2/19 Time Reported: 4 D This is a late report
Location of Incident Cherry wood Jane
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:
on The Way to areembelt statem in the IC
on the Bus 626350 a famele board out his
except Shopping center in Bront of the Bu
Twit aget stokking end contact the Bus
front Bunker out the Right Side
· · · · · · · · · · · · · · · · · · ·

Operator Signature: Date Submitted: 2, 17 / 19
SP/P F.8 Rev 5/2015

Operator Incident Report (Continuation Report)



Today's Date: 02 07 2019 Time: 4:42 Om
Operator Name: Jenn Eddy Jean Simon Vehicle #62635 Route # 1603
Witnesses Jodi-Ann - 240-237-0222 Doregha Cheny 202-384-0294 Margaline Samedy 240-848-365/ Ruth Washington 301-898-6110 Minni N'Zinga 410-805-1189 Ayon luwa Rechly 240-277-6217 Derrick Rarnetty 240-347-5943
Derrick Barnett 240-347-5443
perator Signature: Date Submitted:

SPP F.8 Rev 5/2015

Transdev EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#: Acci clent	***************************************
(Workers Comp#Issued by Sedgwick)	
Name Birth Date	Hire Date
Year Eddy & Sunov 05,12,66	3/3//2003
Driver's License# <u>7.552</u> 385 169 361	
Employee Number 12259	,
DOT CARD VALID? (Yes) or NO (IF NO, PLEASE EXPLAIN WHY):	
- 1-1-1 fame	
HOME ADDRESS: 1230 W. Atherton Deby 3	58 mb
CITY - S S STATE M.D	ZIP CODE 20906
·	
HOME PHONE NUMBER DAY TIME NUMBER	EMPLOYEE STATUS (please circle)
340 433 1000 240 433 2020	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	•
AM or PM / AM or PM	

Ftrar	sdev
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SUPERVISOR'S INCIDENT REPORT

Date#: 02/07/2019 Time: 4:42 pm Run: 1603
Operator #: Jean Eddy Jean Simon Division: 0124 Vehicle: 62635
Supervisor: Don Boykin
Location: Cherry Wood W. Greenbelt Md. Address or Cross Street City & State
Description of Event: While traveling northbound on Cherrywood lane,
bus 62635 on the 1603 block operated by Operator Jenn-Simon
had a female in vehicle 2 leaving out of the parking lot
of Beltway Plaza, pulled out in front of bus 62635
and made contact with the buses right bumper corner:
Only scratches to vehicle 1; Vehicle 2 suffered moderate
clamage: There were no passengers present when I arrived
but a few individuals gave their information as witnesses.
No one claimed injury that was on the bus, nor did
the driver of vehicle two 2:
· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·
Supervisor Signature: On Boyh
Supervisor Signature: (1/4/1/10/10/10/10/10/10/10/10/10/10/10/10/1

Prince George's County Police

MOTOR VEHICLE COLLISION INFORMATION EXCHANGE FORM

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

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

Investigator: CPL S, Price 3826 Assignment: Hyattsville Station Phone: 3016992630 Date: 02/07/2019 Time: 16:51 Weather: Clear County: Prince George's Location: CHERRYOOD LN @ GREENBELT RD Vehicle Registration: 4CM9112 State: MD VIN: 3FAHP06Z67R177737 Type: Passenger Car Year: 2007 Make: FORD Model: FUSION Insurance: GEICO Policy #: 4530412859 Owner Name: SHARITA DENISE RAY Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Driver Driver's License Number: R000765139020 License State: MD Name: SHARITA DENISE RAY Date of Birth: 01/06/1995 Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Vehicle Registration: LG94094 State: MD VIN: 15GGB2711B1179013 Type: Bus - Transit Year: 2011 Make: GILG Model: BUS Insurance: AON RISK SERVICES CENTRAL INC Policy #: MTB 21268 Owner Name: PRINCE GEORGES COUNTY GOVT	Ва	rrack; <u>l</u>	Hyattsville Station	Unit Phone: 3016992630 Case Number: PP190207000016
Date: 02/07/2019 Time: 16:51 Weather: Clear County: Prince George's Location: CHERRYOOD LN @ GREENBELT RD Vehicle Registration: 4CM9112 State: MD VIN: 3FAHP06Z67R177737 Type: Passenger Car Year: 2007 Make: FORD Model: FUSION Insurance: GEICO Policy #: 4530412859 Owner Name: SHARITA DENISE RAY Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Driver Driver's License Number: R000765139020 License State: MD Name: SHARITA DENISE RAY Date of Birth: 01/06/1995 Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Vehicle Registration: LG94094 State: MD VIN: 15GGB2711B1179013 Type: Bus - Transit Year: 2011 Make: GILG Model: BUS Insurance: AON RISK SERVICES CENTRAL INC Policy #: MTB 21268 Owner Name: PRINCE GEORGES COUNTY GOVT Address: 8019 CENTRAL AVE CAPITOL HEIGHTS MD 20743 Home Phone: 2404332020 Work Phone: 3013242877 Driver Driver's License Number: J525385169361 License State: MD Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906	Inv	estigato	r: CPL S. Price 3826 Assignr	
Vehicle Registration: 4CM9112 State: MD VIN: 3FAHP06Z67R177737 Type: Passenger Car Year: 2007 Make: FORD Model: FUSION Insurance: GEICO Policy #: 4530412859 Owner Name: SHARITA DENISE RAY Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Driver Driver's License Number: R000765139020 License State: MD Name: SHARITA DENISE RAY Date of Birth: 01/06/1995 Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Vehicle Registration: LG94094 State: MD VIN: 15GGB2711B1179013 Type: Bus - Transit Year: 2011 Make: GILG Model: BUS Insurance: AON RISK SERVICES CENTRAL INC Policy #: MTB 21268 Owner Name: PRINCE GEORGES COUNTY GOVT Address: 8019 CENTRAL AVE CAPITOL HEIGHTS MD 20743 Home Phone: 2404332020 Work Phone: 3013242877 Driver Driver's License Number: J525385169361 License State: MD Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906	Da	te: <u>02/0</u>	7/2019 Time: 16:51 Weather: Clear	
Year: 2007 Make: FORD Model: FUSION Insurance: GEICO Policy #: 4530412859 Owner Name: SHARITA DENISE RAY Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Driver Driver's License Number: R000765139020 License State: MD Name: SHARITA DENISE RAY Date of Birth: 01/06/1995 Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Vehicle Registration: LG94094 State: MD VIN: 15GGB2711Bi179013 Type: Bus - Transit Year: 2011 Make: GILG Model: BUS Insurance: AON RISK SERVICES CENTRAL INC Policy #: MTB 21268 Owner Name: PRINCE GEORGES COUNTY GOVT Address: 8019 CENTRAL AVE CAPITOL HEIGHTS MD 20743 Home Phone: 2404332020 Work Phone: 3013242877 Driver Driver's License Number: J525385169361 License State: MD Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906	Loc	cation: <u>C</u>	CHERRYOOD LN @ GREENBELT RD	
Driver Driver's License Number: R000765139020 License State: MD Name: SHARITA DENISE RAY Date of Birth: 01/06/1995 Address: 10 SHEFFIELD MANOR CT #103 SILVER SPRING MD 20904 Home Phone: 2407589275 Work Phone: Vehicle Registration: LG94094 State: MD VIN: 15GGB2711B1179013 Type: Bus - Transit Year: 2011 Make: GILG Model: BUS Insurance: AON RISK SERVICES CENTRAL INC Policy #: MTB 21268 Owner Name: PRINCE GEORGES COUNTY GOVT Address: 8019 CENTRAL AVE CAPITOL HEIGHTS MD 20743 Home Phone: 2404332020 Work Phone: 3013242877 Driver Driver's License Number: J525385169361 License State: MD Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906	1.1		Year: 2007 Make: FORD Insurance: GEICO Name: SHARITA DENISE RAY	Model: <u>FUSION</u> Policy #: <u>4530412859</u>
Vehicle Registration: LG94094 State: MD VIN: 15GGB2711B1179013 Type: Bus - Transit Year: 2011 Make: GILG Model: BUS Insurance: AON RISK SERVICES CENTRAL INC Policy #: MTB 21268 Owner Name: PRINCE GEORGES COUNTY GOVT Address: 8019 CENTRAL AVE CAPITOL HEIGHTS MD 20743 Home Phone: 2404332020 Work Phone: 3013242877 Driver Driver's License Number: J525385169361 License State: MD Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906	IND	Driver	Home Phone: 2407589275 Driver's License Number: R00076513902 Name: SHARITA DENISE RAY	Work Phone: License State: MD Date of Birth: 01/06/1995
Year: 2011 Make: GILG Model: BUS Insurance: AON RISK SERVICES CENTRAL INC Policy #: MTB 21268 Owner Name: PRINCE GEORGES COUNTY GOVT Address: 8019 CENTRAL AVE CAPITOL HEIGHTS MD 20743 Home Phone: 2404332020 Work Phone: 3013242877 Driver Driver's License Number: J525385169361 License State: MD Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906				
Address: 8019 CENTRAL AVE CAPITOL HEIGHTS MD 20743 Home Phone: 2404332020 Work Phone: 3013242877 Driver Driver's License Number: J525385169361 License State: MD Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906		Vehicle	Year: 2011 Make: GILG	Model: BUS
Driver Driver's License Number: J525385169361 License State: MD Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906	2	Owner		
Name: JEAN EDDY JEAN-SMON Date of Birth: 05/12/1966 Address: 12304 ATHERTON DR SILVER SPRING MD 20906	ົ້ວ		Home Phone: <u>2404332020</u>	Work Phone: 3013242877
Address: 12304 ATHERTON DR SILVER SPRING MD 20906		Driver	Driver's License Number: <u>J525385169361</u>	License State: MD
Address: 12304 ATHERTON DR SILVER SPRING MD 20906			Name: JEAN EDDY JEAN-SMON	Date of Birth: 05/12/1966
Home Phone: <u>2404332020</u> Work Phone: <u>3013242877</u>			Address: 12304 ATHERTON DR SILVER	SPRING MD 20906
	14		Home Phone: 2404332020	Work Phone: 3013242877



(Check one)	Accident	Х	Incident		Time Superviso	or Arrived: N	/A			
Date of Occurrence:			2/7/2019		Time of Oc	currence:	5:35PM			
Weather:	Clear	Day of the Week:		Thursday		DHD (Y/N):	N			
Location (Cross Stre	Location (Cross Street and Town) 15th & Kanawah Street , Langley Park MD.									
Route Impact:	None									
Employee Name:				C.Cumberbatch						
Run#	1 19	07	Bus#	632	008	Tag#	LG92101			
	10		Бизя	032	.08	Tag#	LG92101			
What happened (Be Specific and Brief):	Specific and									
Injuries (if any):				None						
Vehicle Damage				None						
(Check all ti	ant nearly)	Police	N.	A male vilana a a						
(Check all ti	тат арргу)	Police	N	Ambulance	N	Tow	N			
Was the C	perator sent for D	rug/Alcohol Test ()	//N):			N				
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 5:43PM				
Supervisor	Belli	nger	AGM	K. Jay @	5:38PM	Maint	Zaw@5:39PM			
Safety Su	pervisor	G. Bellinger @	D 4:54 PM		Dispatcher	Cam	pbell/James			
Surety Su	Jer visor	G. Benniger e	9 4.54 1 101		Dispatcher	Carri	phelifiallies			
County Name	and Time:			M.Wilson (@ 5:39PM					
(Check one) Te		Telephone	Telephone X			(Must be done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives										

Today's Date: Time: Vehicle # 630 0 \$ 1807 Operator Name:_ Route # Report Submitted to: Supervisor Dispatch Safety Dept. Passenger Incident . Passenger Injury Check One: Passenger Accident 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, Yes (SQM Name) .Date Incident Occurred Time Occurred: Do not have actual date or time Date Reported Time Reported: This is a late report 15 FL Kanawah 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: SPP F.8 Rev 5/2015

Ttransdev

SUPERVISOR'S INCIDENT REPORT

Date#: 2-7-19 Time: 5:35pm Run: 1801
Operator #: C. CUM ber batch Division: 0124 Vehicle: 63208
Supervisor: D. JACKSON
1/2 1/2 CT (EST
Address or Cross Street City & State
Description of Event: I ARRIVED ON the SCENE 19+
6:23 pm, AND the OPERATOR STATED that
A METRO BUS NUMBER 6704 TAP LER DRIVER
SIDEMIREOR, FIS IT WAS PASSING by.
The METRO bus KEpt going . Also
their was NO DAMAGE to the
MIRROR. Filso their WAS 10 PATRONS
on the bus pit the time of the
INCEDENT. THERE ARE NO INJURIES to
REPORT At this time.
TOP THE PROPERTY OF THE PROPER
,
· · · · · · · · · · · · · · · · · · ·
**
Supervisor Signature: Dard Jarlson



(Check one)	Accident	х	Incident		Time Superviso	or Arrived: 1:	18 PM		
Date of Oc	currence:		2/20/2019		Time of Oc	currence:	12:46 PM		
Weather:	Snow	Day of the Week:		Wednesday		DHD (Y/N):	N		
Location (Cross Stre	et and Town)		Brandywin	e Road @ Floral P	ark Road, Clinto	n, Maryland			
Route Impact:		25 minute delay							
Francisco Nomes	1								
Employee Name:		Howard Marshall							
Run#	36	02	Bus#	632	.01	Tag#	LG92010		
What happened (Be Specific and Brief):	(Be Specific and hospital before the Supervisor arrived. The patron was also transported to the								
Injuries (if any):		Operator and	d patron were t	ransported to Sou	thern Maryland	Hospital			
Vehicle Damage		Vehicle	e (1) front wind	sheild, front bum	per and front pa	nel			
(Check all t	hat apply)	Police	Υ	Ambulance	Υ	Tow	Υ		
Man about			(/51)						
was the C	Operator sent for D	rug/Alconol Test (1	//N):			N			
Not	ified (Indicate nam	e and time) GM:			J. Modlin @ 12:58 PM				
Supervisor	D. Bud @	12:59 PM	AGM	K. Jay @ 1	.2:46 PM	Maint	Ray @ 9:30 AM		
Safety Trai	ning Sun	S. Ford @ 1	2.50 DM		Dispatcher		au/lamas		
Salety Hai	illig Sup.	3. FOIG @ 1	2.33 FIVI		Dispatcher		ay/James		
County Name	e and Time:			M. Wilson @	12:58 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			1	2 Λ(λ					

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1009 -76.955460 ., mmolo9

Vehicle Accident Report



Operators CDL#	Exp Date	Vaild D	OT Med Card / E	xp Date		Accident Report	# 2 2 5 9	300cc	OKP
Accident Date		Time of Accider	t # of Vehicle	s SmartDr	ive Trigge	ered Sce	ne Photos	Substa	ince Abuse Tested
Month Day Year	المتدع دمتعلا	1700p	u -2	□-Ye	s □N	o Id-Yes	1 E	10 П	Yes □ No
		I VEHIC	·			OTHER	PARTY		
Operator Name (Exactly /	As Printed On License)				2 A				<u> </u>
Howari	3 March		<u> </u>	4.	1000年1月1日	Bicyclist 🗆 Ped	estrian L	J Fixed Objei	CL LIPEX FAIL
Address (Include Number	るといっ でチェン Spiest)	Apt#	;	Name (Exactly As			7	F EXXX	
Cily or Town	į,	Slate Zip				eel)			
TEMPIE +		! '	743			y AUE			
Employee ID#	Date of Hire とよっとこと	Student Dr	ver? Y(N)	Cily or Town Fals 222		Sinie	"	华 2170	7
#of Cards #o	1 Occupants #Sealed		9	Dale of Birth	Sex	Driver's Lic	ense l	Jc. Stale	#of Occupants
		. 0		3/5/72	四州口	IF Ū¥es	□No	MD	1
Bus ID# Plate#		Vehicle Year / Make		Insurance Co	Polit	cy#& Exp Dale			
Vehicle Type C	Z. 🔾 ; 🔾 Roule #8	2010 - 6.	1116	Name (Exactly As	Printed Repla	71192 c	NA		
	36			1) 1184 (ALCK	0 8 N 1 6	Halo	124	<u>t_t_</u>
VIN .		2 : 1 ()	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Address (Include)	Vumber & Str	eet)		\pt#	
Insurance Co	Pollov#8	Expiration Date		City or Town	2-13上5	State	٤	Zip	
OLD PEUL	Location of A	1-2019		GERNAM	70U~	Year & Make of Vehicle		2021	ţ
1	•		00	Pinto# Si	tale	Year & Make of Vehicle	الرون ۷۰	hicie Type	Golor
	accident occurred 🖒 🖂			VIN VIN		20(6-40)	500	الهوس أحاود	White
1	logal Par			IFBUY	IFOUX 4 HTOLED IL 350				
☐ Not at Intersection	Feat N S I	W of		Telephone#					
티 On Roadway	-								
At Bus Stop? Yes I	□ No (if yes) □ Ne	ar Stop 🏻 Far Stop				····			
Weather	Surface	Traffic Co		onmental Conditions	-	adway - # of Lanes	Rosdws	y Characterist	ifes
☐ Clear ☐ Cloudy	□ D _ī y. □Wet	☐ Stop Si ☐ Yield S	gn 🖂 Đāyli		[7]	Dîvided Undivided	☐ Straig	ght and Level ght and Grade	<u></u>
EL Raining	□ lcy	☐ Traffic	Signal 🗆 Dusk			Asphall	☐ Straig	thi at Hillcrest	
☐ Snowing ☐ Foggy	□ Snow □ Other	☐ Flagma ⊡-Uncont		Road – Unlighted Road – Lighted		Concrele		e and Level e and Grade	
☐ Other		□ Other		·		Other	☐ Curve	e at Hillcrest	
		Accident Movemen	•	101		ısual Road Conditio			
V1 V2/OV Going Straight	V1 V2/O Ahead □ □ E	v Ixiting Bus Stop	V1 V	2/07		No Unusual Condilion Toles / Deep Rut	5		
Making right fu		ntering Bus Stop	السرازا	1 Changing Lanes 1 Passing		Obstruction in road Construction / repair z	nne		
☐ ☐ Making right or ☐ ☐ Making left turn		lowing or stopping in topped in traffic	tranic 🗆 I	I Merging I Backing		oose material on road Reduced road width			
☐ ☐ making left on☐ ☐ Making U Tum		'arked voided oblect in road		I Other		Other			
Vehicle Lights	Turn Signals		Speed Limit	Estimated Speed Lin	alt D	Trection of Travel	1	Accident / Col	lision With
No1 EX On □ Off	No 1 🗆 Left Turn On	Vehicle 1	mph V	ehicle 1 7 mp	h	Vehicle 1	III-Olher i	Molor Vehicle	ŀ
No 2 🗆 On 🗀 Off	No 1 🗀 Rìght Tum C	n j	. [_	N (S)E W	☐ Bicycli:	st	
MOS 다이(다 OII	·		mph Vi	hicle 2mp	4	Vehicle 2	☐ Fixed (Object	}
	No 2	ln				N S E W	☐ Pedesi ☐ Animal		
				an / Bicyclist Action					
☐ Crossing With Signal ☐ Crossing - No Signal	or Crosswalk		☐ Riding / Walking	Along Highway With ' Against Highway With	n Traffic				king On Vehicle
☐ Crossing Against Sign ☐ Crossing - No Signal/	ıal			n Front of or Behind F				l Working in Ro I Not in Roadwa	
☐ Going To / From Stop				Vehicle Other Than B	us		Д	Other	271001
				·				SPP F.20	7/2015

Accident Type

	Veh	icle Accide	nt Repo					ransde
- Children and a second and a s	de mande material film, dels i tre de la 1900 de la film de la cidade de la cidade de la cidade de la cidade d		Manager 1		AR#			
	,				Police Inves	ligated? DYes	□ No	
☐ Backing ☐ Sideswipe	⊡-Pai □ Me		☐ Railroad		Police Depa	rtment Responding	P 6	
☐ T-Bone ☐ Right Turn	□ He	ad On s Right Mirror	☐ Hit Peda ☐ Hit Anin		Officer Nam	e (Badge / ID #)	FRIA 5- 3	314
☐ Left Tum ☐ Bus Rear Ends \	□ Bu:	s Left Mirror s Door Operation						<u> </u>
☐ Vehicle Rear En	ds Bus 🖂 Su	dden Stop II Over		<i>-</i>	,		r1 ⊑,Venicle2 □B	
☐ Roll Away (Not S		n Off Roadway	I Vialaliana		İ		<u>'</u>	
	Type of Trip		Violations	Vehic!	1 5 2	L minus	SIVEN	CKET
With Pax		☐ Business Trip ☐ Errand	Mahlala d T	Coursed Dies 1	المعان يعاق	- 503465	To_ Bus	
☐ Charter ☐ Para Transit	□ Charler □ Para Transit	☐ Non Rev move ☐ Maintenance	· }				To	
		***************************************	J venicie z i	OWED BY: T 1.		7	10	
Accident Description	, Obeko	104	WH S	1-1800	3.109	<u> ئىلىدۇ</u>	k bounu	0 N
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PORK	178 May 2003 1	RIDE	Wtre	the title	SIDV	१२८६	VELICA	e Z.,
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PARK	L RD.	++++	in a	4/2	381	<u> </u>	in be le	+ 7
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-	***************************************		•					
Description of Dar	nage Con	pany Vehicle	□ Minimal	□ Moderate	Z-Major	Other Vel	nIcle ☐ Minimal ☐	I Moderate IZI-Major
Vehicle 1 is ALWAY	S Your Vehicle.		Place an)	K on the exact point	of first impact	on your vehicle and	the other vehicle. Circle ea	eas of other damage,
Articulated Bus	Shettle Ve	hide	Busi 🔀	;-	Bus 2		Truck	Cer
<u></u>		J	>)		- -	
Name of Y Hoいコマロ	iliness/Injured 心 でとこべ	Age Cia	lming injury?	Type of Injury Clai		red Transported To	Other Transported To	Transported By Unit#
				· · · · · · · · · · · · · · · · · · ·	Ma	wylano		
	,							
					1		<u> </u>	1
Supervisor on So	ene? 🗹 Yes	□ No	Supervisor	Name (Print): 1) <u>e N</u> 19	<u> </u>	ackson	
Super noor ou ou	in in							
Supervisor's Sign	nature <u>Wincel</u>	led Joseph	Unit N	lumber	C_Super	visor / Manager	Reviewing	

