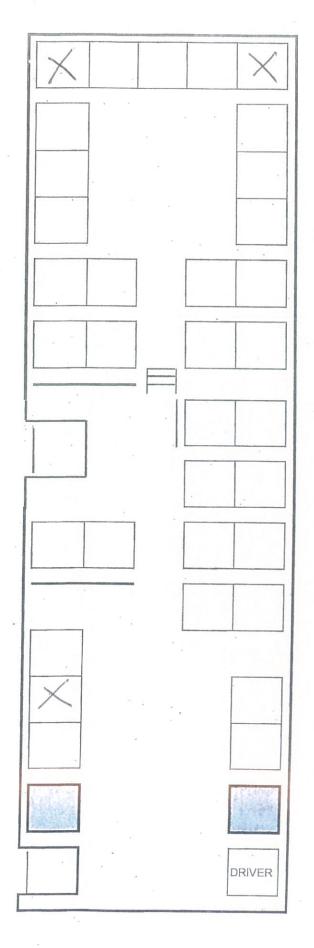
transdev supervisor's inciden	T REPORT
Date#: $(23/18)$ Time: $3:44P$	Run: 1352
Date#: [2]3 18 Time: 3:44Pm Operator #: Konstantine Manage Division: 0124 Supervisor: Tayo OGNADANA	Vehicle: 62652
Supervisor: 1Ayo OGUNDANA	
Location: 6525 Toledo Terrace. Address or Cross Street Ci	
	ity & State
Description of Event:	
Operator Konstantine Me to avoid a truck on - and hit the back of H No injuries & No da Vehicles-	Smith tried toledo terrace he truck- mages to bo

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: 12 3 18 Time: 3-44 Pm
Location: To led a Belcrestiroad
Driver: Konstantine Maurice SMITT
Supervisor: Tayo Ogundany.



Prince George's County

8401 D'Arcy Road Forestville, MD 20747

12/5/2018

Smith, Konstantine M

Driver Error:Improper Vehicle Position

The following are the recommended driver tasks for re-training on the behavior or error that contributed to the accident:

Task	Date	Initials
Precision Driving Skills Training Guide, Mirror pad, review proper mirror adjustment, MMU003-6, MMU005-06	12-5	RTG/
Review accident cause, driver error, discuss alternative safe choices in this accident scenario, if practical return to accident scene	12-5	RTG K.D.
Review and apply defensive driving principles pertaining to accident scenario or driver error	12-5	RTG K. B.
Complete satisfactory Operator Evaluation Form WCS 3.4	12-5	K.S.
Commentary DRIVING	12-5	RTG K.d.

Trainer: ROBERT GREEN Date: 12/6/18 Trainfer:	Date: 12/5/18
Comments: Operator Smith disagree with decision	in of being x
I acknowledge that I have been counseled for my involvement in the accident listed above	
Konstantine M Smith Konstantin	nith