Opeliator Incident Report

Operator Signature: 16h. Munishus CD



Date Submitted: 2/20/9 SPP F.8 Rev 5/2015

211100
Today's Date: $\frac{2/20/2019}{1000}$ Time: $\frac{3.45}{100}$
Operator Name: 140 WARD MARSHAC Wehicle #63201 Route #3602
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Alehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? YES Reported to Command: (Name) KEVIN 304)
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 2-20-20/Gime Occurred: 12:40 Do not have actual date or time
Date Reported: 2-20-2017 Ime Reported: 12:40
Location of Incident BRAND WINE & TLOUAC PARK
·
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: TRANELENG SOUTHWOUND ON WHANDY WINE Rd.
INVENTELE 63201-AS I APPROXCHED FLORAL PARK
I ATUST MY OFFEED EVENIMONE USECHUSE OF TIKE
SNOW LIOURNE INTO THE TURN I SAW ASNOW
PLONCOLATRIC ATTIFF BUS MOVENE WEST ON.
VSAAKIDANIE-TIFFPLOW HET TOFF USUS SENIDEING
THE WAITT ENTO KNOTHEN DIPKCTEON PENINENC MIE
IN THE DILIVERSSERT. AFTHER WHILL ASSESANED
IN GETTENG ME OUT OF THE SERT
· · · · · · · · · · · · · · · · · · ·



Accident/Incident/Workers Comp#:	cident	
	(Workers Comp # Issued by Sedgwick)	•
Name Tames "Mathews	Birth Date <u> </u>	Hire Date 10 8 200
Driver's License# M - 3 JU 36 77. Employee Number 1807	51399	
DOT CARD VALID? (Yes) or NO (IF NO, PI	LEASE EXPLAIN WHY):	
HOME ADDRESS: <u>5403</u> Jo	el bane	
CITY : Temple Hills	STATE MD	ZIP CODE <u>20148</u>
	XYTIMĖ NUMBER 30/- 536- 6356	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
	NDER MARTIAL STATUS or F M W D	NUMBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME* S:30 (AM) or PM / 3:10"	M AM or M	

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

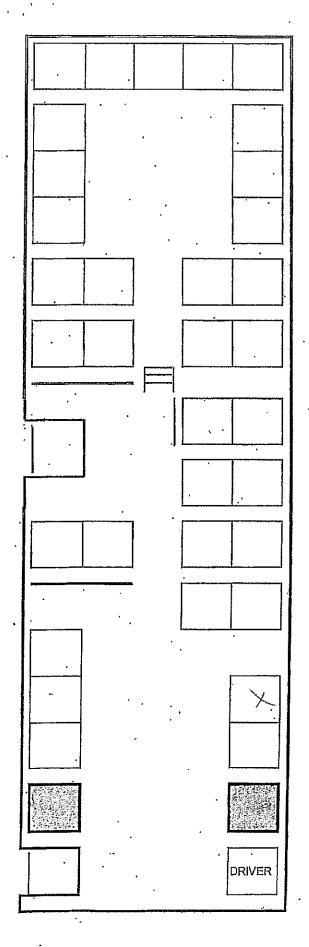
Date#:	02-20-	Time: _	12 46 11		Run: <u> </u>
Operato	or#: H. MARS	h=11	Division : <u>0124</u>	Vehicle	: <u>63201</u>
Supervi	sor: D. Jack	4502			
Locatio	n: BRANDYU	ess or Cross Street	nu Flora 1	City & State	linton, M
Descrin			o on it	•	17 Ju
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SUPERVISOR'S INCIDENT REPORT

Date#:	Ime:		, , , , , , , , , , , , , , , , , , ,
Operator #:		Division: <u>0124</u>	Vehicle:
Supervisor:			
Location:			City & State
	Address or Cross Street	a Latinophia	12N HUSPITAL
	1 32MFluct		
	CENE 215		
BMEN	15 HOWAR	10 W. P	ECK- FIDURES'S
29449	charlott.	11AH 3	RD, MD
20622	10013.01	1/29/194	1 Phon 6
361.88	4:8111 3	ilso the	WE proch & S
ORW (1)	1. 3000 S	18 = 1 = 1 = 1	attention.
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ACCIDENT	AZ BETER	emines.	that the
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FUR +1	راء جرداب	T. 573	
		-	

Supervisor Signature:



BUS DIAGRAM

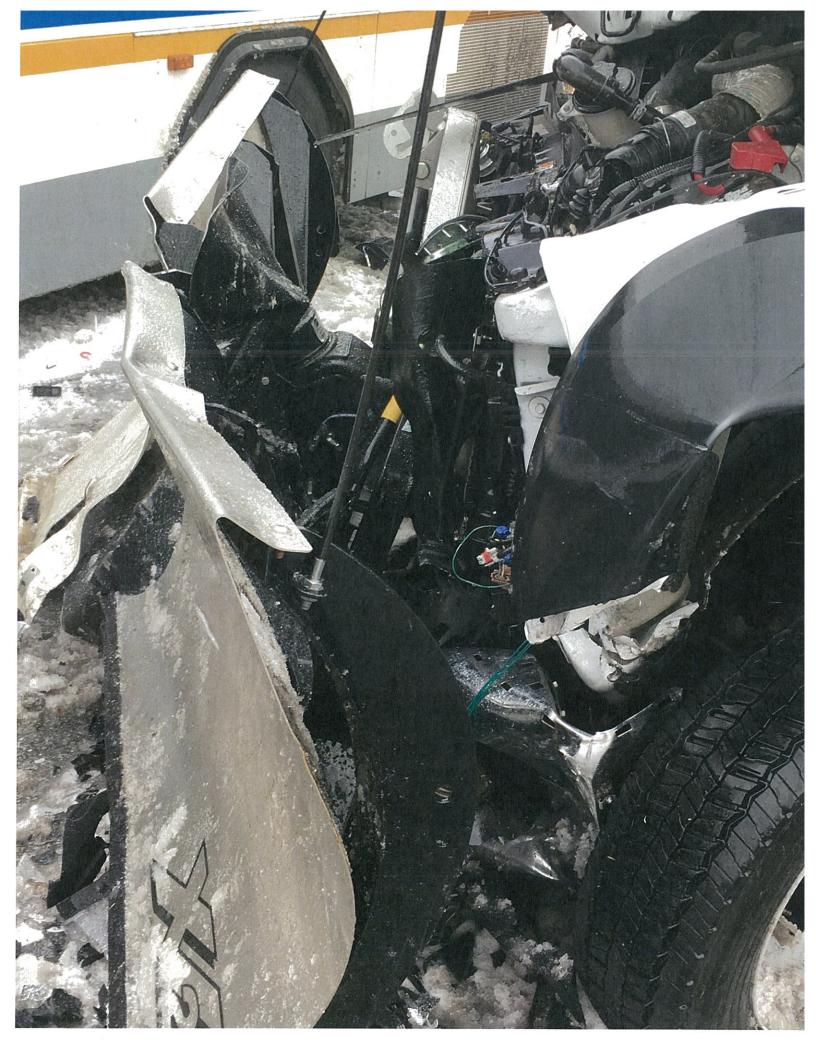
If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

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

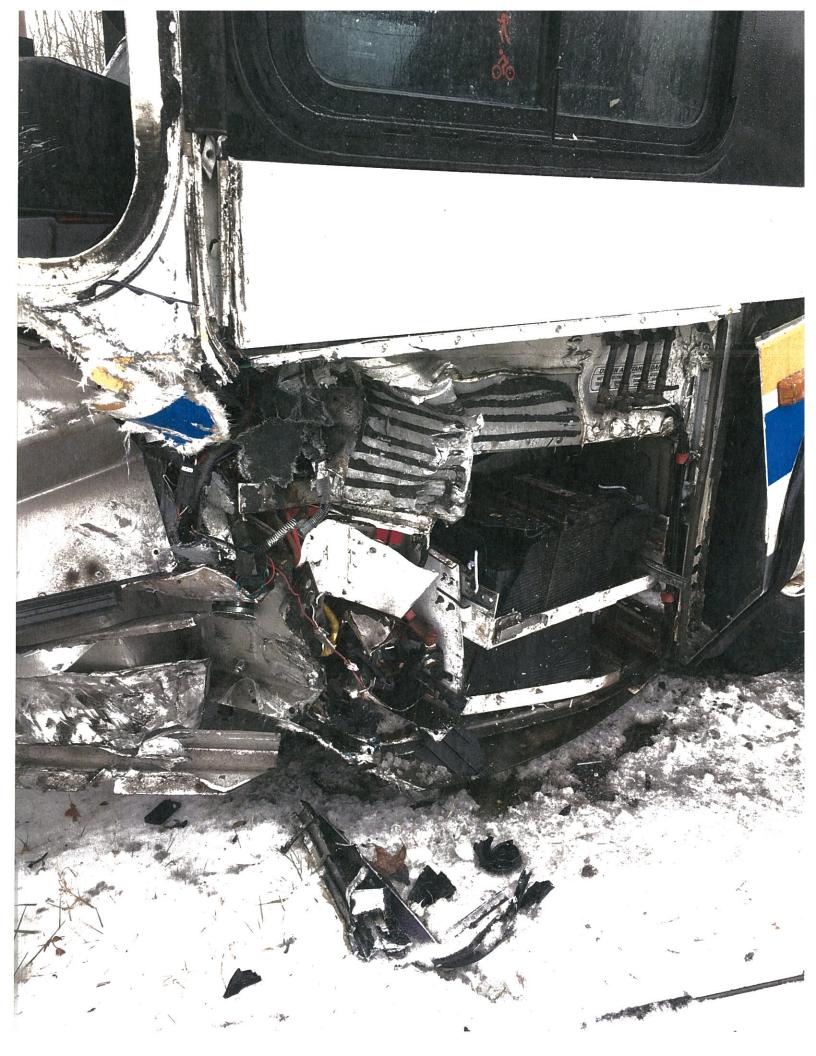
Complete and turn in with accident forms ASAP.

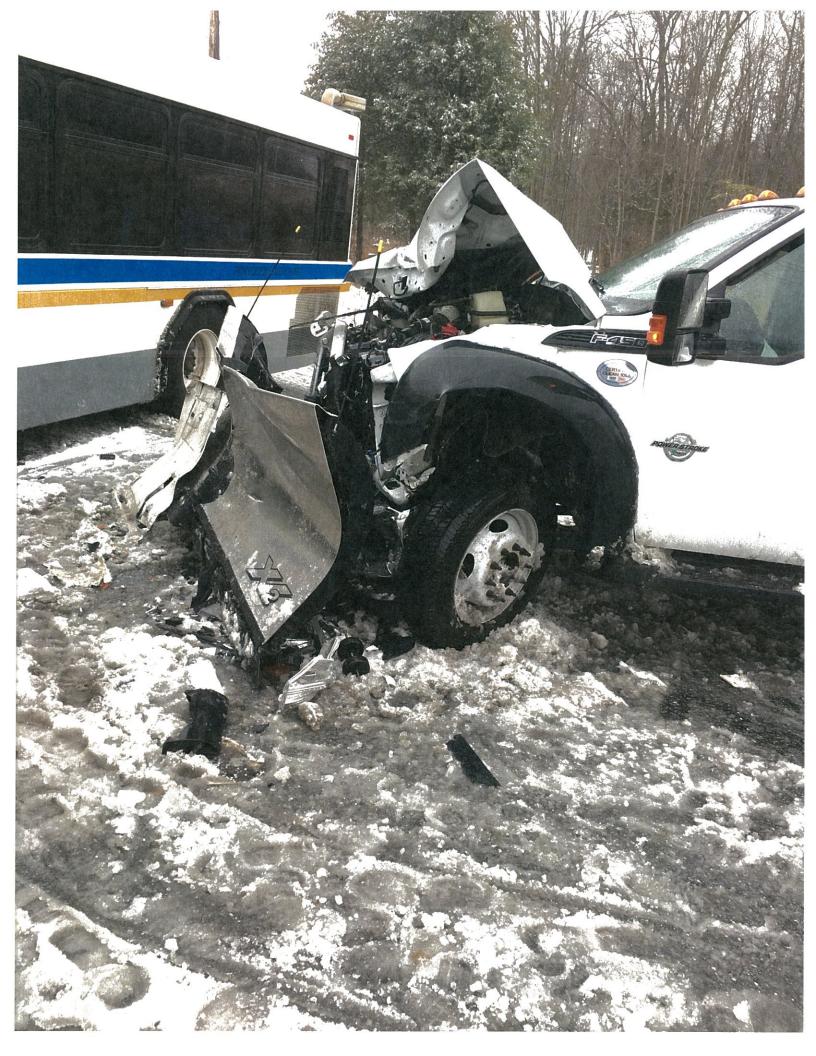
Thank You!

Date: 02/2019 Time: 1:00.PM
Location: BRANKY WINE RD AND
Driver: Howard. Marshall. JR
Supervisor: David Caring