cc: distribution, accident file, driver file

Operator Evaluation Form

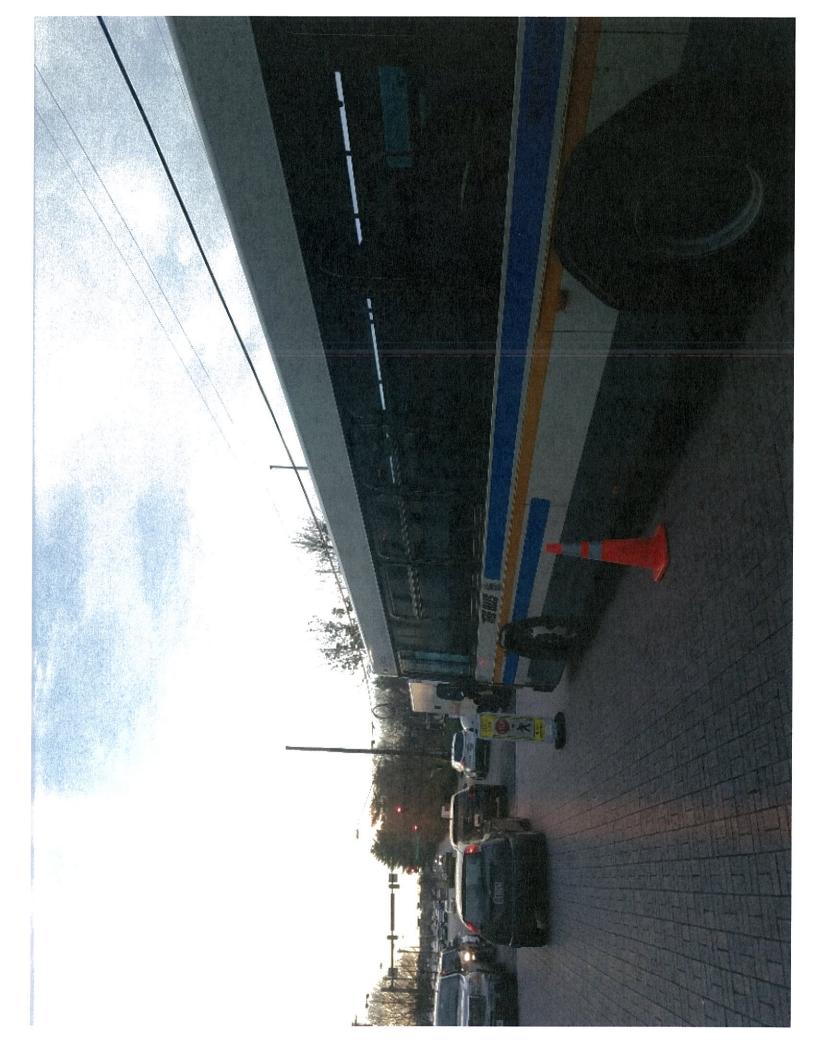


OPERATOR NAME: KONSTANTINE SMITH DATE: 12-5-18
BUS# 63:47 ROUTE# 23 Root START TIME 1/AM END TIME 1200 NOON
EVALUATOR: POBERT CREEN PG LOCATION # 0124
TYPE: () BTW Evaluation () On-Board () Trail Check (X) Post Collision () Return LOA () Rehire () Final () 30-Day Evaluation () 60-Day Evaluation () 90-Day Evaluation Mirrors Adjusted Correctly? Yes No
CDL Expires: 4/20/24 DOT Card Expires: 10/24/19 First Aid Expires: N/A

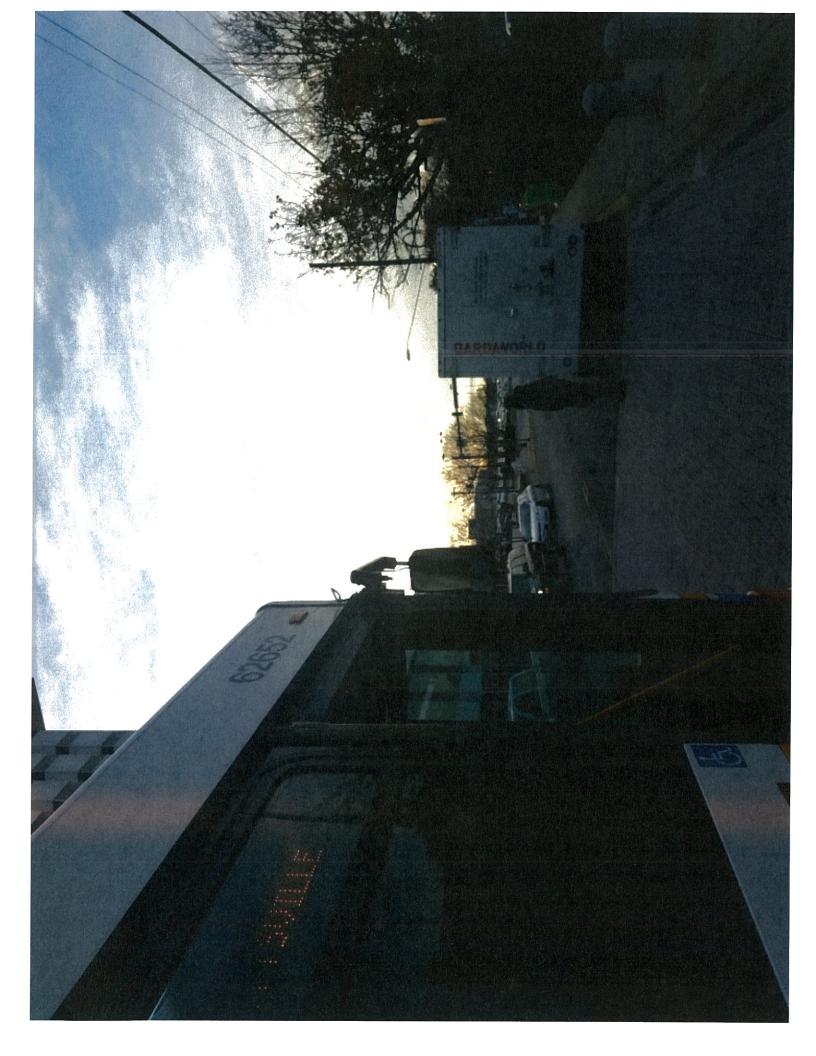
✓ ■ Meets Expectations	0 =	- Nee	eds Imp
PRE-TRIP INSPECTION	1	0	N/A
Completes appropriate brake tests	2		
Completes outside pre-trip			
Completes inside pre-trip	/		
Completes pre-trip form (DVR)	1		
PREPARING TO DRIVE	1	0	N/A
Checks mirror adjustment			
Scans mirrors before moving			
Turns headlights on before departure		-	
Uses seat belt appropriately		-	
Adjusts driver's seat	1		
Re-checks gauges before departure	1		
PASSENGER MANAGEMENT	1	0	N/A
Demonstrates passenger courtesy/assistance			1
Deals with passengers effectively	1 .		1
Assists each passenger on/off one at a time			
Monitors passenger safety			
RADIO PROCEDURES	1	0	N/A
2 way radio is within drivers reach	/		
Uses radio appropriately & when safe to do so	/		
Able to communicate clearly and effectively	1		
Follows established radio procedures	-		
DEFENSIVE DRIVING SKILLS	1	0	N/A
Aims high in steering	1		
Obeys all applicable traffic laws	/		
Keeps eyes moving and recognizes all hazards	/		
Leaves an out by planning ahead	/		
Makes sure others see him / her	V		
Makes eye contact with other drivers	1		
Covers the brake when necessary	1		
Proper hand position on steering wheel	V		
Maintains appropriate position within lane	1		
Accelerates, brakes, and steers smoothly	1		
Uses turn signals appropriately	V		
Sounds horn to warn others only when needed	V		
Obeys speed limit	V		
Maintains proper following distance for conditions		,	
Uses safe passing procedures	V		
Drives in appropriate lane for conditions	1		
Displays courtesy to other drivers	1	_	

rovement N/A = Not Applicable			
BACKING SKILLS	1	0	N/A
Backs only when necessary	V		
Gets out & views path before backing			
Backs slowly using all mirrors	V		
Uses horn and hazard lights to warn others			
Backs no further than necessary	1		N/A
Knows rear-end clearance to fixed objects			
Backs from driver's side when possible	V		
Uses proper steering in relation to rear wheels			
Follows all local backing requirements	1		
TURNING SKILLS	1	0	N/A
Approaches turn from proper lane	1		
Turns into the closest/proper lane	1		
Establishes proper lane position prior to turning	/	1	
Maintains clearances on sides / square turns	1		
Uses appropriate speed L=3-5 R=1-3 mph	1		
Uses reference points when turning	V		
Uses mirrors appropriately when turning	1		
INTERSECTIONS	1	0	N/A
Approaches intersections cautiously	V		
Covers brake when approaching all intersections			
Slows down when entering intersection	V		
Obeys all traffic controls/signs/signals	1		
Is aware of stale and fresh green lights	1		
Grants right of way to pedestrians and vehicles	1		
Stops completely behind stop sign / stop line	V		
Does not start too soon after fresh green light	1		
Scans intersections before moving	1		
Checks mirrors before moving	1		
BRAKING	1	0	N/A
Brakes smoothly to stop (no rebound)	1		
Brakes early to avoid unnecessary wear	~		
Able todo panic stop / use ABS	V		
Does not "pump" brakes	V		
Slows and / or covers brake at stale green light	. 0		











Safety & Training Department

(Check one)	Accident	X Incident			Time Superviso	isor Arrived: 2:23 PM			
Date of O	ccurrence:	12/21/2018			Time of Oc	currence:	1:40 PM		
Weather:	Clear	Day of the	e Week:	Frie	Friday		N		
	ner: Clear Day of the Week: Friday DHD (Y/N): N								
Location (Cross Stre	ross Street and Town) Baltimore Avenue @ Cherokee Street, College Park, Maryland								
	1								
Route Impact:				(1) missed pull					
Employee Name:				Dana Woody					
Run#	17	51	Bus#	626	536	Tag#	LG94081		
	Vehicle (1) was	traveling on Baltim	ora Avanuah	on Vohiolo (2)	vgo into Voki-l-	(1) lane as d	and a subset with		
What happened (Be Specific and		ont bumper. Super	visor and Police		to the location. T	here were 2	patrons onboard. No		
Brief):									
Injuries (if any):	1			Ness					
injuries (ii arry).				None					
Vehicle Damage				None					
(Check all t	hat apply)	Police	γ	Ambulance	l N	Tow	N		
Was the 0	Operator sent for D	rug/Alcohol Test (Y/N):			N			
Not	tified (Indicate nam	e and time) GM:			J. Modlin @ 1:51 PM mes @ 1:40 PM Main Ray @ 1:58 PM Dispatcher Deisha/James				
	The transfer of the transfer o	e una time, divi			J. WOUIII	1.51110			
Supervisor	D. Bu	utler	OPS	M. James @ 1:40 PM Main Ray (Ray @ 1:58 PM		
Safety Su	pervisor	S. I	Ford @ 1:59 PI	M	Dispatcher	Dei	sha/James		
County Nam	o and Timo:			Marcha Wiles	- 0 1.E0 DM				
County Name and Time: (Check one) Telephone X			X	Marsha Wilson@ 1:59 PM In Person (Must be done within 1 hour)					
Maria de la composición dela composición de la composición dela composición dela composición dela composición dela composición de la composición dela c						done within 1 hours			
Diago note the									
Please note the details of this incident will change when the Supervisor Arrives									
Supervisor Arrives									