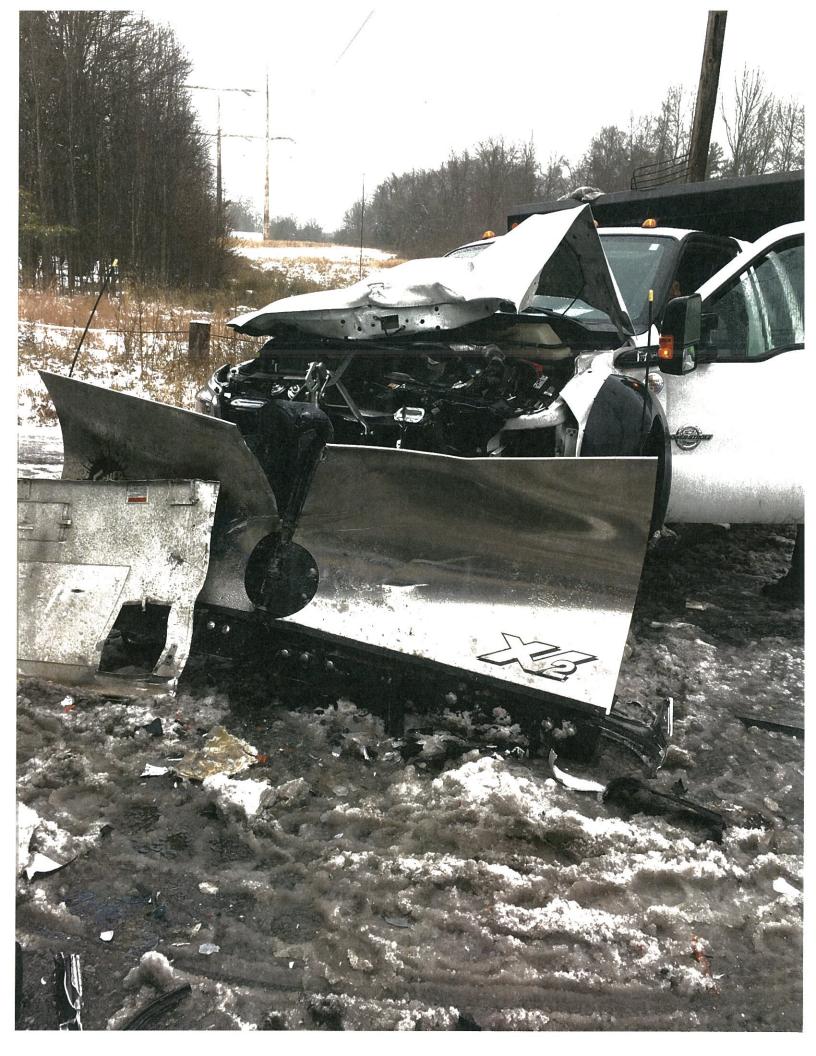


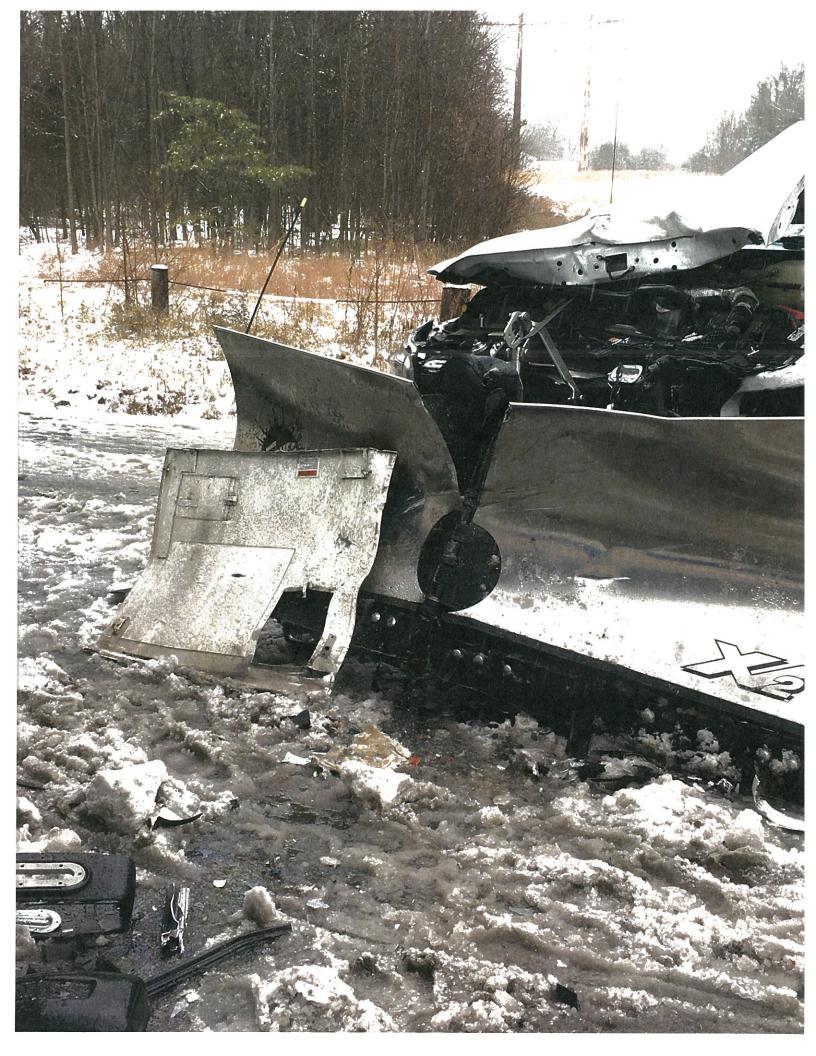




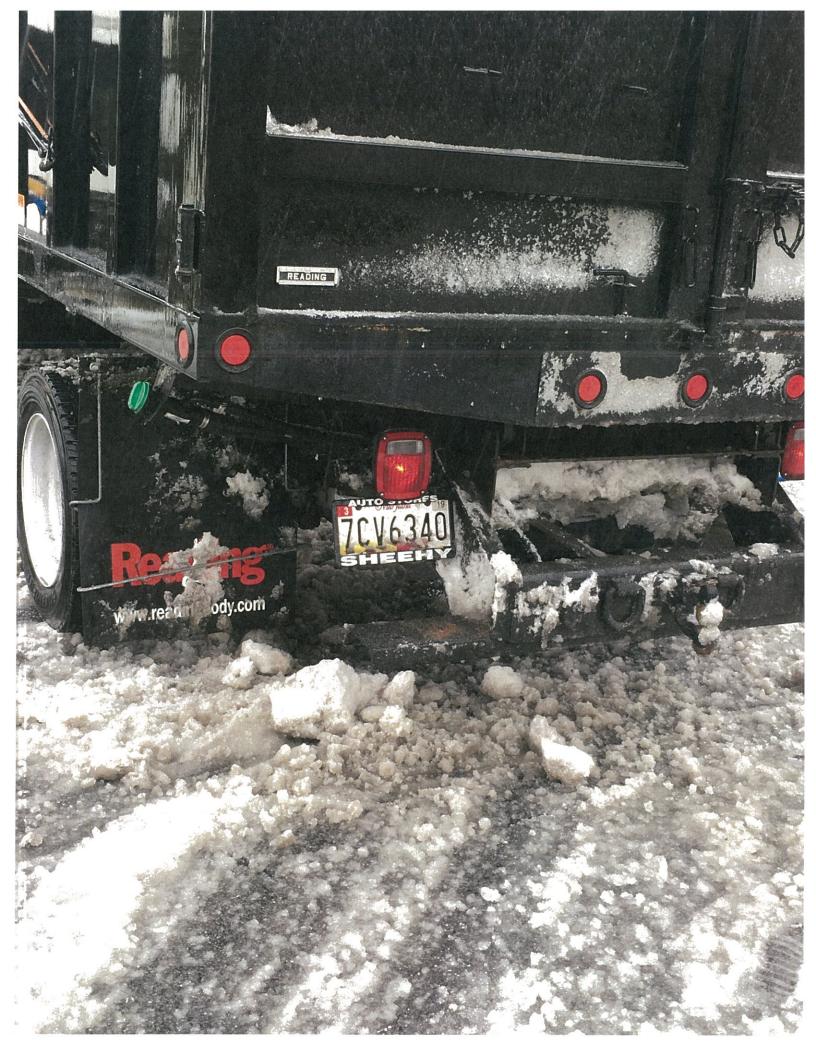


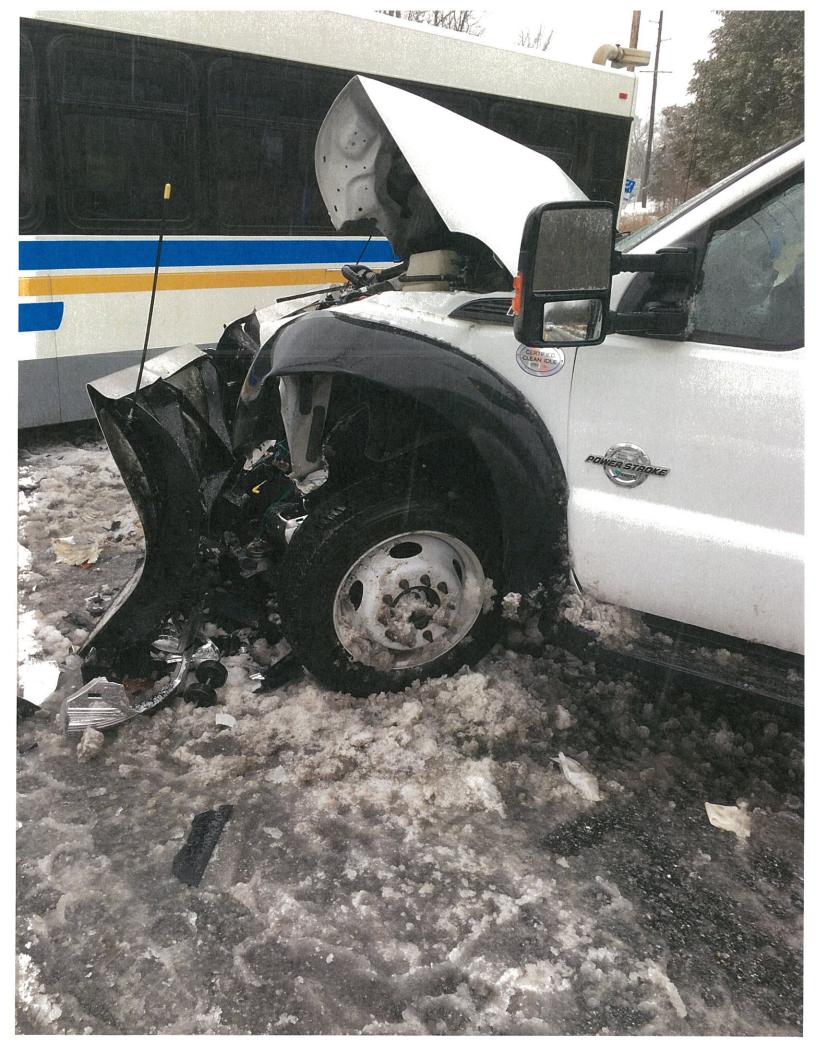






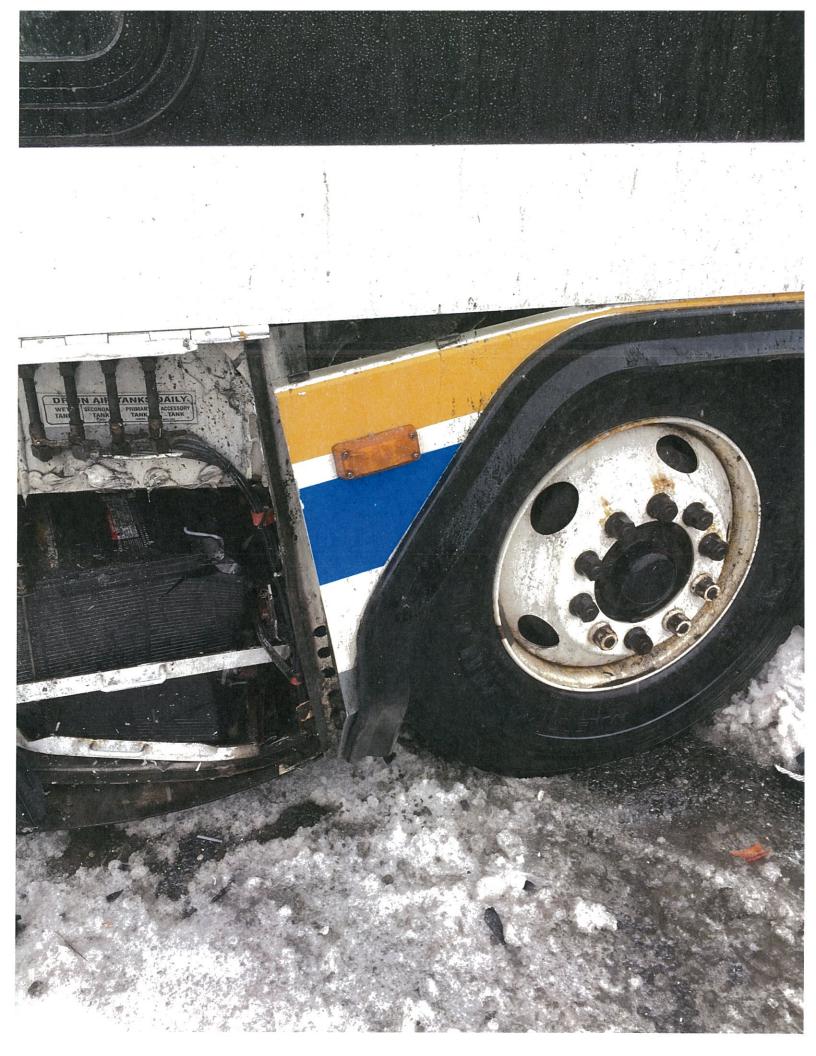














Safety & Training Department

(Check one)	Accident	X			Time Supervisor Arrived: 11:03 AM			
Date of Oc	ccurrence:	2/20/2019		Time of Oc		ccurrence: 10:26am		
Weather:	Snow	Day of the	: Week:	Wednesday		DHD	N	
Location (Cross Stre	et and Town)			Water St (@ Main St			
Route Impact:	None (last trip)							
Employee Name:				Dana Hallmon				
Run#] 20	003	Bus#	631	45	Tag#	LG81874	
						148.	2001071	
What happened (Be Specific and Brief):								
Injuries (if any):				None				
Vehicle Damage			Λ	Minor (vehicle 2)				
(Check all t	hat apply)	Police	Υ	Ambulance	N	Tow	N	
(Check an t	пас арргуј	Folice		Ambulance	IV	TOW	IN	
Was the C	Operator sent for D	rug/Alcohol Test (Y	/N):			N		
Not	tified (Indicate nam	e and time) GM:		J. Modlin @ 10:30 AM				
Companying	6		4.644					
Supervisor	Gre	een	AGM	R. Bandak @	10:26 AM	Maint		
Safety M	lanager	Bud Dunham @	D 10·26 AM		Dispatcher	Procto	or/Ogundeko	
Properties Froctory og director								
County Name	County Name and Time: D'Andrea @ 10:26 AM							
(Check one) Telephone		X	In Person (Must be done within 1 ho					
Please note the details of this incident will change when the Supervisor Arrives								



Operators CDL#/	Exp Date		Valid DOT Med Card / Exp Date Kil Yes □ No			Accident Report # P019072000000007271				
Accident Date	Day of Week	Time of Accident	# of Vehicles	Smartt	Inve Tr	riggered		e Photos	Substanc	e Abuse Tested
Month Day Year 2 19		10 AM	,	ДΥ	es j	No No	Y Yes	□ No	ПY	es XXNo
2 20 17	COLLY	Mariana Mariana	/ /4/15	Alex const		प्रकार पर्य	OTHER			
Operator Name (Exectly A	COMPAY As Printed On License)	d 15. 4 West Villager	<u> </u>	FIVE		🗓 Bleydisi				
DANA	HALLM	1014	·····	Name (Exectly		4.6.美国1980年的夏季节一时,		et dan Piliper		
Address (Include Number	(BStreet) BRIVELEV	rol "IC	, 2							
CityorTown	As Printed On License) A CALL B Street) CR. WKIEV CO. Deleof Hire	State Zip	748	Address (Includ	le Numbe	r & Sireet)		Api	<i>i</i> ₩ .	
Foodoven 10#	Dale of Hire	Student Drive	7 7 0 ? Y/N	City or Town	<u></u>	Strie		Zφ		
30797	0-18	<u></u>		Date of Birth	Sex		Drivers Lic	goro lin	.Slate	#of Occupants
#ofCards #o	of Occupants #Souter	i #Standing	uun	Date of pilot		1		- 1	. ,	ital apostalia
Eus D# Plale#	State	Vehicle Year / Make		Insurance Co	1	MUF Folloy#&Equi	□Yes I	LINU		
13147 LB	81869 MD	2007 6	illig	Nove /Evenille	do Dánia	d Registration	4			
Vehicle Type	FOCUPARIS #Souter State State HOD Roule#	& Run# SLOG 5		Matter (Exacts)	watmie	u Regiouaubgi	>ັ		火	
VIN	20	2 Flore	•	Address (inclu	la Numbe	er & Street)	V	TWE	l#	
Insurance Co	29117411 Policy#	& Expiration Date		City or Town		State		Zip	<u> </u>	
cid Repub	Policy#	7-1-19		\Plato#	Slaie	Vear8 M	ke of Valida	Vehi	de Type	Color
* * * * * * * * * * * * * * * * * * *					CIMU.	1400 4111	A14-01 E-11-010			
Address/Street on Which	accident occurred	1 main	57	VIN						
TT Not at Intersection	Feet N 6	E W of		Telephone #						
⊠-On Roadway										
	□No (ifyes) □Ne	ear Stop. 🏻 Far Stop	□Ņid-Blockalop					<u> </u>		,
				mental Gonditi) 113	Doughams VI	afi avan	Danilitar	Char <u>acteristic</u>	
Weather II Clear	<u>Surface</u> □ Drý	<u>Traffic Conl</u> 11 Slop Sign	E Dayligh	ŧ .		Roadway - # Ed Divided	7	121 Straigh	tanci Level	<u>n</u>
☐ Cloudy ☐ Raining	⊠Wei 5£lcy	☐ Yleid Sigr ☐ Traffic Sig	ınal 🗆 Dusk	口 Undivided 口 Straightand Grado 口 Asphalt 口 Straightat Hillcrest			•			
TE Snowing	□ Snow □ Other	☐ Flagman ☐ Uncontrol	☐ Dark Ro	oad-Unlighted 🗀 Concrete wad-Ughted 🗀 Gravel				☐ Curve a		
□ Foggy □ Oliver .		□ Other				□ Other		☐ Curve a	tHillcrest	
		Accident Movement	164 20010		j	<u> Ипириа</u> Коа	i Gondilion	<u>B</u>		
V1 V2/OV	V1 V2/0	iV Exiling Bus Stop	V1 V2/0			☐ No Unusus ☐ Holes / Des	p Rut	i		",
☐ ☐ Going Straight ☐ ☐ Making right to	ım 🗆 🖂 🖽	Intering Bus Stop	пп	Changing Lanes ·				ne		
☐ ☐ Making right or ☐ ☐ Making left fun	a 🗆 🗆 S	llowing orslopping in tra Hopped in traffic		vierging Becking	.	☐ Loose male ☐ Reduced to		•		
☐ ☐ making left on ☐ ☐ Making U Turn	red 🗆 🗆 I	Perked volded object in road		Other		☐ Other				
Vehicle Lights	Tum Signals	Posted Spe	ed Limit Est	mated Speed L	init	Direction of	Travel	<u>Ac</u>	cident/Collisi	on With
No 1 ÞÁ On □ Off	No i 🗆 Left Turn On		5 mph Vehic	le1 2 5 n	ıpfı	Veljicie	1	El Olher Mole	or Vehicle	.]
No 2 THÉ ON II OF	No 1 日 Right Tum C No 1 日 Four Ways C		5 mph Vehic	e2 <u>5</u> m	ph	n (s) e	W	□ Bioyelist □ Red Train		
1102 Am 011 mg 041	No 2 🖂 Left Turn On					Vehido:		☐ Fixed Obje ☐ Pedestrian	et	
	No 2 Prophilipm O	n				N COX		El-Animal		
	MPZ LI FOUR WAYS U	72		Bicyclist Actio				• • • • • • • • • • • • • • • • • • • •		
II Crossing With Signal II Crossing -No Signal o	or Crosswalk	11	Riding / Walking Alor Riding / Walking Age	inst Highway We	h Traffic)			hing / Working king in Roadwa	
id Crossing -No Cagnet Sign id Crossing Against Signa id Crossing -No SignaVM	ei	II I	merging From In Fr laying in Road	intofonBeffind	Barked C	Cejs Y		□ Not	In Roadway	n
⊒ Crossing - No Signaviv ⊒ Going To / From Stopp	ed Bus		etting On / Off Vehi		ils .			1 Olho		3045
								ទ	PP F.20 7/2	ยเม

Vehicle Accident	Report			vapenor
☐ Backing ☐ Passing ☐ SidesWipe ☐ Merging ☐ Thone ☐ Heat! On ☐ Right Mirror ☐ Left 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 Olf Roadway ☐ Type of Trip With Pex Without Pax ☐ Business Trip ☐ Fixed Roule ☐ Frand ☐ Charter ☐ Non Rev move ☐ Pera Transit ☐ Malafenance	☐ Reilroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal Violations Vehicle 1 Towed By: Vehicle 2 Towed By:	AR# Police Investigated? KI Yes Police Department Responding Officer Name (Badge / ID#) Precinct# Citations / Arrests Opera	Report#PP1902	220000077/
Accident Description OF ERATOR DA OF MAIN STOR ON WAS IN the midd	to water	ight turn m	A Black while	
Lo. The Right REA	n ska of	bus .		
•				
Description of Damage Company Vehicle D		1 Major Other Ve Finatimpact on your vehicle and		Moderale 🗀 Major
Articulated Bus Shuttle Vehicle	Bus 1	Вив 2	Titlek	Car
upervisor on Scene? De Yes : De No Sup		_Supervisor/ManagerF		

Operator Incident Report Today's Date: 2-20-19 10: Wam Time: Route #_ Operator Name: Safety Dept. **Supervisor** Dispatch Report Submitted to: ☐ Vehicle Damage 🖾 Passenger Incident 💢 Passeriger Injury Check One: Passenger Accident No Damage Vehicle Incident Report Other_ Passenger Complaint Reported to Command: (Name) Supervisor Green Was the incident reported immediately? ________ I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 2-20-19Time Occurred: 10:20am Do not have actual date or time Date Reported: 270-19 Time Reported: 10:77 am This is a late report Location of Incident Main 34 and Complete a separate incident Report for each passenger affected by this event. Passenger Name: Explain what happened: 10:20 am bus

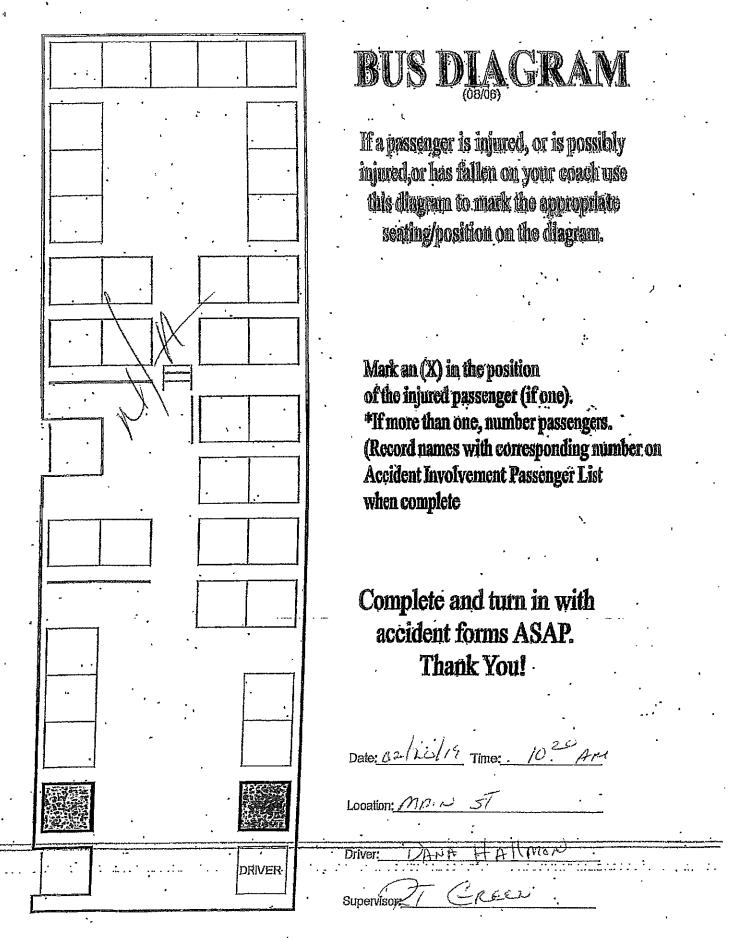
spans. A black have the FID cold depose un sough the span papking spanse into the sight peak of the bus

Operator Signature: Hallm

Date Submitted:

2-20-9

SPP F.8 Rev 5/2015



Tronsdew	7
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Supervisor Signature:

SUPERVISOR'S INCIDENT REPORT

Operator # PANA C HAllman Division: 0124 Supervisor: Robert Green Location: Main 3T upper mariboro MD Address or Cross Street. City & State Description of Event: On 2-20-19 At Approximately 1020 Am Sperator Dana Hallman in bus 63145 Route 2003 Lias making a Right turn OFF main ST onto water 5 when a Black entra came up on the Right Side of bus, Also making a Right turn while bus 63145 was in the middle of her turn, making context with	Date#: 02-20-19 Time: 1000 Am Run: 2003
Location: Main 3T Upper Marlboro MD Address or Cross Street. Description of Event: On 2-20-19 At Approximately 1020 Am Operator Dana Hallman in bus 63145 Route 2003 Libra Making a Right turn OFF Main ST onto water 5. when a Black Entra Came up on the Right Side of bus, Also making a Right turn while bus 63145 was in the middle of her turn, making contact with Right Rear side of bus, Causing downings to his drivers	Operator # DANA C HAILMON Division: 0124 Vehicle: 63145
Description of Event: On 2-20-19 At Approximately 1000 Am Speciation Dana Hallmon in bus 63145 Route 2003 Was making a Right turn OFF main ST onto water 5 when a Black entire came up on the Right side of bus, Also making a Right turn while bus 63145 was in the middle of her turn, making contact with Right Rear side of bus, Crusing downage to his drivers	supervisor: Robert Green
Spernter Dana Hallmon in bus 63145 Route 2003 Libas making a Right turn OFF main ST onto water 5. when a Black entire came up on the Right Side of bus, Also making a Right turn while bus 63145 was in the middle of her turn, making contact with Right Rear side of bus. Crusing dramage to his drivers	
when a Black Entire came up on the Right side of bus; Also making a Right turn while bus 63145 was in the middle of her turn, making contact with Right Rear side of bus. Causing dramage to his driver's	
when a Black entire come up on the Right side of bus; Also making a Right turn while bus 63145 was in the middle of here turn, making constact with Right Rear side of bus. Courses downing to his drivers	operator DANA HALLMON in bus 63145 Route 2003
when a Black entire come up on the Right side of bus; Also making a Right turn while bus 63145 was in the middle of here turn, making constact with Right Rear side of bus. Courses downing to his drivers	WAS MAKING A Right turn OFF MAIN ST ONTO WATER 5
bus; Also making a Right turn while bus 63145 was in the middle of her turn, making contact with Right Rear side of bus. Crusing dramage to his drivers	
Right Rear side of bus, CAusing dramage to his dirivers	bus, Also making a Right turn while bus 63145 WAS
9	in the middle of here turning making contact with
Side light.	Right REAR side of bus courses drawing to his diviser's
	side light.
·	
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Consider EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:			
	(Workers Comp#Issued by Sedgwic	k) ·	
Name	Birth Date	Hire Date	
DANA CHARLENE 1	HALLMON 03/25/	72 6-18-18	
		·	
Driver's License# [+ 455-13	5-115-239		
Employee Number 309			
DOT CARD VALID? (Yes) or NO (IF NO), PLEASE EXPLAIN WHY):		
•			•
•			•
HOME ADDRESS: 3464 B	rinkey 2D Apt	102	
,			`
CITY - TEMPTEH. 1.15	STATE MO	ZIP CODE 30748	
HOME PHONE NUMBER	DAY TIMĖ NUMBER	EIMPLOYEE STATUS (please circle)	,
301-7600122		FULLTIME OR PART TIME	
	, ··	•	
S THE OPERATOR ON OVER TIME?	GENDER MARTIÀL STATUS	NUMBER OF DEPENDANTS	
•	Mo(F) M(S)W D		
· ·		•	
SHIFT START TIME / END SHIFT TIME*		•	
(A-PM AM or PM / 10.3	. AMor PM		
43144 41 147 1	And the first state of the stat		

Lado's Owner Gary Curry 301 343 9270



PRINCE GEORGE'S COUNTY POLICE DÉPARTMENT

CPL M. JORDAN #3311 of CIC Partial 2895

PP190220000077

DISTRICT | 301-699-2630 DISTRICT || 301-390-2100 DISTRICT || 301-772-4900 DISTRICT |V 301-749-4900 DISTRICT |V 301-856-3130 WWW.CRASHDOCS.ORG

DISTRICT VI 301-937-0910
DISTRICT VII 301-292-5300
NON-EMERGENDY
301-362-1200
RECORDS DEPARTMENT
301-985-3662

COMMISSIONERS:

UPPER MARLBORD COURTHOUSE 14735 MAIN STREET UPPER MARLBORD, MD 20772 Ŧ

HYATTEVILLE COURTHOUSE AND REDORDS DEPARTMENT 4900 RHODE ISLAND AVENUE HYATTSVILLE, MD 20781

DEPARTMENT OF CORRECTIONS 13400 DILLE DRIVE UPPER MARLBORD, MD 20772

*DILLE DRIVE COMMISSIONER IS OPEN 24 HOURS 7 DAYS A WEEK 365 DAYS A YEAR. COURTHOUSE BASED COMMISSIONERS ARE CLOSED ON WEEKENDS, HOLIDAYS AND HOURS MAY VARY.