Vehicle Accident Report

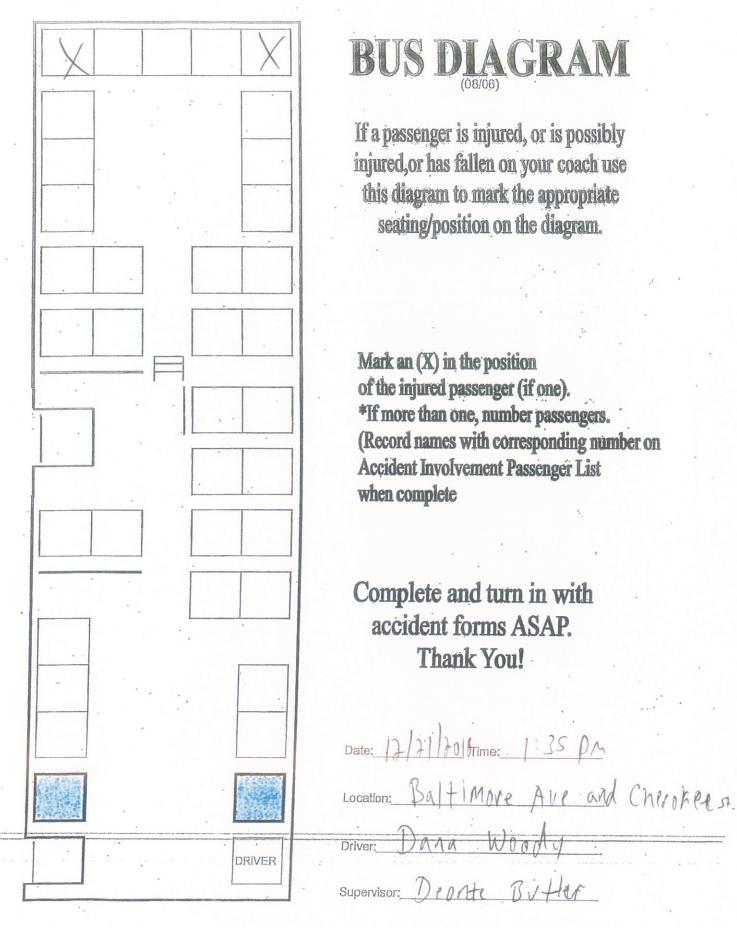


Operators CDL#/	Exp Date 3/7/33	Valid DOT Med Card ✓ Yes ☐ No	/Exp	13/ 20			PP 181	20	1000013	-10
Accident Date Month Day Year		of Accident # of Vehi	cles '			riggered	Scen	e Photo		Yes El No
17/7/301	(Fraky 1.	23 PM 1			es	□No				ies Pivo
***	COMPANY	VEHICLE 1		1			OTHER	PART	Υ	
Operator Name (Exactly A	As Printed On License)			Vel	icle 2	□ Blc	yclist D Pede	strian	☐ Fixed Obje	ct OPax Fall
Address (Include Number	-V V V V	Apt#		Name (Exactly	As Printe	d On Licens	se)			
17503	Lampton Lane	710 - 4		Address (Inclu	da Mumbo	or & Street)			Apt#	
Fort W	ashington	21p 20744			ac realise					
Employee ID#	Date of Hire //19/2m	Student Driver? Y(N)		City or Town		5	State		Zip	
#of Cards #o	f Occupants #Seated	#Standing		Date of Birth	Sex		Driver's Lice	ense	Lic, State	#of Occupants
	1 0	0		Incurrence Co.		IM DF	☐Yes I & Exp Date	□No		
Bus ID# Plate#	YOR State Vehicle	Year / Make		Insurance Co		Policy #	or exh nate			
Vehicle Type	Route#& Run#	1701		Name (Exactly	As Printe	d Registrati	ion)			
VIN : = 1 9 0	27400 117921	1./01		Address (Inclu	de Numbe	er & Street)			Apt#	
Insurance Co	Policy#& Expirati	on Date	_	City or Town			State		Zip	
Aon Risks	Location of Accident	1371768		Plate#	State	Ye	ear & Make of Vehicle		Vehicle Type	Color
Address/Street on which	0 111	ADIE AVE								
At intersection with	herotre St			VIN						
El Notat intersection	Feet N S E W of		-	Telephone #			-			
☑ On Roadway	☐ Off Roadway									
At Bus Stop? ☐ Yes	□ No (if yes) □ Near Stop	□ Far Stop □Mid-Blocks								
Weather Clear Cloudy Raining Snowing Foggy Other	Surfece Dry Wet I lcy Snow Other	Traffic Control Light Stop Sign Wrield Sign Traffic Signal Flagman	ot Daylight Dawn Dusk Dark Roa	nental Conditi ad – Unlighted ad – Lighted	ons	Road IN Divi II Und II Asp II Con II Gra II Othe	livided halt crete vel		Way Characteris raight and Level raight and Grade raight at Hillcrest ave and Level ave and Grade rve at Hillcrest	<u>tics</u>
V1 1/2/OV Going Straight Making right to	V1 V2/OV t Ahead □ □ Exiting Burn □ □ Entering on red □ ID Slowing of	us Stop Bus Stop or stopping in traffic	DE	V Changing Lane dessing Merging	3	☐ No☐ Hole☐ Obst☐ Cons	ar Road Condition Unusual Conditions as / Deep Rut truction in road struction / repair zo se material on road	3		
☐ ☐ Making left fun ☐ ☐ making left on ☐ ☐ Making U Tum	red Parked Avoided o	n tramc bject in road		acking other		☐ Red ☐ Othe	uced road width er			
Vehicle Lights	Turn Signals	Posted Speed Limit		mated Speed			ction of Travel	,	Accident / Col	lision With