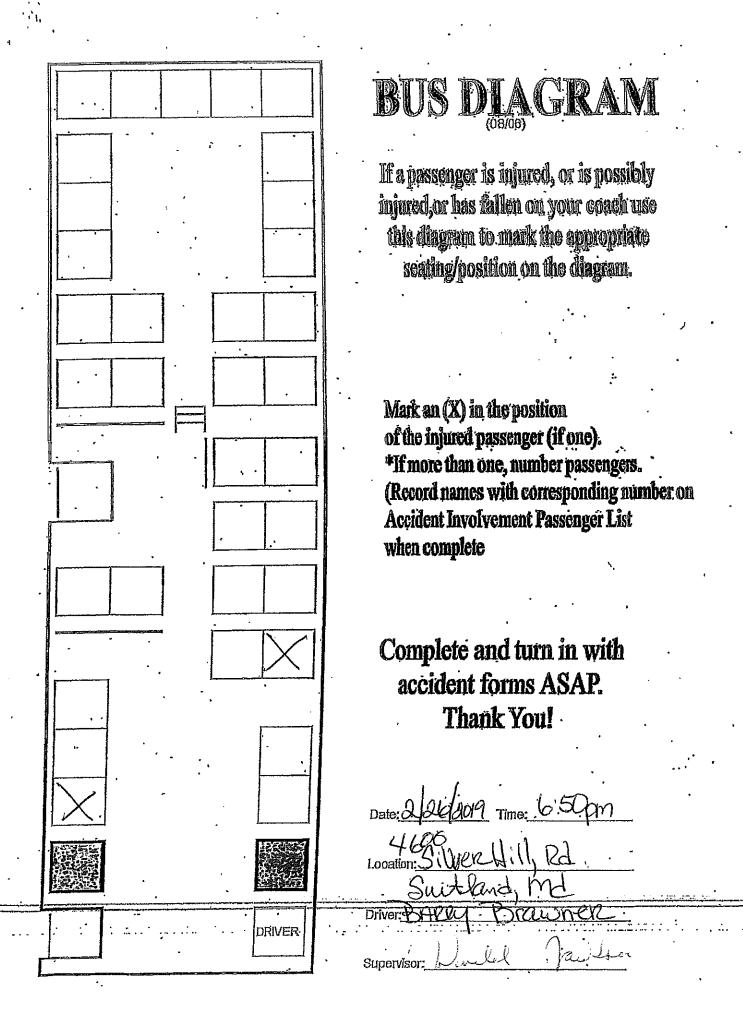
Safety & Training Department

(Check one)	Accident		Incident	Х	Time Supervisor Arrived: 7:02PM		2PM		
Date of Oc	ccurrence:	e: 2/26/		Time of Occ		currence: 6:45PM			
Weather:	Clear	Day of the	: Week:	Tuesday		DHD (Y/N):	N		
Location (Cross Stre	et and Town)		Silver Hi	ll Road @ Swann	Road, Suitland, I	Maryland			
Route Impact:		1 missed pull							
Employee Name:	Barry Brawner								
Run#	l 24	51	Bus#	626	21	Toot	1.004270		
Kuliff	34	51	Bus#	620	21	Tag#	LG94270		
							on Silver Hill Road.		
What happened							no injuries claimed.		
(Be Specific and		here were no dama	ige to venicle (1	i) or venicle (2). I	ne operator cor	itinued on roi	ite.		
Brief):									
	9								
Injuries (if any):				None					
Vehicle Damage		November 1975 Service Section 1975		None					
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N		
(Check all c	пас арргу)	ronce		Ambulance	14	TOW	IV		
Was the C	Operator sent for D	rug/Alcohol Test (\	//N):			N			
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 7:30PM			
	_								
Supervisor	D. Jac	ckson	Ops Mgr.	M. James @ 6:45PM		Maint	Zaw @ 7:50PM		
Safety Trai	ning Sun	G Bellinger	ക 7·15 DN/		Dispatcher		Povkin		
Safety Training Sup. G. Bellinger @ 7:15PM Dispatcher Boykin							BOYKIII		
County Name	e and Time:			M. Wilson	@ 7:25PM				
(Check one)		Telephone	Х	In Person		(Must be done within 1 hour)			
Diagram and the									
Please note the details of this incident									
will change when the									
Supervisor Arrives									



Operators CDL#	Exp Date / 2 · i - Z	Valid DO	T Med Card (E) I No 📆 — \	p Date スマンシー	Aggg	lent Report#	17 i	0000	2036
13656 0	6 801 411	Time of Accident		. ;			Photos	Substanc	e Abuse Tested
Accident Date Month Day Year	1		1						1771A1.
701	7 TO 18 SEAL !	6 50 pm	2		□ No	1	□No		es Cláno.
PROPERTY OF THE	COMPAN	VALUE VEHICLE	ET I	A Same	* * *	OTHER	PARTY	ης, γ α.σ. γ α. •	Contraction of the contraction o
Operator Name (Exactly)	As Printed On License)			THE TANKE OF	in Clasio	lat 🖸 Pede	idan Li Fi	ineliiO bes	ElPar Fall
BARRY	3 400 F	BRAWF	7 6 15		STATE OF STA	ial in Picco	Mitter en s.		
Address (Include Numbe	: & Street)	Aprif		Namie (Exactly As Prin	led On License)		1 :	1600	¢:
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		ntt- 177a	243	Address (Include Num	_	106	nya:	19.	
Cripital	Meights	P413 2.5	er? Y/N	2100-15 CilyorTown	State	9	7/0		
Employee ID#	Dale of Hire 3-3 20:		let title	District			. 5	074	Ì
Bonnoyee IU#	of Occupanis #Seated		· · · · · · · · · · · · · · · · · · ·	Dale of Bhilb Se	X X	Driver's Lice		lale	#of Occupania
1 .			•	4.2-1960	-u-r	F-116 T	TNo D	1 W	į.
<u> </u>		Vehicle Year / Make		Insurance Co	Poliny#RF	in Dale			-
Bus ID# Plate#	HZ70MD	AGUICIO LEGIT IMANO		ANA	MOS	5201	6787	63.3	3-27.2
Vehicle Type	Roule#8	Rua#	() (· · ·	Name (Exactly As Prir	led Registration	i			
Activities Tables				Aleth	E13	beboi	29 4	اءتعا	FEFF
100				Address (Include Num	iber & Street)		Api	#	
156682	7156105	12271		2100 13			(, 17	
				City or Town	Si		Zip	.UT4	7
Old Kap	italic Milli	113 21266	1 -1 10	1 LOKY !	. (2 5 M € 1		()(ahia	~ Time	Color
`	Location of Locati	Accident		Plate# State	Year	S Mare of Activities	325.2 VBING	a i Aha	战众人
Address/Street on which	acddent occurred	Da Gara	6. Laure 6.	VIN 103 164 1 1	4.3	18 110 00.			
At Intersection with				WDB	: pa 3	3641	WAR	919	1.7
Fi Mat of Interpretage	Feet N S	E W of		Telephone#		· · · · · · · · · · · · · · · · · · ·			
					پسي ۽ سمي	يمد و .	, m		
	☐ Off Roadway		TANA Dinakatan	7.05	768	· 6			
At Bus Stop? II Yes	□No (if yes) □Ne	aretoh riteretoh					<u> </u>		
		W. W. 6-		nmental Gonditions	Dandura	-#ofLanes	₩aanuari	haracteristic	£2
Weather Er Clear	<u>Surface</u> 171-Brÿ	<u>Traffic Co</u> ∐ Slop Si		ıht	EI-Divide	1 3	EL Straight	and Level	~
☐ Cloudy	□Wet	☐ Yield Si	gn 🖸 Dawi		□ Undivi	ded	☐ Siraighi		_
☐ Raining	□ lcy	∐ Traffic 9 ∐ Flagnia	Signal II-Busk	Road - Unlighted	Li Asphai	t	☐ Straight ☐ Curve ar	at militiest d Level	,
☐ Snowing ☐ Foggy	□ Snow □ Olher	□ Unconta		Road - Lighled	☐ Gravel		☐ Curve ar	d Grade	
□ Olfter .		☐ Other		·	□ Other		☐ Curve at	Hillcrest	
	Pre	Accident Movement	•	,	UnusualF	Road Gondition	3		
V1 V2/OV	V1 V2/O	٧	V1 V2	IOV '	EI No Uni	isual Condillons			***
Going Straigh		xiling Bus Stop		Changing Lanes ·	☐ Holes I				-
□ □ Making right t	ım 🛮 🖂 🖽	intering Bus Stop	יו דו	Passing	🗖 Consbu	olion / repair zon	18		
☐ ☐ Making right o		lowing or stopping in t lopped in traffic		Merging		alenal on road	•		
口 口 Making left fur 口 口 making left on	red 🗆 🗆 F	arked		Backing Olher	☐ Other	d road width			
☐ ☐ Making U Tun		voided object in road							15744
<u>Vehicle Lights</u>	Tum Signals	Posted 5	oeed Limit E	stimated Speed Limit	Direction	of Travel	<u>Á</u> cc	ident/Collisi	on With
No 1 M On II OF	No 1 🗀 Left Turn On	Vehicle 1	<u> 3 5 mph</u> Vel	lcle 1 <u>2 0</u> mph	1	icle 1	El-Olher Molo	r Vehicle	
	No 1 II Right Tum O	n I		toto to	NS	E(W)	☐ Bicyclist ☐ Rail Train		
№2 ДОп 🗆 ОН	No 1 II Four Ways 0	n Vehicle 2 .	mph Vel	icle 2 mph	Yohl	ide 2	☐ Fixed Object	t	
	No 2 🖂 Left Turn On			(PA)-4,	II.	EW	□ Pedestrian	###	
	-No 2-121 Right Tum Or	· · · · · · · · · · · · · · · · · · ·				-	El-Animal		
	No 2 D Four Ways O	<u> </u>	Peidestila	i / Bleyelist Action					
☐ Crossing With Signal		r	I Riding / Walking A	ong Highway With Traffi	C)		. I'l Pae	ning / Working	On Vehicle
☐ Crossing - No Signal	or Crosswalk	E	I Riding / Walking A	rainst Highway With Trai	fic		□ Wor	king in Roadw	
☐ Crossing Against Sign ☐ Crossing - No Signal/	ai		l Emerging From In I Playing In Road	ront of or Behind Parke	A N PSIQ			n Roadway	1
Ti Grossing - No Signalii	Mailen Charmaik	, , , , , , , , , , , , , , , , , , ,		hicle Other Than Bus			☐ Othe	T.	l

Velhiele/Acciden	r Report	Transdev				
The state of the s	The state of the s	AR#				
☐ Backing ☐ Passing ☐ Passing ☐ Sideswipe ☐ Merging ☐ Head On ☐ Head On ☐ Bus Right Mirror ☐ Bus Right Mirror ☐ 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? ELXes II No Police Department Responding II C. Officer Name (Badge / ID#) II C. M. S. E. C. Precinct#_ILL Report# MY 15 (5.22 (5.06 6.07 2.34)) Citations / Arrests II Operator 1 II Vehicle 2 II Bioyelist II Pedestrian				
<u>Typs of Tüp</u>	Violations	, `.				
With Pax Without Pax II Business Trip II Fixed Route II Fixed Route II Errand II Charler II Charler II Non Rev move II Para Transit II Maintenance	Vehicle 1 Towed By: Vehicle 2 Towed By:					
Acoldent Description Operation 100	is TRAVELIA	Usung Tasu pu				
Accident Description operation was traveling west found on siver Hill RD. when a rowers Vehicle in the Rear of their vehicle. Their e in the Rear of their vehicles in the Description operation was traveled. The Rear of the rower contact in the Rear of the rower vehicles. in the Rear of the rower vehicles.						
Vehicle 1 is ALWAYS Your Vehicle. Aniloulated Bus Shuttle Vehicle Name of Witness I Injured Age Claimin	Place an X on the exact point of Bus 1 Type of injury? Type of injury Claim					
Λ , Λ	pervisor Name (Print): \(\frac{1}{2}\) Unlit Number \(\frac{1}{2}\)	Supervisor / Manager Reviewing				





Ĩ	Today's Date: 🍰	7 . 2 6 -	.) 4	Time:	7228 P) ·	
	Operator Name:				· · · · · · · · · · · · · · · · ·		જ્યાં
	Operator Name:	1) ither 1	10/150 17000	Venicle# © =		Koute #	3)

WHILE PRIVING DOWN SILVER HILL RD.	
MERCEDES BEAT DRIVER CLAIMS T BV	MORO
THE REAR OF HER USHILLS NO CON.	T3A7
WAS MADE BY BUS RO INSTRICS	76
PERSONS ON BUS (2) AUSO NO IN.	ot the
DRIVER OR PERSON DRIVING OTHER	VEHICE
MIRECLORS BENZ IN MY HONEST OFF	Non pro
BEURE THIS IS A "BOUNS" CLAIM.	*
	•

•	
·	
	•

Date Submitted: 2-26-19

Consider EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:		AND AND AND AND AND AND AND AND AND AND
	(Workers Comp # Issued by Sedgwid	· · · · · · · · · · · · · · · · · · ·
Name BARPY BRAWM	Birth Date NZ/ \ / 3	Hire Date 3-3-13
Driver's License# B 656 08 Employee Number 308	81 809 917 Th	
DOT CARD VALID? Yes or NO (II	E NO DI FASE EXPLAIN MHVI.	•
DOI CHUD RHEIDS TESTON NO IN	(100) transaction and wilds	
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•		-
HOME ADDRESS:	35 OPVJ AUG	WE .
/ / / / / / / / / / / / / / / / / / /		
CITY - CAPITOL HT	S. STATE MO.	ZIP CODE 2074 J
HOME PHONE NUMBER	DAY TÎMÊ NUMBER	EMPLOYEE STATUS (please circle)
3013503832	2027061919	FULLTIME OR PART TIME
IS THE OPERATOR ON OVER TIME?	GENDER MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes / No)Unknown	CMORF M(S)W D	V
, or / har ballering		
*SHIFT START TIME/END SHIFT TIME		•
	1.5	
AIVI OF PIVI	AM or PM	



SUPERVISOR'S INCIDENT REPORT

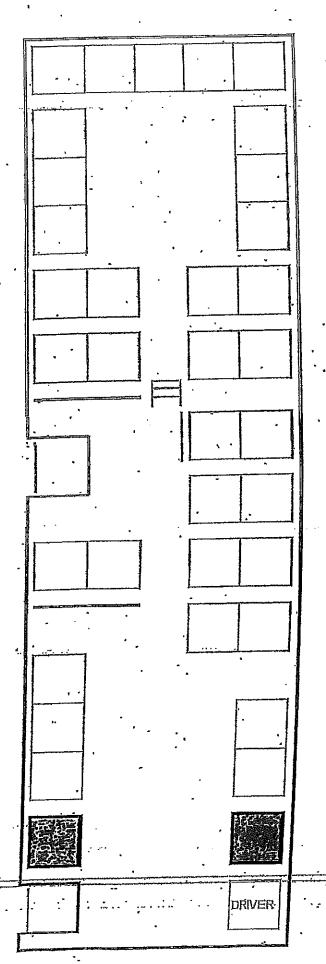
Date#: 2-2617 Time: 7:00 PT	_ Run: <u>3451</u>
Operator # B Beawwer Division: 0124	Vehicle: 62621
Supervisor: D. Jackson	
SULL OF WILL STORE STORES	wittens MD
Addies of ologo choos	
Description of Event: I ARRIVEL ON the S	<u> </u>
P.M. AND the operatur states	that he
DIDN'T MAKE CONTRICT WITH 11	
VELICE 2 IN the REAR. The	DRIVER OF
VEhicle 2 SAID She Felt A	
the REAR OF here VELICIE.	
ACCESSING The SHUATION	HERE WAS
NO DAMASE to the ADVER	se vehicle
Ziortoithe bus aiso	their was
two patrons on buarra at	
OF the Incipert who s	
they Felt NO IMPACT Wha	
There are no injudies to	
At this time. Also the's	
State ALA + The operator Diva	
Contact with the Acuspee Us	
NAMES BRICE RIWA. 202556-	
4232- SUITIAND #402 SUITIAND	Mi.
Supervisor Signature: David Paulia	
·	



(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 2:45PM			45PM			
Date of Oc	currence:		2/26/2019	Time of		currence:	2:34PM			
Weather:	Clear	Day of the	Week:	Tuesday		DHD (Y/N):	N			
Location (Cross Stre	et and Town) Water Street @ Main Street, Upper Marlboro, Maryland									
Route Impact:		1 missed pull								
Employee Name:			N	Aichael Owolabi						
Run#	21	53	Bus#	631	64	Tag#	LG84954			
Kum	21		Визπ	031	.04	1 ag#	1004334			
	Vehicle (1) was	making a right tur	n on Main Stree	t when an advers	e vehicle cut in	front of Vohice	cle (1): Vehicle (1)			
							as dispatched to the			
What happened		were no patrons or								
(Be Specific and Brief):										
впет):										
Injuries (if any):	None									
/ehicle Damage minor damages to the right rear panel										
	Third duringes to the right real parter									
(Check all the	nat apply)	Police	N	Ambulance	N	Tow	N			
Was the C	perator sent for Dr	rug/Alcohol Test (Y	//N):			N				
N	·C· · · · · · · · · · · · · · · · · · ·	I i' - \ Caa				0.2.44.044				
Not	ified (Indicate nam	e and time) Givi:			J. Modiin	@ 2:44 PM				
Supervisor	G. Bell	linger	AGM	R. Bandak @ 2:41 PM Maint O'Neil			O'Neil @ 2:46 PM			
						A CONTRACTOR				
Safety Trai	ning Sup.	G. Bellinger @	2:34 PM		Dispatcher	atcher Boykin/James				
County Name				M. Wilson	@ 3:01 PM					
(Check	one)	e) Telephone X In Person (Must be done				done within 1 hour)				
Please note the										
details of this incident										
will change when the										
Supervisor Arrives										

Operators CDL#/Exp Date	Valid DOT Med Card / Exp	199-19	Adeident Reports	Vons
7-25-19 Accident Date Day of Week Time	of Accident # of Vehicles	SmartDrive Tr	iggered · · · Scene P	hotos Substance Abuse Tested.
Month Day Year	1	1	No ZYes	ПNo ПYes ПNo
2-36-19 TUSDAY d.	35 pm C	The same of	OTHER PA	RIV
Operator Name (Exactly As Printed On License)	Augustina in 181 Cities	ij Vehicis 2		an Diffeed Object Diffee Fall
Michael Owolabi		Name (Exectly As Printer	(美国建筑建设、建设、48人。	
Address (Include Number & Street) 14945 NASHVA LANE	Aptil .			•
Plane Teven State	Zip O O 7 1 C	Address (Include Numbe	r&5(reel)	Apt#
Bowis ME	30716 Student Driver? YAV	City or Town	Sieja	Zip
Employee 1D# Date of Hine \$-31-09		70 to 10 to	Difvera Licensi	2 Lio, Siale #of Occupants .
#of Cards #of Occupants #Septed	#Slanding	Dale of Birth Sex		
Hundright Philads State Vehicle	Year / Make	Insurance Co	M D F DYes DN Policy#BeqDate	<u>и</u>
Bus ID# Plate# Vehicle 6364-LG84954 MD 200				
Vehicle Type Roule#&Ron#		Nome (Exectly As Prints	a Kedisasoon	•
		Address (Include Numb	er & Stree!)	. Api# .
VIN 1566 B2715 810 7990	no Dale	City or Toyan	Slate	Zip
Insurance Co SID REPublic 7-1-1	9 / MWTB21268			Vehice Type Color .
Lossium of Accident	et Main	· Plate# State	Year & Make of Vehicle	Actives 13 het conor
Address/Street on Which ecoldent around WATER	21 444411	VIN		
At interseption with		Telaphone#		
II NotatinjensectionFeet(N) S E W of		16ta Ditenta		
NOn Roadway II Off Roadway At Bus Stop? II Yes 1970 (if yes) II Near Stop.	FI FarSion FIMid-Blocksion	İ	•	
At Bus Stop? 1.1 Yes 14 No. (ii yes) 1.1 Nost Stop.	Enviro	mmentat Gonditlons		
Weather Sures	Traffie Control Light	•	Roadway-# of Lanes	Roadway Characteristics II Straightand Level
El Clear IL Day	口 Stop Sign		□ Divided □ Undivided	☐ Shalphiand Grade
☐ Raining · · · · · · · · □ · loy	er Traffic Signal 🔲 Dusk			☐ Shaightat Hillcrest ☐ Curve and Level
☐ Snowing ☐ Snow	口 Flagman 口 Dark l 口 Uncontrolled 口 Dark l	load→Unlighted load -Lighted	☐ Gravel	☐ Curve and Grade
ロFoggy ロ Other ロ Other .	□ Other		C Other	□ Curve at Hillcrest
<u> </u>	nf Movement		Unuqual Road Conditions IN No Unusual Conditions	
VI V2/OV VI V2/OV	V1 V2	, VOV	☐ Hojes / Deep Rut	*
O Going Stratght Ahead O Esting Bo	7.1. 23fau	Changing Lanes - Passing	II Obstruction in road II Construction / repair zone	
П П Making right on red П П Sloving о	refopping in traffic 📅 🛱	Merging	☐ Loosemalerial on road	•
ロ ロ Making Teltium ロ ロ Slopperin ロ ロ making Teltion red ロ ロ Parked	7 7	Backing Other	☐ Reduced toad width ☐ Other	
口 口 Making UTurn 口 口 Avoided of	bject in road		Direction of Travel	Accident/Collision With
Vehicle Lights Turn Signals		timated Speed Limit		
No 1 M On II Off No 1 II Left Turn On No 1 IN Right Turn On	Vehicle 1 25 mph Vehi	lele 1 <u>2</u> mph	W REW D	Other Motor Vehiole Bloyclist
No 2 II On II Off No 1 II Foir Ways Cn	Vehicle 2mph Vehi	cie 2mph		Roll Train Fixed Object
No 2 LT Left Turn On			N C F W U	Pedestrian Animal
No 2 - El Right Turn On No 2 - El Four Ways On .				h hereing
		/ Bicyclist Action		a 44 a m a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser
口Grossing With Signal 口Grossing -No Signal or Grosswalk	ロ Kiding / Vyaiking Ald 回 Riding / Walking Ag	ng Highway With Traffic ainst Highway With Traffic	ars None	- ☐ Pashing / Working On Vehicle ☐ Working in Readway
or Crossing Against Signed	口 Emerging From in F 口 Playing in Road	ront of or Behind Parked (Cars · · · ·	[] Not In Roadway
Crossing -No Signal/Marked Crosswalk	Fi Cellina On I Olf Veh	icle Olher Then Rus		□ Other

	William State Company of the Company	The second secon
Weinkle/Aediden	Report	Asing the Asing
Parameter Control of the Control of	AR#	
I Backing I Passing I Sideswipe I Merging I Head On I Head On I Bus Right Mirror I Bus Left Mirror I Bus Left Mirror I Bus Left Mirror I Bus Rear Ends Vehicle II Bus Door Operation I Vehicle Rear Ends Bus I Sudden Stop I Roll Over I Roll Over I Roll Away (Not Secured) II Ren Olf Roadway	El Ralfroad Crossing Il Hit Fixed Object Il Hit Podestrian Il Hit Animal Officer Name (Badge / ID#) Frecinct# Cliations / Arresis II Ope	ng / () () () ()
Type of Tilp	NO	
With Pax Without Pax LI Business Trip Withed Roule LI Fixed Roule LI Emand LI Charter LI Charter LI Non Rev move LI Para Transit LI Para Transit LI Maintenance	Vehicle 1 Towed By: NO Vehicle 2 Towed By: NO	To
Acoident Description I Acrived @ chie	SAENE HIS 63/64 WAS T	pot maxing At the
COENER OF WAYER Ster Out. VEhicle (1) was make VEhicle cut in FROST OF V A (pole) to Avoid Vehic	GET + MAIN WAY 4 WO King A Right fuen on Mi MEDICIO MEDICIE (1) Side	ays and telangles when a adverse
		ı
		•
		•
·		:
	•	
Description of Damage Company Vehicle 1	□ Minimal SCModerate □ Major Other	Vehicle 🗆 Minimal 🗆 Moderale 🗆 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 a Bus 1 Bus 2 Ing Injury? Type of Injury Claimed Injured Transported To	Truck Gar
Supervisor on Scene? - Wyes : El No Su	pervisor Name (Print):	
Supervisor's Signature fry July 5	Unit Number <u>6/34</u> Supervisor/Manage	Reviewing My July SPP F.20 7/2015



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: 2-26-19 Time: 2:35 pm

Location: WATER STROET & MAIN

Driver: Michael Ovolabi

Supervisor: An Blu ge

Operator/Incident/Repolit	
Today's Date: 2-26-19 Time: 3:35pm Operator Name: Michael Owolabi Vehicle # 63164 Route # 2103	
Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Wehicle Darnage 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 Wes (SQM Name)	
Date Incident Occurred: 23619 Time Occurred: 23500 Do not have actual date or time Date Reported: 236-19 Time Reported: 23500 D This is a late report Location of Incident WALSO STREET + WALS STREET Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat#	
That want Happen Supervisor Come	^Mi

Date Submitted: 2006-19



SUPERVISOR'S INCIDENT REPORT

Date#: 2-26-19 Time: 2:45pm	
Date#: 0 - 20 / All All All All All All All All All A	Vehicle: 63/64
Operator #: Michael Owolabr Division: 0124	Actifore.
Supervisor: GARY BEIlingER	11. 12 11
Location: WATER Staget + MAIN (POB) Address or Cross Street . City	e Mar/boro MD
Address or Cross Street	3+055+ BUS 63164
Description of Event: Appril My ARRIVAL WATER + MAIN	A A " -il code
was not moving in the direction of the C.	4,15.90ing 1101211.
Also with the Hways on and triangles	s in the back of
the bus. Operator Stated that he was m	14King 4 Right
tuen onto Main Stebst And Another V	shical cams from
THE BACK OF the bus on the left side	and tried make
A Right ARDUNG THE BUS AT THE SAME.	time Operator
- Collectibe badde will to the picky	t in assist hitting
Said that he had to pull to the Right	10 AVOIG 1111119
that vehical. That's when the bus hit	4 tired Object.
A (pole). NO passengers was on the	bus At time,
And no injuries. Operator was taken	Dut of SERVICE
ANO 110 11 URIES. OF TONS !!	
and REfurned to base.	
Aca RAII	
Sunarvisor Signature Con Section 5	



(Check one)	Accident	х	Incident		Time Superviso	or Arrived: 10	D:40 AM
Date of O	ccurrence:		2/27/2019		Time of Oc	currence:	10:37 AM
Weather:	Clear	Day of th	e Week:	Wedn	esday	DHD (Y/N)	: N
Location (Cross Stre	eet and Town)		Allent	own Road & Old B	ranch Ave - Clin	ton, MD	
60 C C C C C C C C C C C C C C C C C C C			\$27.58 miles (200			10 10 10 10 10 10 10 10 10 10 10 10 10 1	ALABATATE CONTRACTOR
Route Impact:				1 - Missed Pull			
Employee Name:				Andrea Carroll		, es cada de la composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition della composition de	
5			19 (2) ±34()	1			1
Run#	326	04	Bus#	632	11	Tagli	LG90114
1							
	1 '	·			·		n motion towards the ous. 13 passengers
What happened	ł .			at this time. Supe		•	
(Be Specific and Brief):							
		20 To 10 To					
Injuries (if any):				None	i en obieries and		
			en de la composición de la composición de la composición de la composición de la composición de la composición				
Vehicle Damage			Scratches on	the left f side from	nt bumper	es es es es es es	
(Check all t	hat apply)	Police	Υ	Ambulance	у	Tow	N
157 (15 (15 (15 (15 (15 (15 (15 (15 (15 (15		40.55	3 40 40 40 50			Victory and Control	
Was the (Operator sent for Dr	ug/Alcohol Test (Y/N):			N	
No	lified (Indicate name	e and time) GM:		r in Coalestana and America	J. Modlin (⊉ 10:47 AM	
1000 5 5 5			1843) - La en 1744			5 6 6 6 6	
	17. 61.		2024				O'noil @ 11-12 ANA
Supervisor	K. Als	Ston	AGM			Maint	O'neil @ 11:13 AM
		ES SERVICIONAS ES OS	editorania en est				
Safety Trai		S. Ford @	10:44 AM		Dispatcher	V. Ta	aylor/D.Terry
Safety Trai		S. Ford @	10:44 AM		Dispatcher	V. Ta	aylor/D.Terry
County Nam	ining Sup.			M. Wilson @			
i de La Grada	ining Sup.	S. Ford @	10:44 AM	M. Wilson @ In Person			aylor/D.Terry e done within 1 hour)
County Nam	ining Sup.						
County Nam (Check	ining Sup.						
County Nam (Check	ining Sup.						

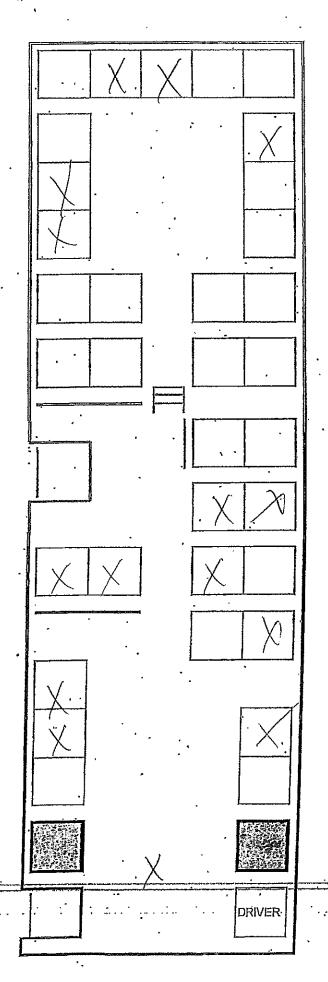
Vehicle Accident Report



Operators CDL#/	Exp Date 067-115 -	Valid Q/(2 W/(6	DOT Med Card	沙沙	Date -22 - 5	7 <i>I</i>	Aeci	dent Report		00090	v3	····
Accident Date	Day of Week	Time of Acci	dent # of Veh				riggered		ne Photo	os Subs	ance Abuse To	ested
Month Day Year	1101	10:30	$\alpha \mid \alpha$		ID/Ye	es	□ No	₩ Yes		I No I	IYes ⊡No	Ó
2 21 /9	COMPAN	IV VEH			M 2 2 1 7 1			OTHER	PART	Y		
Operator Name (Exactly A				<u>. }</u>	III Vehi	cie 2	i Bicya	ist 🗆 Pedi	nahlas	El Fixed Obj	sct DPaxFa	al) .
Carroll 1	Andrea	Christ	-me		Name (Exactly A							*
Address (Include Number 3707 Ha	rmon Aue	Mar	•					N	14			
City or Town		State Zip	701		Address (Include	e Numbe	r & Street)		•	Apl#	•	
Hyptsvill Employee ID#	Dale of Hire	MO 20 Studen	784 1t Driver? Y/10		City or Town		Sta	<u> </u>		Zlp		
012035	6/25/01		•						·	Lic. Slate	#of Occupan	nta
#of Cards #o	f Occupants #Sealed	1	anding •		Date of Birth	Sex	/	Driver's Lic		IIO, CIAUS	# of Ciccobali	ព្រម
Bus ID# Piale#	15 IL	Vehicle Year / Ma	ke .		Іпѕигалсе Со	E	M□F Policy#&I	1	□No	<u> </u>		
63211			10	···			<u>l</u>					
Vehicle Type	Roule#	k Run# 204			Name (Exactly A	rs Printe	o Registration)				
Bus					Address (Include	o Numbi	r & Street)			Apl#		
	17A1178	124 L'Expiration Date			City or Town		18	ale		Zip		
Insurance Co OCI CE DUV	. 1 -	HB 2126	8 7/11	19	Olf at 10th			510				
1	Location of A	ccident		· · · · · · · · ·	1916# 57859	State		R Make of Vehicla		Vehicle Type ('C.C	Golor Consy	•
Address/Street on which	acoldent occurred Alle	ntomn_	Rd	-	VIN	MI) <u>[[</u>	<u>rd</u>		£, 5 3, E	1CT CY	
At intersection with O		Ave		-								
☐ Not et intersection	Feel N S	E W of		_	Telaphone#							
□ On Roadway	☐ Off Roadway	Cian II Cosi	Stop LIMid-Block	nian								•
At Bus Stop? 🗹 Yes	LINO (Hyes) LINE	ar stop 12 rais			i nental Conditio	ns			-			
<u>Weather</u>	Surface		Control Lig	h£			Roadway	-#ofLanes	Roar	dway Character beight and Level	<u>istics</u>	
☑ Clear ☑ Cloudy	□ Dry □ Wet	□ Yie	ld Sign 🔲	Daylight Dawn			t∡ Undivi	ded3	II SI	haightand Grad	3	
☐ Reining ☐ Snowing	□ lcy □ Snow	II Tre II Ela		Dusk Dark Ro	ad Unlighted			it		haight at Hillcres urve and Level	i	
□ Foggy	☐ Other	II OII III UI	controlled 🖂 l	Dark Ro	ad - Lighted		☐ Gravel			urve and Grade urve at Hillcrest		
☐ Other .	Pre	Accident Mover					1/	One of Councilling				
V1 <i>N2I</i> OV	<u></u> ۷۱ /92/0		V1	V2/0	۰.		□ No Un	Road Gondition usual Condition				
☑ ☐ Going Straight		xiling Bus Stop	E		Changing Lanes			tion in road				
☐ ☐ Making right to ☐ ☐ Making right or	n red 🗆 🗆 S	ntering Bus Stop lowing or stoppin	g in traffic 🗀		Passing Merging	-		iction / repair zo naterial on road				
☐ ☐ Making left fun ☐ ☐ making left on	red 🗆 🗆 1	lopped in traffic Parked	<u> </u>		lacking When		☐ Reduc ☐ Other	ed road width				
☐ ☐ Making U Turn	ППА	voided object in re	oad		mated Speed LI	mit		n of Travel		-Accident/C	allieian With	
<u>Vehicle kights</u>	<u>Tum Signals</u>	-	ed Speed Limit					-		,	STORY BRITTS	
No1 ■ On □ Off	No 1 LL Et Turn On No 1 LL Right Turn C	in	1 30_mph	Vehic	(2)	`		nicle 1 E W	☐ Bicy			•
No 2 II On I Off	No 1 Four Ways 0)n Vehicle	2 <u>30</u> mph	Vehic	e2 <u> </u>	ph		ide 2	□ Røll □ Fixe	Train d Object		į
	No 2 _ CI Left Turn On No 2 — CI Right Turn O	NA						® w	□ Pede -⊡-Anin	estrian		
	No 2 II Right Tum U								und			
☐ Crossing With Signal			☐ Riding / Wal	king Alor	<u>Bidyelist Action</u> ng Highway With	Traffic			•	Ti Duchler Hile	rking On Vehicle	
☐ Crossing - No Signal o ☐ Crossing Against Sign	or Crosswalk el		□ Rid(na / Wa)	king Aga	inst Highway Wil ont of or Behind I	h Traff	c Cars			☐ Working In R	oadway	
☐ Crossing Ayamst Signal/A ☐ Crossing - No Signal/A ☐ Going To / From Stopp	/Terked Crosswalk		☐ Playing In Ro	oad	cle Other Than B		ν			□ Not In Roadw □ Other	ay	
CEROMA TO LEMM SIONE	Ded 12/12		Li Obmili All	OIL ABIM	PIO ORIGI (HIMILD	ua				0DD F 9/		

Supplied that the transfer of the control of the co	Vehicle Acciden	t Report	(7) Turisdev
		The state of the s	AR#
☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends Vehicle ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Away (Not Secured)	☐ Passing ☐ Merging ☐ Head On ☐ Bus Right Mirror ☐ Bus Left Mirror ☐ Bus Door Operation ☐ Sudden Stop ☐ Roll Over ☐ Ren Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal ☐ Violations	Police Investigated? In Yes In No Police Department Responding PC County Officer Name (Badge / ID#) Precinct# Report# PPI 22 200000903 Citations / Arrests In Operator 1 In Vehicle 2 In Bicyclist In Pedestrian
	Type of Trip Ith Pax Without Pax II Business Trip		None '
With Pax Without Pax UFfixed Roule ☐ Fixed Rou ☐ Charter ☐ Charter ☐ Para Transit ☐ Para Trans	te 🗆 Errand 🗀 Non Rev move	Vehicle 1 Towed By: Vehicle 2 Towed By:	•
Accident Description Open	ator was	departing	a bus when a Car
tried to go Causing the	around to	he hus ar	
WITH The D	us.		
•			
Description of Damage	Company Vehicle	Minimal D Moderate	□ Major Other Vehicle □ Minimal ☑ Moderate □ Major
Vehicle 1 is ALWAYS Your Vehicle.	utile Vehicle →	Place an X on the exact point	of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car
Name of Wiiness / Injured	Age Cialmi	ng injury? Typa of injury Clai	med Injured Transported To Other Transported To Transported By Unit#
Supervisor on Scene? . 🗵 Y	es: ПNо Si	pervisor Name (Print):	Keun Alston
Supervisor's Signature	en alston	- Unit Number	Supervisor / Manager Reviewing Buy Dunlur

SPP F.20 7/2015



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: 2/27//1 7	fime: <u>10:37</u>	
Location: Allentown	Rd.	-

Driver: Hndrea Carroll

Supervisor: Keun Alston.

Operator incident Report

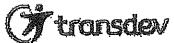


Today's Date: 2-27-19 Time: 10: 30 AM
Operator Name: Aucher Caenoll Vehicle # 63211 Route # 3204
Report Submitted to: Supervisor Dispatch Dsafety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Les Reported to Command: (Name) Sup. Dasa
I did not report the incident immediately because:
Did a SQM respond to this incident? No Res (SQM Name)
Date Incident Occurred: 2-27-19 Time Occurred: 10130 pm Do not have actual date or time
Date Reported: SAME Time Reported: SAME This is a late report
Location of Incident Allen Econ Rob AZ Old Beauch Ave.
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened: I see had pulled Away Jeon the bus stop A stee picking up A passenger. I saw this
stop A)tec picking up A passenger, SAW this
GRAY CAR MOUINS beside me when All gA
hunner caucht his risht rear panel. I
Asked everywe were they ok. The passence
That out the bus hit his head on the
windshield when I hit the bankes hard
I then ealled dispatch on the RAdio.
Then gave them A 10:21,

Operator Signature: Caccoff Date Submitted: 2-22-19
SDD FR Rev 5/2015

Consider EMPLOYEE INFORMATION

(Workers Comp # Issued by Sedgwick) Name Birth Date Hire Date
Name Birth Date Hire Date
1VQ111C
Andrea Cappall 12/22/57 6-25-01
Driver's License# $C - 640 - 067 - 115 - 969$
Employee Number 12025
DOT CARD VALID? (15 NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 3707 HARMAN Rue.
CITY Hyp Hswille STATE Mcl. ZIP CODE 20784
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle)
202-266-6552 FULLTIME OR PARTTIME
IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS
Yes / No) / Unknown Mov F) M(S)W D
SHIFT START TIME / END SHIFT TIME
5:25 (AMOOT PM / 13:23 AM OFPM)



SUPERVISOR'S INCIDENT REPORT



(Check one)	Accident	Х	Incident		Time Superviso	or Arrived: 2:3	5 PM	
Date of Oc	currence:		2/28/2019	Time of Oc		Occurrence: 2:18 PN		
Weather:	Clear	Day of the	e Week:	Thur	sday	DHD (Y/N):	N	
Location (Cross Stre	et and Town)		Lai	mont Dr. and Nev	v Carrolton Park	way		
Route Impact:				1- Missed Pull				
Employee Nome				Jan Simon				
Employee Name:				Jean Simon				
Run#	16	53	Bus#	626	35	Tag#	LG 94094	
What happened (Be Specific and Brief):		Vehicle (2) made contact with vehicle (1) left mirror stopped at bus stop. Supervisor and police were dispatched to the location. There were 5 patrons on board the bus. No injuries to report at this time. The operator continued on route.						
Initiation (if any)				None				
Injuries (if any):				None				
Vehicle Damage			Minor	Scratch on right m	irror			
(Check all t	hat apply)	Police	Υ	Ambulance N		Tow	N	
Was the C	perator sent for D	rug/Alcohol Test ()	//N)·			N		
ovas tire c	perator sent for D	rug/Arconor rest (,,,,,,					
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 2:25 PM				
Supervisor	R. Campbell	@ 2:20 PIVI	AGM	K. Jay 2	:26 PM	Maint	O'neal 2:46 PM	
Safety Trai	ning Sup.	Bud Du	nbar	Dispatcher		D. Butler		
County Name	e and Time:			M. Wilson	@ 2:20 PM			
		Telephone	X	In Person		(Must be done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives								