No 1 D On D Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn On No 1 ☐ Four Ways On	Vehicle 2 3 mph	Vehicl Vehicl	25	mph mph	N.	Vehicle 1 S E W Vehicle 2	☐ Bicy ☐ Rail ☐ Fixe	Train d Object	
	No 2					N-	\$ E-W	☐ Pede -El-Anim		
	No 2	Pede	strian I	Bicyclist Acti	on :					***** ** **** **** *** ***
☐ Crossing With Signal ☐ Crossing - No Signal ☐ Crossing Against Sign ☐ Crossing - No Signal/1 ☐ Going To / From Stop	ia) Viarked Crosswalk	☐ Riding / Walk ☐ Riding / Walk ☐ Emerging Fro ☐ Playing In Ro ☐ Getting On / (ing Alon ing Aga om in Fro ad	ig Highway Wil inst Highway V ont of or Behind	h Traffic lith Traffi I Parked	ic			□ Pushing / Working In Roa □ Working In Roa □ Not In Roadwa □ Other	adway y
	The state of the s								SPPF.20	7/2015

Vehicle Acciden	t Report		ev
	A CONTRACTOR OF THE PARTY OF TH	AR#	
☐ Backing ☐ Passing ☐ Merging ☐ T-Bone ☐ Head On ☐ Right Turn ☐ Bus Right Mirror ☐ Bus Rear Ends Vehicle ☐ Bus Door Operation ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Wheelchair Lift Operation ☐ Roll Over ☐ Roll Away (Not Secured) ☐ Ran Off Roadway ☐ Type of Trip	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? Yes \(\text{Investigated?} \) No Police Department Responding \(\text{Fi+7.0 G} \) I(K Officer Name (Badge / ID #) \(\text{3.7 J} \) Precinct # \(\text{Report # Plif 2 J D D D J J} \) Citations / Arrests \(\text{Investigated?} \) Operator 1 \(\text{Investigated?} \) Pedestria	<u> </u>
With Pax Without Pax ☐ Business Trip ☐ Fixed Route ☐ Fixed Route ☐ Errand ☐ Charter ☐ Charter ☐ Non Rev move ☐ Para Transit ☐ Para Transit ☐ Maintenance	Vehicle 1 Towed By: Vehicle 2 Towed By:	To To	
Accident Description The Sus was so Vehicle while the of traffic. Operator was a failed to yield the failed to yield the failed to yield the tront. Also damage to yehicle. Stated by was gone be	struck on the Ler vehicle, and was divide came right of the bus pure to the left operator is fore I a	he right trout by another was trying to merge into on Baltimor off the ramp East 193 and way. There was slight dama in the right side in the front reflector of the oth Woody. The other vehicle	A AZ
Description of Damage Company Vehicle	□ Minimal □ Moderate	☐ Major Other Vehicle ☐ Minimal ☐ Moderate ☐ Ma	ajor
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle →		t of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car	_
Supervisor on Scene? Yes No Si	upervisor Name (Print):	Doonte Butter	The second secon
Superiorie Signature / LOA II	Unit Number T-	Supervisor / Manager Poviouing	