Vehicle Accident Report

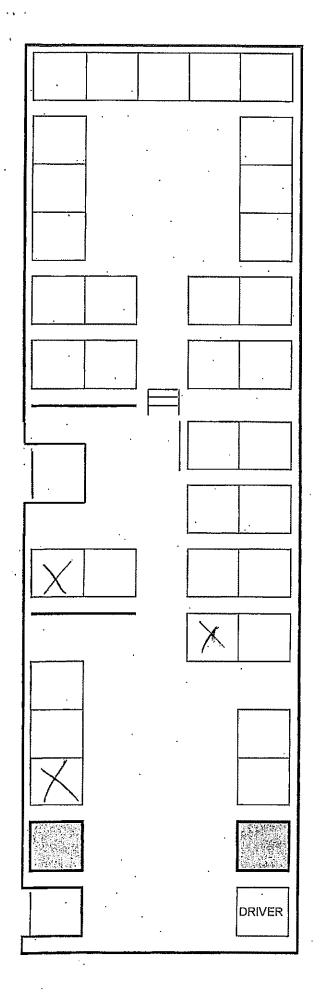
Accident Type



Operators CDL # / Exp Date				Pate Accident Report # 00001218					
Accident Date Month Day Year	Day of Week	Time of Accident	# of Vehicles		Drive T	riggered	Scene Pl		nce Abuse Tested
2-28-19	Thursday	2118pm	2		Yes	□ No		□ No □	Yes Z No
	COMPAN	YEHICLE	n				OTHER PA	RTY .	
Decrator Name (Exactly As Jean Eddi		mon		bŻVe	hicle 2	□ Bicyclis	it □ Pedestria	in □ Fixed Objed	t ⊡Pax Fall
Address (Include Number)	& Street)	Apl#	***	Name (Exactly	As Printe	10n License)	police	report	
Cibras Tours	1 4 1	Siale Zip 2090	····	Address (Inclu			Ponoc	Apt#	
Employee ID#			7 Y 1/10)	City of Town		State		Zip	
012259	Dalte of Hire 3/3/200 Occupants #Sealed	3 #Standipage		Date of Birth	Sex		Driver's License	Lic. State	# of Occupants
1	6 # Septed	IF SIGNISING		Date of Billi		MOF	□Yes □No	, Liu. State	# O Occupants
Bus ID# Plate #	State	Vehicle Year / Make		Insurance Co	Last	Policy#&Exp		***************************************	
	Route # 8	Run#.	1)	Name (Exactly	As Printed	Registration)			
Vehicle Type BU	16	- 1653 B	<u> </u>	Address (Inclu	de Number	r & Street)		Apl#	
1566627	11131179013	Device the Date				L Otala		71.	
Old Republic	241		2019	City or Town		State		Zip	
	Location of A			Plate#	State	Year & N	take of Vehicle	Vehicle Type	Color
At Intersection with	ccident occurred LAM W COVYOIT	on Dr		VIN					<u> </u>
	Feel N S E			Telephone #					
Pi On Roadway	☐ Off Roadway			}					
At Bus Stop? Lo Yes D	∃ No (if yes) □ Ne	ar Stop 🗆 Far Stop 🛭	***************************************						
Weather M Clear	Surface	Traffic Cont	ol <u>Light</u>	nmental Conditi	ons	Roadway - :		oadway Characterist	<u>lcs</u>
⊠ Clear □ Cloudy	izi Dry □Wet	☐ Stop Sign ☐ Yield Sign		ıt		☑ Divided □ Undivide	d	I Straight and Level I Straight and Grade	
☐ Raining ☐ Snowing	□ lcy □ Snow	☐ Traffic Sig ☐ Flagman	🗀 Dark R	oad - Unlighted		☐ Asphalt ☐ Concrete		Straight at Hillcrest Curve and Level	
□ Foggy □ Other	☐ Other	l⊈ Uncontroil □ Other	ed 🗆 Dark R	oad - Lighted		☐ Gravel ☐ Other	····	I Curve and Grade I Curve at Hillcrest	
		Accident Movement				Unusual Ro	ad Conditions		
V1 V2/OV FD DF Going Straight	V1 V2/O Abead □ ∠ □ ₽	V Exiting Bus Stop	V1 V2/			☐ Holes / D			
☐ ☐ Making right tu ☐ ☐ Making right or	m 🗹 🛱 E	intering Bus Stop Slowing or stopping in tra	_{ec.} □ 121	Changing Lane Passing	:\$		tion / repair zone		
☐ ☐ Making left turr☐ ☐ making left on	1 🗆 🗆 🛭	Stopped in traffic Parked		Merging Backing Olher		☐ Reduced	alerial on road froad width		
☐ ☐ Making U Turn		voided object in road Posted Spe		other stimated Speed	l Imit		of Travel	Accident / Co	llinion With
Vehicle Lights No 1 12 On □ Off	Turn Signals No 1 🗀 Left Turn O) "	hide 1	mph.			Other Motor Vehicle	iliaioti vettii
No 2 🗆 On 🗔 Off	No 1 E Right Tum (No 1 ☐ Four Ways	n 1	۸ ۲	hicle 2 20	mph	⊘ s	EW 🗆	Bicyclist Rail Train	
1102 2 011 2 011	No 2 ☐ Left Turn O					_	ide 2	Fixed Object Pedestrian	
	No 2 ☐ Right Turn (No 2 ☐ Four Ways	On		4. -		(y s		Animal	
₹ ☐ Crossing With Signal			<u>Pedestri</u> Riding / Walking	an / Bicyclist Ad Along Highway V		C.	•		
☐ Crossing - No Signal ☐ Crossing Against Sign	or Crosswalk		Riding / Walking . Emerging From i	Against Highway	With Tra	ffic		☐ Working In R	
☐ Crossing Against Ogs ☐ Crossing - No Signal/ ☐ Going To / From Stop	Marked Crosswalk		Playing In Road Getting On / Off \			- 4410		□ Not In Roadw □ Other	ay
	·							SPP F.2	3 7/004F

° Vehic	le Accider	it Repoi	rt				transdev	
				AR#				
☐ Left Tum ☐ Bus L ☐ Bus Rear Ends Vehicle ☐ Bus E ☐ Vehicle Rear Ends Bus ☐ Suddi ☐ Wheelchair Lift Operation ☐ Roll C	ing On Right Mirror eft Mirror Door Operation en Stop	□ Ralkoad □ Hit Fixe □ Hit Pedi □ Hit Anin	d Object estrian	Officer Name (I	ent Responding Badge / ID #/\ &	Prince Unchrock 4	eorges County to 60 22800001218 Bicyclist Pedestrian	
<u>Type of Trip</u>	Business Trip	Violations Sid	violations Sideswipe					
☑ Fixed Route ☐ Fixed Route ☐ ☐ Charter ☐ Charler ☐	Errand Non Rev move Maintenance		Vehicle 2 Towed By: To					
Accident Description			44-4			,		
			as stope		ewing	1	Stop	
and vehicle #2								
	cousing	dam	age to		<u>e#2.</u>	Inere WY		
patrons on board	3 €	xiteo	$\frac{\sqrt{u}}{\sqrt{u}}$	1e 510		the oth	or Three	
remained on the	DUS. N			<u>Eldimini</u>			2 George	
· · · · · · · · · · · · · · · · · · ·	1	<u>olice</u>		on the	1000	Me. The	operator_	
was able to con-	tinue :	m 36	avice.					
		-14						
			h,					
Description of Damage Compa	any Vehicle	Z) Min <u>i</u> mal	☐ Moderate [⊐ Major	Other Vel	oicle 🗆 Minimal	Moderate □ Major	
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehic	de .	Place an >	Con the exact point of	of first impact on y Bus 2	your vehicle and	the other vehicle. Circle	e areas of other damage.	
Name of Witness / injured	Age Clain	ing injury?	Type of injury Clair		Transported To	Other Transported To		
หลาก () พมเกะรว (ปฏิเมียน	Age Clain	ang njul y t	rypa or man y Clair	wer illated	Timirahoreed 10	Omer Hansbuled II	Transported by Diff &	

						•		
					<u> </u>			
Supervisor on Scene? 12 Yes	•		Name (Print):		Campl)e		
Supervisor's Signature Kinda	Campl	<u>W</u> Unit 1	Number <u>1-21</u>	Supervis	sor / Manager	Reviewing	uf Vefree	



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. 2/28/19 Time: 2118.
Location: Lamont Drive
Driver: Jean Simon Jean.
supervisor: Rouda Campbell

Today's Date: 🗸 Jean Eddy Simon Operator Name: ______ Vehicle # Report Submitted to: Supervisor Dispatch Safety Dept. Passenger Incident . Passenger Injury Check One: Passenger Accident 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. Yes (SQM Name) / / __ Time Occurred:__ .Date Incident Occurred: ____ _____ Do not have actual date or time Date Reported: 2/28/ 19 Time Reported:3:15 This is a late report Location of Incident WCW Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat #____ Passenger Name:_ Explain what happened: Date Submitted:

* transdev EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:								
(Workers Comp # Issued by Sedgwick)								
Jean Eddy Simon	Jean Eddy Simon Jean 05/12/1966 3/3//2003							
Driver's License# <u>J-525-385-169-361</u> Employee Number <u>012259</u> DOT CARD VALID? (es) or NO (IF NO, PLEASE EXPLAIN WHY):								
HOME ADDRESS: 12304 Att			ZIP CODE 20906					
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circular) 10 - 11 - 240-433-2020 FULL TIME OR PART TI								
IS THE OPERATOR ON OVER TIME? Yes No / Unknown	GENDER	MARTIAL STATUS	NUMBER OF DEPENDANTS					
*SHIFT START TIME / END SHIFT TIME		r (M)						

(Trans	idev super	VISOR'S INCIDE	NT DEDADT
alnal		2:18 pm	Run: 1653
	19 Time: n-Svimon Jean	1	Vehicle: <u>62635</u>
		Division : <u>0124</u>	Vehicle: <u>V2.000</u>
Supervisor: 201		No Con Han Cha	.
Location:	LUNYON DAYE & D Address or Cross Stree	New Carrollton Stre	City & State
Description of Eve		s stopped at a	· · · · · · · · · · · · · · · · · · ·
	•	ct with vehicle#	, ,
		nage and moden	
vehicle #2.	9 1111111111111111111111111111111111111	The sure the dete	are contide to
VORIOU 1 2.			
			44.7
			, г. ше
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		7

Supervisor Signature: Anda Camplell

Special and antiseport Transcient
Today's Date: 12-05-2018 11me: 3:49pm
Operator Name: Dente Compressed #6264 Route # 32
Report Submitted to: Supervisor Disputch Safety Dept.
Check One: Passenger Accident Passenger Indent Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? VCO Reported to Communic (Name)
I did not report the incident immediately because:
Old a SQM respond to this incident? No. Yes (SQM Name)
Date Incident Occurred: 2 1 18 Time Occurred: Do not have actual date or time
Date Reported: This is a late report
Location of Incident Sount Clay 12 3 28th Ave
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seut ii
Explain what happened:
have to he as I was chung along my route I
haved in an arriving in the lear of the bus. When I
Stone un accessive tolking to a accessive a man
that had just brick the bys short has a dry stady
The man was threatening the students, Both sides
stated arguing backand forth. be ston request
ball was pulled 30 I serviced the bus 3,6000 Sount
your Dr. and opened both doors, when the observered
short and begin to tright with number of the students.
man follower of and the bus and the
Marlow Heights Drice Piller is and the artice.
slice Ruled the man nucled and off the bus on instructed my to Cont
(,) ()
Operator Signature: 25-18
SPP F.8 Rev 5/2015



(Check one)	Accident		Incident	X	Time Superviso	r Arrived: N	/A
Date of Oc	currence:		12/20/2018		Time of Oc	currence:	12:57 PM
Weather:	Raining	Day of the	Week:	Thur	sday	DHD (Y/N):	: N
	The state of the s				and the second	DIID (1714).	
Location /Cuesa Stud	at and Taural			III DI-AA-A	Callery Mary I		
Location (Cross Stre	et and Town)		CC	ollege Park Metro	, College, Maryla	na	
Route Impact:			2	0 minutes delay			
Employee Name:				Dana Woody			
Run#	17	51	Bus#		62636	Tag#	LG94081
	Operator stated a	s a male wheelchai	r patron was dis	sembarking the b	us: the wheelcha	ir entered o	n the sidewalk, as he
What havened							hair patron left the
What happened (Be Specific and	scene and boarde	d a MetroBus befor	e the Superviso		vere no injuries	eported. The	e operator continued
Brief):				on route.			

Injuries (if any):				None			
injuries (ir arry).				None			
Vehicle Damage				None			
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N
			7-3				
was the C	Operator sent for D	rug/Alcohol Test (Y	/N): [V	
Not	ified (Indicate nam	e and time) GM:			I Modlin	@ 1:14PM	
	inea (marcate main	e and time; divi.		West Constitution	J.MOGIIII	₩ 1.14FIVI	
Supervisor	Воу	kin	AGM	K.Jay@1:14PM Main Pebbles@			
Asst. Safe	ety Mgr.	R. Jones @	1:07PM		Dispatcher	De	eisha/Tayo
County Name				Marsha Wilso	on@1:07PM		
(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							



transdev supervisor's incident report

	17:555		Run: 1701	
	Time: 12:55p		Vehicle: 62636	
Operator #: D Woody	Division:	: 0124	Venicle.	
Supervisor: D. Boykin	N. II	0.11	Dat Mal	
Location: College Park Address or C	Metro Statio	City	& State	
Address of C	ross street	1	(C 1: 1 - 0+	
Description of Event: A Whe	etchair passe	nger got	it the DUS GI	
Callone Dock Metro	station and	rushed to	cath a connecti	Ŋ.
Alala bus instem	lof using the	ramped C	urve, the gent	CALITA
attempted to roll a	off the curb	Causing his	Whee IChair to	
tin over. He was	, asked by ope	rator Wood	ly if the needed	3 ,
anchical assistance	He refused	and stated	I that the inciden	+
was totally on his	n and he wa	s tine: H	e was assisted by) —
other by standers	and proceed	ed to cate	h his connecting	
Ws:				
				-
	,			
	-\$			
	· · · · · · · · · · · · · · · · · · ·	Х		
	/			
Supervisor Signature: 1 on	Bey !			

Operator Incident Report
Today's Date: 12/20/18 Time: 9100 Pt01 Vehicle #_636 Route #_170/
Operator Name: ACCCC
Report Submitted to: Supervisor Dispatch Safety Dept.
Passenger Incident Passenger Incident
Check One: Passenger Complaint No Damage Vehicle Incident Report Other Passenger Complaint Report Other Reported to Command: (Name)
Was the incident reported infinediately.
What report the incident immediately because:
Did a SQM respond to this incident? No No Name) Do not have actual date or time
Date Incident Occurred: 12 20 18 Time Occurred. This is a late report
Date Reported: 12 2018 Time Reported. 12 Don (Wet WO
Location of Incident 6 lege PAGE WETTE
Complete a separate Incident Report for each passenger affected by this event. Passenger ID/Seat#
Passenger Name: UN LAOWN Passenger ID/Seat#
MIRECURIN DATION DORDED THE BUS ON 1. 1 BATEMORE AND IN PRICE TO COLLEGE PARK METO, After debonding the Bus At College Park Metro parkon tried to use conto Bus At College Park Metro parkon tried to use conto VILLEGERAL Crossing Ramp At Metro Station, Little Coused VILLEGERAL Crossing Ramp At Metro Station, Little Coused VILLEGERAL Crossing Ramp At Metro Station, Little Coused VILLEGERAL Crossing Ramp At Metro Station, Albert Coused VILLEGERAL CROSSING RAMP Asked Parkon if he needed to the ground, When I Asked patron if he needed Need Medical Assistance And it was okas did not Need Medical Assistance And it was listant. The partion College Park Station and left the Station.
Date Submitted: 12 20 18 SPP F 8 Rev 5/2015



(Check one)	Accident		Incident	Х	Time Superviso	or Arrived: 12	2:58PM		
Date of Oc	currence:	12/21/2018		Time of		Time of Occurrence: 12:52			
Weather:	Clear	Day of the	Week:	Frid	day	DHD (Y/N):	Y		
Location (Cross Stre	et and Town)		Pennsylvania A	venue @ Forest	ville Road, Fores	tville, Maryla	nd		
Route Impact:		No delays							
Employee Name:]	Ronnie Womack							
Zimpioy ce riame:				onnie Wonack					
Run#	33	51	Bus#	626	547	Tag#	LG94283		
							to the location. The		
What happened	operator claim	ed shortness of bre		s and dizziness. i I. Strategic opera			by ambulance to		
(Be Specific and			ar yrania riospita	otrategie opere	ntor continued ti	ic route.			
Brief):									
Injuries (if any):	On a rate v ala im								
injuries (it any):	Operator claim	ed shortness of bre	eath, chest pains	s and dizziness ar	nd transported t	o Southern M	laryland Hospital.		
Vehicle Damage				None					
(Check all t	hat apply)	Police	N	Ambulance	Υ	Tow	N		
Was the C	perator sent for Di	rug/Alcohol Test (Y	//N):			N			
	ikase sanahe			ACCUMULATION OF					
Not	ified (Indicate nam	e and time) GM:		J. Modlin @ 12:52 PM					
Supomisor	Polli		ORC						
Supervisor	Belli	riger	OPS	M. James @	7 12:52 PM	Main	Jamal @ 1:36 PM		
Safety Su	pervisor	S. F	ord @ 1:36 PN	И	Dispatcher	Deisha/Tayo			
County Name		6		Marsha Wilso	n@ 1:33PM				
(Check one) Telephone		Telephone	X	In Person		(Must be done within 1 hour)			
Please note the									
details of this incident will change when the									
Supervisor Arrives									

Operator Incident Report



THE WAR IN THE WAR WAS DON'T SHOW THE WAR IN	Management of the last live and the
Today's Date: 01-02-19 Time:	
Operator Name: Ronald E Wannel Vehicle # 62647 Route # 33	301 R
Report Submitted to: Supervisor Dispatch Safety Dept.	
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Dama	age
Passenger Complaint No Damage Vehicle Incident Report Other	
Was the incident reported immediately? YFS Reported to Command: (Name) DISPAI	tch
I did not report the incident immediately because:	
Did a SQM respond to this incident? No. Yes (SQM Name) MRS MALETTA	
Date Incident Occurred: 12-22-18 Time Occurred: 12-40pm Do not have actual date of	ortime
Date Reported: 12-22-18 Time Reported: 12-40 This is a late report	
Location of Incident FORESTUILE & feet AVE.	
Complete a separate Incident Report for each passenger affected by this event.	
Passenger Name: Passenger ID/Seat #	
Explain what happened: T was sick all week was Tak	in
. Diller the purities weeks. SO DN FRIDAY 12-22-18 7	_/_
STANTED Feeling VIAV Sick AS I WAS DRIVING TO A	14
P.T. STARTER Having Ches 1 PAINS, GOT HEALLY Dizes	/
50 I control Disporter and Asked There To call me	
AN Ambulace They Told me To OAL So. I did 4.	he
Ambulance Cause And Took me To the Hospial	
The SAID I HAD A CASTRO INFECTION & STOMARK L	11 RUS
·	
	-
30 N.5	
	•
Operator Signature: Nomuce Womack Date Submitted: 01-02-	- 19
SPP F.8 Rev 5,	/2015



Date#: 12 21 2018 Time: 12:56pM Run: 3351
Operator #: Ronne Womack Division: 0124 Vehicle: (22647
Supervisor:
Location: Pennsylvaina Avenu a Forestville Rd. Forestville, MD Address or Cross Street City & State
Description of Event: Operator Womack called into dispatch
Stating that he needs medical assistance. I arrived
at Pennsylvania Avenue @ Forestille Road. Operator
Womack was setting in the front passenger seat
Stating that he has shortness of breath and
that he feels like he is about to faint. I
instruct Operator Womack to Stay awake until
the paramedics come. The paramedics arrived
5 minutes later, checked Operator Womack
vitals and transported him to Southern
Maryland Hospital. Strategic operator
drove the pus to continue on the 3351
Rolite.
Supervisor Signature:



transdev supervisor's incident report

Dater.	2
Operator #: R. WOMACK Division: 0124 Vehicle:	
Supervisor: GARY BS//ingER	
Location: Penn AV8 FORESTVILE MI Address or Cross Street City & State)
Description of Event: I ARRIVED PENN, AVE in FORESTVILLE MTD	
Operator R. Womack got sick on his Bus on	his .
WAY to Start his ROUTE. THE AMBULANCE WAS AL	READY
At the SCENE. THEY took him to SouthERN MARY	1/And
WAY to Start his ROUTE. THE AMBULANCE WAS ALL OF THE SCENE. THEY TOOK him to SouthERN MARY HOSPITAL. OPERATOR A. BALLARD TOOK OVER THE I	Poute
	x
	8
N.	
•	
Le RAN	
Supervisor Signature:	



(Check one)	Accident		Incident	X	Time Supervisor Arrived: 12:53 PM		
Date of O	ccurrence:		12/24/2018	Time of Occurrence: 12:1			12:10 PM
Weather:	Clear	Day of the	e Week:	Mor	DHD (Y/N):	N	
Location (Cross Stre	eet and Town)		Belcres	Road @ Toledo	Terrace - Hyatts	ville, MD	
Route Impact:				1 - Missed Pull			
Employee Name:	1			Kevin Fuller			
Employee Ivame.				Kevin Fuller			
Run#	13	301	Bus#	626	534	Tag#	LG94093
The state of the s	Operator states	d that as he pulled a	away from the b	us stop a female	patron fell as sh	ne was being se	ated. Supervisor
What happened	dispatched to assis						ned that she injured
(Be Specific and		her knee, however	refused medica	ıl attention. Relie	f operator conti	nued in service	
Brief):							
						NO. 50 A 18 A 18 A 18 A 18 A 18 A 18 A 18 A 1	
Injuries (if any):				None			
Vehicle Damage				None			
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N
- Chick direction	and apply)	As A CAN THE STATE OF		Ambulance		and the same	IN .
Was the 0	Operator sent for D	rug/Alcohol Test (\	//N):			N	WE JET IN A SECTION
No	tified (Indicate nam	ne and time) GM:			J. Modlin (@ 12:24 Pm	
	В О		ACNA				
Supervisor	B. Ogu	ındeko	AGM			Maint	N/A
Safety Sup.		S. Ford @ 1	2·22 PM		Dispatcher		Terry
	July 1	3.1014 @ 1		es a servicio de la companya de la c	Dispatcher	D.	Terry
County Nam	e and Time:			M. Wilson @	12:27 PM		
(Check one)		Telephone	Х	In Person		(Must be do	one within 1 hour)
Please note the							
details of this incident	Į.						
will change when the							
Supervisor Arrives							
	•						

Vehicle Accident Report



Operators CDL:	# / Exp Date - 465 - 417 -	323 EYes D	Med Card / Ex	p Date		Acc	ident Repor	t#	O/A	
Accident Date Month Day Ye	Day of Week	Time of Accident	# of Vehicles	Smar	tDrive T	riggered	Sce	ene Photo	1	stance Abuse Teste
		12:10PL	ALA		Yes	No	□Ye	s 🗗	No	□ Yes □ No
	COMPA						OTHE	R PART	V	
	y As Printed On License)	_		ПУ	hicle 2	E Dia				
Address (Include Numb	per & Street)	Fulles		V Sous Pros				lestrian	☐ Fixed OI	oject DPax Fall
2742	Promen	sale 107	Ł.	Name (Exact)	y As Printer	d On License)				
City or Town	conf	State Zip Student Driver	1.7	Address (Incli	ide Numbe	r & Street)	511	-	Apt#	
Employee ID#	Date of Hire	Student Driver	? Y(N)	City or Town		Sta	te		Zip	
72877	of Occupants #Seate	16							27.00	
ii or oalds	to the same of the	ed #Standing		Date of Birth	Sex		Driver's Li	cense	Lic. State	# of Occupants
Bus ID# Plate #	State	Vehicle Year / Make		Insurance Co		M □ F Policy#&E	□Yes	□No		
62634 69	94093 MS	2011		industrios oo		r oncy # & E	xh pale			
Vehicle Type	94093 M.S. Route#	& Run#		Name (Exactly	As Printed	Registration)				
VIN 15991	3271XB	RESPIRATION Date W.T.S. 212 Accident		Address (Inclu	de Number	& Street)			Apt#	DA
Insurance Co	- Policy#	& Expiration Date		City or Town		Sta	ate		Zip	
Old va	pulote N	IWIB 212	68							
Address Otes at a cultist	Location of	Sal Crest	2000	Plate #	State	Year 8	Make of Vehicle	V	ehicle Type	Color
At intersection with	accident occurred			VIN						
	1 ***									
1	7900	E W of		Telephone #						
☐ On Roadway	☐ Off Roadway	ear Stop □ Far Stop □								
At bus Stop! 121 les	LINO (II yes) LINE	aar Stop LI Far Stop LI								
Weather ☐ Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy ☐ Other	Surface Dry Wet Icy Snow Other	Traffic Control Step Sign Yield Sign If Traffic Sign If Flagman If Uncontrolled Other	ol Light ☐ Daylight ☐ Dawn al ☐ Dusk ☐ Dark Roa	ad – Unlighted	ons	☐ Divided ☐ Undivid ☐ Asphalt	ed	☐ Stra ☐ Stra ☐ Strai ☐ Curv ☐ Curv	ray Character ight and Level ight and Grade ight at Hillcres re and Level re and Grade re at Hillcrest	
	Pre	Accident Movement							e at i illicitest	
V1 V2/OV Going Straigh Going Straight Going Making right to Going Making left tur Going Making Left on Going Making U Turn Vehicle Lights	um	exiting Bus Stop Entering Bus Stop Slowing or stopping in traffic Parked Voided object in road	G	changing Lanes lassing ferging acking	ix	☐ No Unu ☐ Holes / E ☐ Obstruct ☐ Construct ☐ Loose m		3		
	Turn Signals	Posted Spee		nated Speed L	imit	Direction	of Travel		Accident / Co	ollision With
No 1 🖾 On 🖂 Off No 2 🖂 On 🖂 Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn C No 1 ☐ Four Ways C	on Vehicle 2	mph Vehicle		nph nph	N S	cle 1 E W	☐ Other ☐ Bicycli ☐ Rail Tr		PLA
*	No 2 ☐ Left Turn On No 2 ☐ Right Turn O No 2 ☐ Four Ways O	n				Vehi N S	cie 2 E W	☐ Fixed (☐ Pedest☐ Animal	Object rian	4-120
☐ Crossing With Signal ☐ Crossing - No Signal o ☐ Crossing Against Sign ☐ Crossing - No Signal/N ☐ Going To / From Stopp	al Marked Crosswalk	PI DE	Pedestrian / ding / Walking Alon ding / Walking Agai nerging From in Fro aying In Road atting On / Off Vehic	nst Highway Wi ont of or Behind	Traffic th Traffic Parked C	ars	NIK		Pushing / Wo Working In Ro Not In Roadw Other	
			on year	A Outer Than !	202			had	SPP F.20	7/2015

Accident Type

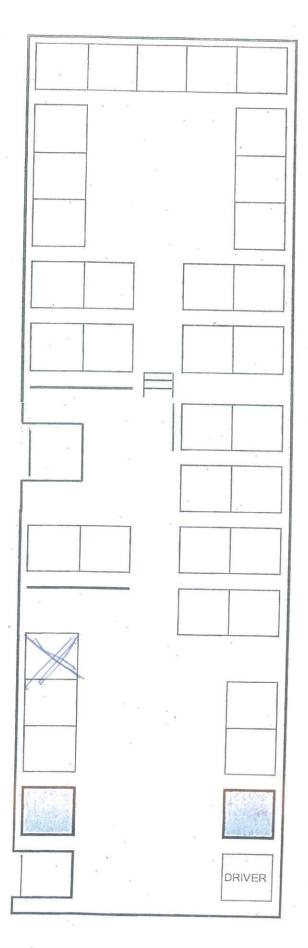
Vehicle Accident Report AR# Police Investigated? ☐ Yes ☐ No ☐ Backing ☐ Passing ☐ Railroad Crossing ☐ Sideswipe ☐ Merging ☐ Hit Fixed Object Police Department Responding ☐ T-Bone ☐ Head On ☐ Hit Pedestrian NIA ☐ Right Turn ☐ Bus Right Mirror ☐ Hit Animal Officer Name (Badge / ID #) ☐ Left Turn ☐ Bus Left Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation Precinct# Report # ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Away (Not Secured) ☐ Roll Over Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Ran Off Roadway Violations Type of Trip With Pax ☑ Fixed Route Without Pax ☐ Business Trip ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance Vehicle 2 Towed By: To Accident Description Da from Bus w 6a634 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 2 ---> Name of Witness / Injured Claiming Injury? Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # NA Balsalila Supervisor on Scene? ☐ Yes □No Supervisor Name (Print): Unit Number 0024 Supervisor / Manager Reviewing Supervisor's Signature SPP F.20 7/2015



Accident/Incident/Workers Comp#:		
Name Kevin Fuller	Birth Date	Hire Date
Driver's License# F - 460 - 465 - Employee Number 30835 DOT CARD VALID? Yes or NO (IF NO, PLEASE EX		
	0	
HOME ADDRESS: 3545	Promenade	Place #103
CITY Warding ST		ZIP CODE
HOME PHONE NUMBER DAY TIME		EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
Yes / No / Unknown GENDER Mor F	MARTIAL STATUS	NUMBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME 5 4 5 AMor PM / AN	1 or PM	

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

Operator Incident Report Transdex
Today's Date: 1234/18 Operator Name: Kevin Fallar Vehicle # 62634 Route # 13
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) Alston I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Do not have actual date or time Date Incident Occurred: Do not have actual date or time Date Reported: Date Reported: Time Reported: This is a late report Location of Incident No Safety Dept. Passenger Injury Vehicle Damage Reported to Command: (Name) Alston Reported to Command: (Name) Do nother
Explain what happened: 12:100 By T Dicked up Darron. I I boked In to regriew mirror did nt see her so I thought She was seated. So I pulsed odd she yell gout I an not seated! Then I stopped to bus thou she fell. I helpen hor up and called som after. Tight
Jani Jalla
Operator Signature: Date Submitted: SPP F.8 Rev 5/2015



BUS DIAGRAM

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

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

Complete and turn in with accident forms ASAP.

Thank You!

Date: 12	24 (YTime: 12:10pm
Location:	Below tory
Driver:	Kasa fore.
Supervisor:_	Bobolda Que



transdev supervisor's incident	T REPORT
Date#: 12/24/18 Time: 12:10pm	Run: 130/
Operator #: Review Fuller Division: 0124	Vehicle: 62634
Supervisor: Babalda Ogundus	
Location: Belovet Read Toledo Hyetter Address or Cross Street City	We M⋅D / & State
Description of Event: On Money December 24th	2018 6 12:10,00
Operator K. Fuller Called in for an	nadiut of a
Parties in the vanie of Carrie smil	anada Iliu I
member 301-779-2947 who feld on 1	En Bus 62634
becamie Operator fuller proceeded	after accornsdation
the perton to be seeted but mus	Carrie Smus
Shouted I'm not Seated yet	: but Operator
futter stopped in the process, to	te potran in
question fell but she compl	owned of Une
lujung but refused medical a	- Secotant .
Operator Novin follor Contain	med in Service
after Clean featin from Safety	Depart much
Veguetted by Superview hole	Ogmens.
Supervisor Signature:	



details of this incident	(Check one)	Accident		Incident	X	Time Supervisor Arrived: 6:31 PM				
Location (Cross Street and Town) The Villages @ Fieldstone Way, Capital Heights, Maryland Route Impact: Employee Name: Brenda Lomax Run# 2252 Bus# 63203 Tag# LG92008 Operator called into dispatch stating that she made contact with a deer while traveling on Fieldstone Way. Supervisor was dispatched to the location. There was (1) patron on board. No injuries reported. The operator continued in service. What happened (Be Specific and Brief): Injuries (if any): None (Check all that apply) Police None (Check all that apply) Police None Notified (Indicate name and time) GM: J. Modlin @ 6:34 PM Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person Marsha Wilson@ 6:35 PM In Person	Date of O	ccurrence:	12/27/2018			Time of Occurrer		6:15 PM		
Location (Cross Street and Town) The Villages @ Fieldstone Way, Capital Heights, Maryland Route Impact: Employee Name: Brenda Lomax Run# 2252 Bus# 63203 Tag# LG92008 Operator called into dispatch stating that she made contact with a deer while traveling on Fieldstone Way. Supervisor was dispatched to the location. There was (1) patron on board. No injuries reported. The operator continued in service. None None (Check all that apply) Police None Notified (Indicate name and time) GM: Supervisor D. Butler OPM M. James @ 6:35 PM J. Modlin @ 6:34 PM Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo Marsha Wilson@ 6:35 PM [Must be done within 1 hour) Please note the details of this incident will change when the	Weather:	Clear	Clear Day of the Week:			Thursday		l N		
Route Impact: Employee Name: Brenda Lomax Run# 2252 Bus# 63203 Tag# LG92008 Operator called into dispatch stating that she made contact with a deer while traveling on Fieldstone Way. Supervisor was dispatched to the location. There was (1) patron on board. No injuries reported. The operator continued in service. Injuries (if any): None Vehicle Damage None (Check all that apply) Police N Ambulance N Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): N Notified (Indicate name and time) GM: J. Modilin @ 6:34 PM Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher County Name and Time: (Check one) Telephone X In Person (Must be done within 1 hour) Please note the details of this incident will change when the										
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Run# 2252 Bus# 63203 Tag# LG92008 What happened (Be Specific and Brief): None Vehicle Damage (Check all that apply) Police N Ambulance N Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): N Notified (Indicate name and time) GM: J. Modlin @ 6:34 PM Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM County Name and Time: (Check one) Telephone X In Person (Must be done witthin 1 hour) Please note the details of this incident will change when the	Route Impact:			2	0 minutes delay					
Run# 2252 Bus# 63203 Tag# LG92008 What happened (Be Specific and Brief): None Vehicle Damage (Check all that apply) Police N Ambulance N Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): N Notified (Indicate name and time) GM: J. Modlin @ 6:34 PM Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM County Name and Time: (Check one) Telephone X In Person (Must be done witthin 1 hour) Please note the details of this incident will change when the										
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Operator called into dispatch stating that she made contact with a deer while traveling on Fieldstone Way. Supervisor was dispatched to the location. There was (1) patron on board. No injuries reported. The operator continued in service. Injuries (if any): None Vehicle Damage None (Check all that apply) Police N Ambulance N Tow N Notified (Indicate name and time) GM: Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo County Name and Time: (Check one) Telephone X Marsha Wilson @ 6:35 PM In Person (Must be done within 1 hour) Please note the details of this incident will change when the	Run#] 22	52	Rue#	632	U3	Tag#	1 1000000		
What happened (Be Specific and Brief): Injuries (if any): None Vehicle Damage None (Check all that apply) Police N Ambulance N Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): Notified (Indicate name and time) GM: J. Modlin @ 6:34 PM Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo County Name and Time: (Check one) Telephone X In Person (Must be done within 1 hour)	Market Internation	AND WEST		Dusir	032		ιαςπ	LG32008		
What happened (Be Specific and Brief): Injuries (if any): None Vehicle Damage None (Check all that apply) Police N Ambulance N Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): Notified (Indicate name and time) GM: J. Modlin @ 6:34 PM Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo County Name and Time: (Check one) Telephone X In Person (Must be done within 1 hour)		Operator called in	nto dispatch stating	that she made	contact with a de	er while traveli	ng on Fieldsto	one Way. Supervisor		
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Injuries (if any): None Vehicle Damage None (Check all that apply) Police N Ambulance N Tow N Notified (Indicate name and time) GM: Supervisor D. Butler OPM M. James @ 6:35 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo County Name and Time: (Check one) Telephone Marsha Wilson@ 6:35 PM In Person (Must be done within 1 hour)	7,000									
Injuries (if any): None										
Vehicle Damage Check all that apply Police N Ambulance N Tow N										
Vehicle Damage Check all that apply Police N Ambulance N Tow N								ATTO PERSONAL PROPERTY OF THE PARTY OF THE P		
Vehicle Damage Check all that apply) Police N Ambulance N Tow N	Injuries (if any):				None					
(Check all that apply) Police N Ambulance N Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): Notified (Indicate name and time) GM: J. Modlin @ 6:34 PM Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo County Name and Time: (Check one) Telephone X In Person (Must be done within 1 hour)	A Ship Albayasia									
Was the Operator sent for Drug/Alcohol Test (Y/N): Notified (Indicate name and time) GM: J. Modlin @ 6:34 PM	Vehicle Damage				None					
Was the Operator sent for Drug/Alcohol Test (Y/N): Notified (Indicate name and time) GM: J. Modlin @ 6:34 PM	/Cl - 1 - 11 -		5-8-							
Notified (Indicate name and time) GM: Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo County Name and Time: (Check one) Marsha Wilson @ 6:35 PM In Person (Must be done within 1 hour) Please note the details of this incident will change when the	(Check all t	пат арріу)	Police	N	Ambulance	N	Tow	N		
Notified (Indicate name and time) GM: Supervisor D. Butler OPM M. James @ 6:15 PM Main Zaw @ 6:33 PM Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo County Name and Time: (Check one) Marsha Wilson @ 6:35 PM In Person (Must be done within 1 hour) Please note the details of this incident will change when the	Was the	Operator sent for D	rug/Alcohol Test (Y	(/N):			N			
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Safety Supervisor G. Bellinger @ 6:43 PM Dispatcher James/Tayo County Name and Time: (Check one) Telephone X In Person (Must be done within 1 hour) Please note the details of this incident will change when the		1								
County Name and Time: (Check one) Telephone X In Person (Must be done within 1 hour) Please note the details of this incident will change when the	Supervisor	D. Bi	utier	OPM	M. James @	9 6:15 PM	Main	Zaw @ 6:33 PM		
County Name and Time: (Check one) Telephone X In Person (Must be done within 1 hour) Please note the details of this incident will change when the	Safety Supervisor		G Rellinger @	ച 6∙43 PM	Dispatcher] James/Tayo			
(Check one) Telephone X In Person (Must be done within 1 hour) Please note the details of this incident will change when the	Surety Su	pervisor	G. Denniger e	9 0.43 1 101		Dispatcher	Ja	illes/Tayo		
Please note the details of this incident will change when the	County Nam	e and Time:			Marsha Wilso	n@ 6:35 PM				
details of this incident will change when the	(Check one)		Telephone	X	In Person		(Must be	done within 1 hour)		
details of this incident will change when the										
will change when the	Please note the									
3.5449.0455.0455.0	details of this incident									
Supervisor Arrives	will change when the									
	Supervisor Arrives									

Opelator Incident Report



Today's Date: 12-27-18	Time: 730
Operator Name: Brenda	Vehicle# <u>63203</u> Route#
Report Submitted to: Supervisor Dispatch	Safety Dept.
	Incident: Passenger Injury Vehicle Damage
Passenger Complaint No Damage	Vehicle Incident Report Other
Was the incident réported immediately? <u>Yes</u>	Reported to Command: (Name)
i did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes	
	ed: 730/m Do not have actual date or time
Date Reported: 12-27-18 Time Reported: 7	This is a late report
Location of Incident Chatsfield Wa	
Complete a separate incident Report for each passent	
Passenger Name:	
front of the hus on the	Catsfield was a deer van in 1 1 St Side I didn't throw on in 1 want the lady to fall out
,	
State Some	Date Submitted: 1227-18
Operator Signatures	SPP F.8 Rev 5/2015

Transdev supervisor's inciden	IT REPORT
Date#: $\frac{12/27/2015}{1000}$ Time: $\frac{6:30pa}{1000}$	
Operator #: DIMA LOMEX Division: 0124	Vehicle: 63203
Supervisor: Butter	
Location: Chatsfield way Capito Address or Cross Street	Heights MD
Description of Event: Openator Loman Says a deer	
of the low on flectiful the and the	idat clava as backer
of the bus on Chatsfield Way and she d	Ch did all local de
because a patron was about the busand make the patron fall out of her sent	She alant want to
make the patron tall DUT of Mer. Sect) I arnived on the
scene at 6:30 pm and investigated and	d observed the scene
I also took photographs of Front	of the bus where
the deer was struck. Then was	I patron aboan
the bus was now southers there	
report as of yet. The patron go	it off the bus
and boarded another before I	averyal at II
•	arrived at the
SCENE.	
·	
	· · · · · · · · · · · · · · · · · · ·
Ω I Ω	
Supervisor Signature: Lea D	·



Safety & Training Department

(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 2:39PM			39PM
Date of Oc	currence:		12/26/2018		Time of Oc	currence:	2:21PM
Weather:	Clear	Day of the	e Week:	Wedn	esday	DHD (Y/N):	N
Location (Cross Stre	et and Town)		Lottsford R	oad @ Harry S Tr	uman Drive, Larg	go, Maryland	
Route Impact:	2 missed pulls						
Employee Name:		Bridget Rose					
Run#	28	51	Bus#	626	533	Tag#	LG94092
What happened (Be Specific and Brief):	Vehicle (1) was traveling on Lottsford Road: Vehicle (2) was coming out of a driveway and made contact with Vehicle (1) right rear panel. Supervisor and Police was dispatched to the location. There were no patrons onboard. No injuries reported. Strategic operator continued the route.						
Injuries (if any):		None					
Vehicle Damage				None			
(Check all t	hat apply)	Police	Υ	Ambulance	N	Tow	N
Was the			v (ni).				
was the C	Operator sent for D	rug/Alconol Test (Y/N):			N	
Not	ified (Indicate nam	e and time) GM:		N/A			
Supervisor	D. Bu	utier	ОРМ	M. James	2:21PM	Main	Ray @ 2:46PM
Asst. Safe	ety Mgr.	S.	Ford @ 2:49PN	M	Dispatcher		James
County Name				M. Wilson @ 2:49PM			
(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				ı			