Operator Incident Report
Today's Date: 12 21 18 Time: 2:35 Operator Name: Vehicle # 62636 Route # 1701
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) Supervisor Vehicle Damage I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Supervisor Date Incident Occurred: Do not have actual date or time Date Reported: Date Time Reported: Time Reported: This is a late report
Location of Incident BAHTIWOLE AVE ROUTE 1 Complete a separate Incident Report for each passenger affected by this event.
Explain what happened: Description of the Explain A Small White Tends Come of the Explain Dassenger Dassenger Side Flow Dumper And turn Signal of the Bus.
parator Signaturas Data Submitted: 12/21/19

SPP F.8 Rev 5/2015





EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:	Accident	
	(Workers Comp # Issued by Sedgwick)	
Dana Woody	Birth Date 3 / テ / 19	Hire Date 1/29/2017
Driver's License#	35 - 585 - 167 1 NO, PLEASE EXPLAIN WHY):	
HOME ADDRESS: 17503	Lampton Lane	
city Fort Washing-	FON STATE MD	ZIP CODE 20744
HOME PHONE NUMBER	DAY TIME NUMBER 210-5004	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? Yes / No /Unknown	GENDER MARTIAL STATUS M or F M S W D	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME	*	
(AM or PM /	AM or PM	

transdev
transaov
of or conjust

SUPERVISOR'S INCIDENT REPORT

Date#: 12 2 2 2 0 8 Time: 2:25 p.m Run: 1701 Operator #: 20107 / Wood y Division: 0124 Vehicle: 62338
Operator #: 20107 / Wood y Division: 0124 Vehicle: 62138
Supervisor: DITT
Location: Baltimore Ave and Child Wee St College Park M.D. Address or Cross Street City & State
Description of Event: I arrived at the scene of the 10-50 at 2:25 pm
Where I observed Bus # 67636 and operator Dana Woody
on Baltimore Ave Operator Woody stated the she was struck
by another vehicle. She stated the vehicle came off Ramp East
197 and failed to yield. Once that occurred the vehicle struck
the bus on the right front reflector damaging it. Also the
lett reflector on the vehicle was damaged according to Operator
Woody. Police arrived and investigated the 10-50 stating it
was the other vehicle's fault and gave patrons a ticket for
failing to yield right of way according to operator woody
There were two patrons on the back of the bus: There
are no injuries to report as of yet. Also when I arrived
the officers and other vehicle had already left as will
as the patrons.
The state of the s

Supervisor Signature: Down Sutto

-			
		nsde	
	Trail	nscio	M
	ALL PROPERTY.	arministra	-

SUPERVISOR'S INCIDENT REPORT

Date#: 17/21/2018 Time: 7:25 p.m. Run: 1701 Operator #: 0 30107 / Wood y Division: 0124 Vehicle: 62333
Operator #: 30107 / Wood \ Division: 0124 Vehicle: 62137
Supervisor: DUTE
Location: Daltimore Ave and Chronker St College Park M.D. Address or Cross Street City & State
Description of Event: I arrived at the scene of the 10-50 at 2:25 pm
Where I observed Bus # 62636 and operator Dana Woody
on Baltimore Ave Operator Woody stated to she was struck
by another vehicle. She stated the vehicle came off Ramp East
197 and failed to yield. Once that occurred the vehicle struck
the bus on the right front reflector damaging it. Also the
lett reflector on the vehicle wis damaged according to Operator
Woody. Police arrived and investigated the 10-50 stating it
was the other vehicle's fault and gave patrons a ticket for
failing to yield right of way according to operator woody
There were two patrons on the back of the dus: There
are no injuries to report as of yet. Also when I arrived
the officers and other vehicle had already 14th as will
as the patrons.