Vehicle Accident Report



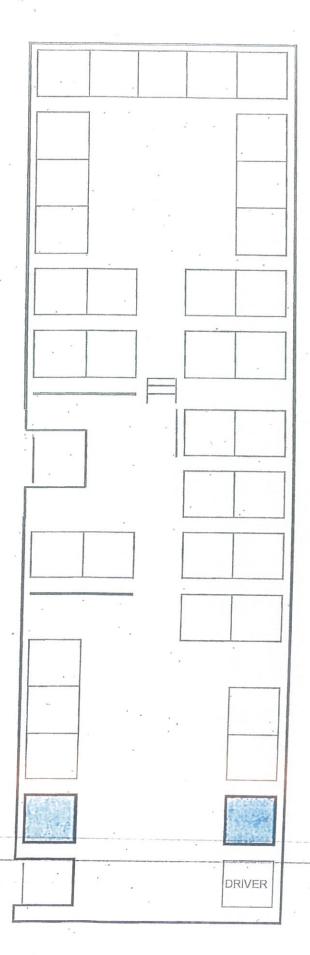
-		17/3					
Operators CDL	#/Exp Date	Valid DOT Med	Card / Exp	Date 4 1 1 1 2 0 } (Acciden	t Report #	
Accident Date	Day of Week Ti		of Vehicles	SmartDrive	Triggered	Scene Photos	Substance Abuse Teste
Month Day Ye	ar V I lala lay) .)	2	□ Yes	E No	□Yes □ No	□ Yes □No
17/10	COMPANY	L. FOPA	5	1 100	1110		LI TES LA NO
Operator Name (Exact)	ly As Printed On License)	VEHICLE 1		/		OTHER PARTY	
Bridg	it Rose			□ Vehicle 2		□ Pedestrian □ Fi	ixed Object
Address (Include Numb	ber & Street)	Apt#		Name (Exactly As Print	ed On License)	DIL	
City or Town	State	Zip ~ 0/	0.1	Address (Include Numb	per & Street)	Der Apt#	
La Gla	dorf m	D 706	UI	2575	Apple to	in lane	
Employee ID#	Date of Hire # 1/6 18	Student Driver? Y	N)	City or Town	State	Zip	10776
# of Cards #	of Occupants #Seated	# Standing		Date of Birth Sex	1	Driver's License Lic. S	State #of Occupants
	()) .	0		8/14/5Y I	IM DEF	DYes DNo	np 1
Bus ID# Plate #	Y N 9 2 State Veh	icle Year / Make	1.	Insurance Co	Policy#& Exp Da	1 -/2/12 0 s	101 77 0/
Vehicle Type	Route#& Run	# 0.661)	Name (Exactly As Print	ed Registration)	1000	107-3 / 1/6/3
VIN 01119	1 71	+3>1		Address (Include Numb	ar & Circuit	rent	
1566	02718311791	011	,		SC 25	Apt#	
Insurance Co	Policy#& Expir	ation Date	1200	City or Town	// State	L Zip	1000
Centro	In(. Location of Accide	D + 1 + 03 //.	+/ JUN	Plate# State	Year & Mak	e of Vehicle Vehicle	Type Color
Address/Street on which	n accident occurred Lotts	ford Rd		8491 N	10	FOUL ES	cape Green
At intersection with	losty S. Truman	Dr		VIN	1110710	-2 V1 +15	481
Not at intersection	Feet WS E W	of		Telephone #	10121	DACI	701
☐ On Roadway	☐ Off Roadway			7 (2	-60		
At Bus Stop? ☐ Yes	☑No (if yes) ☐ Near Sto	p □ Far Stop □ Mid-B	Block stop	101	- 390-	5-3.84	
Weather	Surface	Traffic Control	Environm Light	ental Conditions	D		
☐ Clear ☐ Cloudy	Dry □Wet	☐ Stop Sign	Daylight		Roadway - # o	Straight a	naracteristics nd Level
☐ Raining	□ lcy	☐ Yield Sign ☐ Traffic Signal	☐ Dawn ☐ Dusk		☐ Undivided_ ☐ Asphalt	☐ Straight an	
☐ Snowing ☐ Foggy	☐ Snow ☐ Other	☐ Flagman ☐ Uneontrolled	☐ Dark Road	d – Unlighted d - Lighted	☐ Concrete ☐ Gravel	☐ Curve and	Level
□ Other .		Other			□ Other _	☐ Curve at H	
V1 2/0V	V1 V2/OV	ent Movement	V1 V2/OV		Unusual Road	Conditions	
☑ ☑ Going Straigh		Bus Stop			☐ No Unusual ☐ Holes / Deep	Rut	
☐ ☐ Making right to ☐ ☐ Making right o	um 🗆 🗆 Entering		☐ ☐ CH	anging Lanes ssing	☐ Obstruction in ☐ Construction /		
☐ ☐ Making left tur☐ ☐ making left on	m □ □ Stopped				☐ Loose materia ☐ Reduced road	al on road	
☐ ☐ Making U Turn		object in road			☐ Other		
Vehicle Lights	Turn Signals	Posted Speed Limi	<u>Estim</u>	ated Speed Limit	Direction of T	ravel Accid	dent / Collision With
No 1 ☑ On ☑ Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn On	Vehicle 1 10 m	ph Vehicle	1 15 mph	Vehicle 1	☐ Other Motor	Vehicle
No 2 🗆 On 🖬 Off	No 1 ☐ Four Ways On	Vehicle 2m	ph Vehicle	2 <u>5</u> mph	N S E	☐ Rail Train	
	No 2				Vehicle 2	☐ Fixed Object	
	No 2 ☐ RightTum On No 2 ☐ Four Ways On			And the second s	N S E	M El-Animal	
Crossing With Signal		HD	Pedestrian / B	icyclist Action			
Crossing - No Signal of	or Crosswalk	☐ Riding /\	Walking Again:	Highway With Traffic at Highway With Traffic		□ Push	ing / Working On Vehicle
Crossing Against Sign Crossing - No Signal/A	Marked Crosswalk	☐ Emerging ☐ Playing Ir	g From in Fron n Road	t of or Behind Parked (Cars	□ Not In	ing In Roadway n Roadway
I Going To / From Stopp	ped Bus	☐ Getting C	on / Off Vehicle	Other Than Bus		□ Other	
						SP	PF.20 7/2015

Operator Incident Report



Today's Date: 12/24/18 Time: 2,20pm
Today's Date: 14/14/18 Time: 2,20pm Operator Name: B121DGGT 12086 Vehicle #62633 Route # 28
Report Submitted to: Supervisor Sispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Wehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? 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: 12/26/18 Time Occurred: 2/20pm Do not have actual date or time
Date Reported: $12/26/18$ Time Reported: $2/20$ This is a late report
Location of Incident LOTTS FURD & HARRYS TRUMAN DR.
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: NONE Passenger ID/Seat #
Explain what happened: I operator B. Rose # 30986 was processed mg stranged on Lottsfood Road when doing my 455 scond observation I seen a Suv sitting in drive way with NO movements I proceeded to drive once passing the Vehicle I normal a loud band I then look in my micrors seen smoke I then stopped the bus to see what happen to the Suv vehicle backing into the drive way Suv Front ord was damaged. The Right Cear free was scratched with the creense Plate of the Sur hangin on the Rim of the bus I was a witness has gave me his business card Clinton Ford CEII# 240-469-9431
A STATE OF THE STA

Nese Date Submitted: Operator Signature:



BUS DIAGRAM

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

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

Complete and turn in with accident forms ASAP.

Thank You!

Date: 17/26/19 Time: 2 20pm
Location: LO++sford Rd
Driver: Bridget Rose
Depate Rille



EMPLOYEE INFORMATION

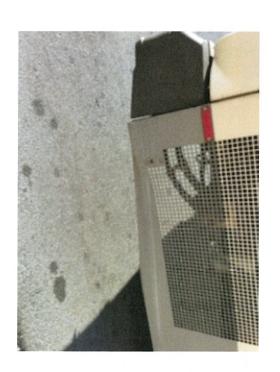
Accident/Incident/Workers Comp#:	ceident	
	(Workers Comp # Issued by Sedg	wick)
Name Dridget Rose	Birth Date	Hire Date 4 //6 / 18
Employee Number	NO, PLEASE EXPLAIN WHY):	
HOME ADDRESS: 2791	Trumpeter Cou	rt
city Waldorf	STATE MD	
HOME PHONE NUMBER 973-698-6937	DAY TIME NUMBER 973-6838	FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? Yes / (No / Unknown	MORF MARTIAL STATUS	NUMBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME	AM or PM	

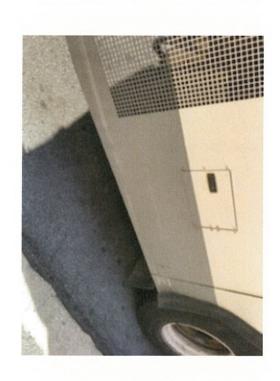


Transdev supervisor's incident report
Date#: $12/26/2018$ Time: $2.45pm$ Run: 2851
Operator #: 30 9 8 6 Division: 0124 Vehicle: 6 3 h 3 3
Supervisor: Butter
Location: Lotts Ford Rd and Harry S Truman Dy Largo MA Address or Cross Street City & State
Description of Event: I arrived at the scene of the accident at
approximately J: 45pm. Once there I observed the bus
62633 and operator Bridget Rose: I seen minor damage to
the Bright rear of the bus. There were scratches alongside
of the bus also the truck which struck the right rear
of the bus's license plate was lodged into the side of the
bus. I immediately went to check on the other vehicle. The
other vehicle had severe damage to the front of it.
The bumper and parts of its grill were shaftered on the
pavement. I asked both patrons which were inside is
everyone ok. The patrons said yes and next exclaimed
that the bus hit them while pulling out of the agran
Operator Rose stated the truck hit her in the back right as she was driving by. I took photos of both webide
as she was driving by. I took photos of both webside
The police arrived and investigated as well and determine
The police arrived and investigated as well and determine it was the driver of the trucks fault because the bus
had the right of way. There were no patrons abound the bus and no sinjuries to report as of more
yet.
Supervisor Signature: Jean Bullion























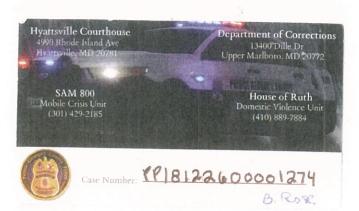
Prince George's County Police

First To Serve

District | Bowie

OFFICER COPPOCK #4038 (301) 390-2100

601 Crain Hwy Upper Marlboro, MD 20774





Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervise	or Arrived: 3	:16 PM	
Date of O	ccurrence:		12/17/2018	Time of Oc		Occurrence: 2:44 PM		
Weather:	Clear	Day of the	Week:	Mon	day	DHD (Y/N):	N	
Location (Cross Stre	Street and Town) Hubbard Road @ MLK Highway - Landover MD							
Route Impact:		None						
	1							
Employee Name:			K	arentina McCoy			•	
Run#] 27	01	Bus#	632	OE.	Toat	1.002000	
Kull#	MESSAGE LANGUAGE	01	Dus#	032	.03	Tag#	LG92006	
							e 1 and fled the scene.	
What happened	Supervisor & Po						njuries claimed, no	
(Be Specific and	20	daı	mage found. Rel	ief operator conf	tinued in service	2		
Brief):								
Injuries (if any):				None				
Vehicle Damage				None				
(Charles III a	hat and ha	Delies	l v [Ambulana				
(Check all t	nat apply)	Police	Υ	Ambulance	N	Tow	N	
Was the O	Operator sent for Dr	ug/Alcohol Test ()	(/N):			N		
Not	tified (Indicate nam	e and time) GM:		J. Modlin @ 2:52 PM				
Supervisor	G. Bel	linger	AGM	K. Jay @ 2	Jay @ 2:49 PM Maint. Ray @		Ray @ 2:58 PM	
Asst. Safe	ety Mgr.	R. Jones @	2:50 PM		Dispatcher		D. Terry	
County None	o and Times:			NA VACILLE	@ 2.EC DN4			
County Name and Time: (Check one)				M. Wilson In Person	@ 2:56 PIVI	/Must b	a dana within 1 have	
CHeck	one)	relephone	Х	III FEISOII		(IVIUST D	e done within 1 hour)	
Please note the								
details of this incident will change when the								
Supervisor Arrives								

Vehicle Accident Report



Operators CDL#/	Exp Date	Valid DOT Med Card	/ Exp Date	Accider	nt Report #	1000	,00001528
S53047559	10305/04/20124	Yes □ No	cles SmartDrive	Triggered	*	Photos	Substance Abuse Tested
Accident Date Month Day Year		of Accident # of Vehic		. /	. /		. /
12/3/2018	MONDAY3:1	14Pm 2	☐ Yes	No	Mes	□ No	☐ Yes ☐ No
	COMPANY	VEHICLE 1	is accord		OTHER F	PARTY	
Operator Name (Exactly A	s Printed On License)	Ca Cum	☑ Vehicle	2 🗆 Bicyclist	□ Pedes	trian 🗆 Fix	ed Object
Address (Include Number		Apt#	Name (Exactly As Pri	nted On License)	- Commission	-1	
	ucan drive		Dean	the Tr	rent		N4 65
City or Town Upper Ma	state Mp	20772	Address (Include Nur	FINN-	4/4/10	Apt#	
Employee ID#	Date of Hire	Student Driver? (/N)	City or Town	State	MD	Zip	2/715
31014 #of Cards #of	07 20 2018 Occupants #Seated	# Standing		DVC)	Driver's Licen		1010
3	3 3	0	3/9/93	OM OF	□Yes □	No /	10 2
Bus ID# Plate #		Year / Make	Insurance Co	Policy#& Exp I	Date	2 / i	110/2019
62652 LG Vehicle Type	94285 MD 20	12/GWL40	Name (Exactly As Pr	inted Registration)	of Pitts	bush	1131 701
GULL	1C 13\$	1352	Gardi	+ CL /	+ I ant	C	
VIN 150	96B2711C	1181264	Address (Include Nu	Twin Sp	rinss k	Pat#	
Insurance Co	Policy # & Expiration	Date 21268	City or Town	State	10	Zip 7	-1227
CIO REGIO	Location of Accident	Tal 1 0	Plate# State		ake of Vehicle	Vehicle	Type Color
Address/Street on which a			14153 (E)	MD FUL	PIKE	5/1/1	WEB WITTE
At intersection with		crest Road	JN1	FNPNH M6X8 GM 318 996			
☐ Not at intersection	Feet N S E(W) of_		Telephone #				
☑ On Roadway	☐ Off Roadway		dii	1-247	- 15	H 0	c 1 7
At Bus Stop? Yes I	□ No (if yes) □ Near Stop		110	, 0.71	100	1) ()	202
Weather	Surface	Traffic Control Ligh	vironmental Conditions	Roadway - #	of Lanes	Roadway	haracteristics
Clear	☐ Dry ☐ Wet	☐ Stop Sign ☐ D	aylight	☐ Divided ☐ Undivided	1	☐ Straight a	
☐ Cloudy ☐ Raining	□ lcy	☐ Traffic Signal ☐ ☐ ☐	usk	☐ Asphalt		☐ Straight a	at Hillcrest
☐ Snowing ☐ Foggy	☐ Snow ☐ Other		ark Road – Unlighted ark Road - Lighted	☐ Concrete ☐ Gravel		☐ Curve an	
☐ Other	Li Otilei	D Other	annous Lighton	☐ Other		☐ Curve at	
	Pre Accide	nt Movement			ad Conditions		
V1 V2/05 at75			V2/OV	☐ No Unusi			
☐ Going Straight ☐ ☐ Making right to			0.0	☐ Obstruction	n in road		
☐ ☐ Making right to ☐ ☐ Making right or	n red 🔲 🖂 Slowing o	r stopping in traffic	☐ Passing ☐ Merging	☐ Constructi ☐ Loose ma	on / repair zon	е	
☐ ☐ Making left turn		n traffic	☐ Backing	☐ Reduced			
☐ ☐ making left on☐ ☐ Making U Turn	1	bject in road	Other	☐ Other			
Vehicle Lights	Turn Signals	Posted Speed Limit	Estimated Speed Limi		of Travel		cident / Collision With
No 1 M On D Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn On	Vehicle 1 25 mph	Vehicle 1 / O mph		()	Other Mot	or Vehicle
No 2 🗆 On 🗗 Off	No 1 ☐ Right Turn On No 1 ☐ Four Ways On	Vehicle 2 25 mph	Vehicle 2 mph		E (W)	☐ Rail Train	
	No 2 ☐ Left Turn On			Vehic N S		☐ Fixed Obje ☐ Pedestrian	
	No 2 ☐ Right Tum On No 2 ☐ Four Ways On			IN S	- **	☐ Animal	
	,		estrian / Bicyclist Action				
☐ Crossing With Signal ☐ Crossing - No Signal			king Along Highway With Ti king Against Highway With				shing / Working On Vehicle
☐ Crossing Against Sign	nal IVI	►\' □ Emerging Fr	om in Front of or Behind Pa				orking In Roadway t In Roadway
☐ Crossing - No Signal/☐ Going To / From Stop		☐ Playing In Ro☐ Getting On /	oad Off Vehicle Other Than Bus	3		□ Ot	
Joing To / / Join Stop	1	9					SPP F 20 7/2015

				1 1 2 1 4 1 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		
				AR#		
☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends V ☐ Vehicle Rear End ☐ Wheelchair Lift O ☐ Roll Away (Not S	/ehicle	Passing Merging Head On Bus Right Mirror Bus Left Mirror Bus Door Operation Sudden Stop Roll Over Ran Off Roadway	☐ Railread Crossing NHIT Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? Police Department R Officer Name (Badge Precinct # Citations / Arrests	esponding Dist	r, ct 1 sh. 8120300015; □ Bicyclist □ Pedestrian
	Type of Trip	nair on rioudinay	Violations			
With Pax □ Fixed Route □ Charter □ Para Transit	Without Pax ☐ Fixed Route ☐ Charter ☐ Para Transit	☐ Business Trip☐ Errand☐ Non Rev move☐ Maintenance	Vehicle 1 Towed By: Vehicle 2 Towed By:	NA	To	NK
Accident Description					10	
Ouga		Konst	(h	Mourice	A 1-	
1 pe	rajor	Kunst	and re	Muria	on n	13 way
to F	. G a	retro	tita	fix E	object (G	ardqwork
trud	100		ledo t	Terrace/	Belivest	road.
	10 10	Jules	and	no /	danage	5 to
103/14	- Ver	ndes			0	
11	ree	patro		1- boar c	left	sefare
the	Sur	pervis	. ST C	ane		,
progration of Domo						
escription of Dama	ige Cor	mpany Vehicle	Minimal □ Modera	ate □ Major O	ther Vehicle Minimal	□ Moderate □ Major
phicle 1 is ALWAYS	Your Vehicle.		Place an X on the exact	t point of first impact on your vel	nide and the other vehicle. Circle	, , ,
		ehicle		,		
hicle 1 is ALWAYS	Your Vehicle. Shuttle Ve	ehicle	Place an X on the exact	t point of first impact on your vel	Truck	e areas of other damage.
hicle 1 is ALWAYS \ Articulated Bus	Your Vehicle. Shuttle Ve	ehicle	Place an X on the exact	t point of first impact on your vel	Truck	e areas of other damage.
Articulated Bus	Your Vehicle. Shuttle Ve	ehicle	Place an X on the exact	t point of first impact on your vel	Truck	e areas of other damage.
	Your Vehicle. Shuttle Ve	ehicle	Place an X on the exact	t point of first impact on your vel	Truck	e areas of other damage.
Articulated Bus	Your Vehicle. Shuttle Ve	ehicle	Place an X on the exact	t point of first impact on your vel	Truck	e areas of other damage.
Articulated Bus Name of Witn	Your Vehicle. Shuttle Ve	ehicle Age Claimi	Place an X on the exact Bus 1 Ing Injury? Type of Inju	t point of first impact on your vel	Truck	e areas of other damage.
hicle 1 is ALWAYS \ Articulated Bus	Your Vehicle. Shuttle Ve	ehicle Age Claimi	Place an X on the exact	t point of first impact on your vel	Truck	e areas of other damage.

Operator Incident Report



SPP F.8 Rev 5/2015

Today's Date: 11-3-18 Time: 1556
Today's Date: 11-3-18 Operator Name: Konstantine Smith Vehicle #62652 Route # 13
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? 425 Reported to Command: (Name) D. Spatch
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 11-13-18 Time Occurred: 15-44 Do not have actual date or time
Date Reported: 11-13-18 Time Reported: 15-15 This is a late report
Location of Incident 6525 Toledo Rd
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
While moving down Toledo Rd I attempt to pass an armored security Truck on the Right Silt and an Orange Safety cone on the heft Trusthout Crossing The Abl. Yellow line into Oncoming Traftic. As I passed the cone by inches, my Right passes mirror struck the rar corner of the Security Truck I staffed and Immediately called IT in Also, The Three fattons were unintered and decided to leave Scene.
Operator Signature: Jonath Date Submitted: 11-3-18



EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:ACCIDEN		
(Workers Comp # Issued by Sedgwick)		
Name SMITH. Konstantine Manrice	Birth Date 04, 20, 1968 Hire Date 09 20	2018
Driver's License# 5-530-475-590-305		
Employee Number 31014		
DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):		
HOME ADDRESS: 9901 Toycan	drive	
CITY Upper Marlboro STATE		72
HOME PHONE NUMBER DAY TIME NUM 757-401-8495 757-401-	0110=	
131 (01 0) 12 (01) 14	- 8495 FULL TIME OR PA	RT TIME
IS THE OPERATOR ON OVER TIME? GENDER Yes / No Unknown M of F	MARTIAL STATUS NUMBER OF DEPENDAN	≬TS
SHIFT START TIME / END SHIFT TIME		
120 AM or PM 7.42 AM or	S _M	