Supervisor Signature: Dem Sutt



Safety & Training Department

(Check one)	Accident	х	Incident		Time Supervisor Arrived: 11:50				
Date of O	ccurrence:		12/26/2018		Time of Occurrence:		11:34 AM		
Weather:	Clear	Day of the	e Week:	Wednesday		DHD (Y/N):	Υ		
Location (Cross Stre	Location (Cross Street and Town) Greenbelt Rd @ Hanover Pkwy								
Route Impact:				(1) Missed Trip					
Employee Name:				Amad Reed					
Run#	16	02	Bus#	626	551	Tag#	LG94282		
What happened (Be Specific and Brief):									
Injuries (if any):	None								
Vehicle Damage				None					
(Check all t	hat apply)	Police	у	Ambulance	N	Tow	N		
Was the 0	Operator sent for D	rug/Alcohol Test ()	(/N):			N			
		e,							
No	tified (Indicate nam	e and time) GM:			J. Modlir	n @ 11:50			
Supervisor	B. Ogu	ndana	OPS	D.Terry (<u>@11:34</u>	Main R	ay		
Safety Su	pervisor	S	Ford @ 11:35		Dispatcher	Deisl	ha/Green		
County Nam	e and Time:			Marsha Wilso	n@ 11:40AM				
		Telephone	Х	In Person	11.40/10/10	(Must be do	one within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives									

Vehicle Accident Report



Operators CDL#	#/Exp Date >35-366-757	Valid DOT Med Card / E	xp Date 10	6/19	Accide	nt Report #		
Accident Date	Day of Week Tin	ne of Accident # of Vehicle	s Smar	tDrive Trig	gered	Scene Ph	otos Substa	nce Abuse Teste
Month Day Yes	8 Wednesday	11.38 AM 2		Yes 🖻	No	EYes		Yes E No
1001	COMPANY	VEHICLE 1			1	OTHER PAR	TV	
	y As Printed On License)		-					
	1. 5. Re	ed	□ Vel	hicle 2	□ Bicyclist	☐ Pedestrian	☐ Fixed Object	t DPax Fall
Address (Include Numb	er & Street)	Apt#	Name (Exactly			. 5		
City or Town	- vest wick Flo	RQE 710			Now	2		
District	Height ms	20747	Address (Inclu	de Number &	Street)		Apt#	
Employee ID#	11-14-17	Student Driver? Y (N)	City or Town		State		Zip	
# of Cards #	of Occupants # Seated	# Standing	Date of Birth	Sex		Driver's License	Lic. State	# of Occupants
	3 5	0		PM.	DF	□Yes □No		
Bus 10# Plate #	3 State Vehic MA Route #& Run #	le Year / Make	Insurance Co	P	olicy#& Exp D			
Vehicle Type -	Route # & Run #	2012 ()	Name (Exactly	An Drintad Cla				
VIN Gueig			Hame (LAdouy	As Fillieu Re	gistration			
1566B2	71×c118/263		Address (Includ	de Number & S	Street)		Apt#	
Insurance Co	Policy # & Expira	tion Date 21268	City or Town		State		Zip	
old Repu	Lotu MWTB	21268	5. 937/25				200	
,	Location of Accident	10	Plate#	State	Year & Mak	e of Vehicle	Vehicle Type	Color
Address/Street on which	accident occurred Man	over pwing/4 re	VIM VIM					
At intersection with	mover farmed	Greenbury Gree	And					
	Feet N S E W o		Telephone #					
DOn Roadway	☐ Off Roadway	ON RED LIGHT)						
		☐ Far Stop ☐ Mid-Block stop						
		Enviro	nmental Conditio	ns				
Weather Clear	Surface ☑ Dry	<u>Traffic Control</u> <u>Light</u> ☐ Stop Sign	ht	R	loadway - # o		dway Characteristic	es .
☐ Cloudy	□Wet	/ ☐ Yield Sign ☐ Dawn	11.		Divided _ Undivided _	D S	Straight and Level Straight and Grade	
☐ Raining ☐ Snowing	□ lcy □ Snow	☐ Traffic Signal ☐ Dusk ☐ Dark R	oad - Unlighted		Asphalt _ Concrete _	□S	straight at Hillcrest	
☐ Foggy ☐ Other	☐ Other	☐ Uncontrolled ☐ Dark R	oad - Lighted		Gravel _		Curve and Level Curve and Grade	
LI Other		☐ Other			Other _	□ С	urve at Hillcrest	
V1 V2/OV		ent Movement		Ur	nusual Road	Conditions		
Going Straight	V1 V2/OV	V1 V2/	OV		No Unusual Holes / Deep			
☐ ☐ Making right to	um 🗆 🗆 Entering	Bus Stop	Changing Lanes		Obstruction in	n road		
☐ ☐ Making right o☐ ☐ Making left tun	n red		Passing Merging		Construction Loose materi	/ repair zone		
☐ ☐ making left on	red Parked	all the age	Backing		Reduced roa			
□ □ Making U Turn		object in road	Other		Other			
Vehicle Lights	Turn Signals		timated Speed L	imit	Direction of	Travel	Accident / Collis	ion With
No 1 BOn D Off	No 1 El Left Turn On	Vehicle 1 30 mph Veh	icle 1 30 m	iph	Vehicle 1	Both	ner Motor Vehicle	
No 2 ♂ On □ Off	No 1 ☐ Right Turn On No 1 ☐ Four Ways On	Vehicle 2 30 mph Vehi	icle 2 30 m	inh	N (S)E	W ☐ Bic	yclist	
	No 2 FM off Turn On		010 2 111	ipii	Vehicle 2	☐ Rai	od Object	
	No 2 Left Turn On No 2 Right Turn On				NSE	arms are	destrian	
	No 2		/ mi				nul	
☐ Crossing With Signal		Pedestriar □ Riding / Walking Al	ong Highway With			1		
☐ Crossing - No Signal o		→ □ Riding / Walking Age	gainst Highway Wi	th Traffic	1	0/15	☐ Pushing / Workin	g On Vehicle
☐ Crossing - No Signal/N	Marked Crosswalk	☐ Emerging From in I☐ Playing In Road	ront of or Behind	Parked Cars	3	L	☐ Working In Road	way
☐ Going To / From Stopp	ped Bus	☐ Getting On / Off Ve	hicle Other Than E	Bus			□ Other	
	Accident Type		T				SPP F.20 7	7/2015

	Venicie Accide	nt Report			transa
			AR#		
Backing Sideswipe T-Bone Right Turn Left Turn Bus Rear Ends Vehicle Whicle Rear Ends Bus Wheelchair Lift Operation Roll Away (Not Secured)		☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? Per Police Department Respondin Officer Name (Badge / ID #) Precinct # Citations / Arrests	Rodriguez Report# PP1816	# 4180 226000009
ith Pax Without Pax Fixed Route ☐ Fixed Rou Charter ☐ Charter Para Transit ☐ Para Tran	ute ☐ Errand ☐ Non Rev move	Vehicle 1 Towed By:	N/A N/A	То	
ident Denniet		Vehicle 2 Towed By:		То	
ident Description	incle 1	veen en	soule Velec	42 06	- Utie
lutar Seatur	- a Ha	veen pour	ism / Caron	Selie amount	y Su.
- R. d 1	1.10		8/5	Vosas	(
C 1324 C	Lan .		,		
cription of Damage	Company Vehicle [☐ Minimal ☐ Moderate ☐	☐ Major Other Vel	hicle #Minimal 🗆	Moderate □ Mai
			- major Other ver	note 42 William L	Moderate ☐ Maj
icle 1 is ALWAYS Your Vehicle.		Place an X on the exact point of	of first impact on your vehicle and	the other vehicle. Circle and	one of all 1
rticulated Bus Shi	uttle Vehicle	Bus 1	Bus 2	Truck	
-	→	→	-	11000	Car
Name of Witness / Injured	Age Claimi	ing Injury? Tono of Injury Old			
Itat Memo:		ing Injury? Type of Injury Clain		Other Transported To	Transported By Unit
11		0 None	170	A/W	N/A
ilbert Welli	1-	enil! 30	1,7 2	131 A	N/A
ervisor on Scene?	es 🗆 No St	upervisor Name (Print):	Bab-lola	Que	N
	7	sportious realite (FIIII)	0-1	X	
				7	
ervisor's Signature		_ Unit Number D124	Cuporison / L	D- : :	
		_ Onk Nulliber Oto 1	Supervisor / Manager I	Reviewing	
8 J	I found		-		
		2 The			SPP F.20 7/2018
		~ //			

V-0-0-0

Transdev **Operator Incident Report**

Today's Date: 12-26-18	Time: [2:10
	nicle # 62657 Route # 6
Report Submitted to: Supervisor Dispatch Safety	Dant
ground	
	Passenger Injury Vehicle Damage
	dent Report Other
Was the incident reported immediately? Yes Reported I did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes (SQM Name	2)
Date Incident Occurred: Time Occurred:	
Date Reported: Time Reported:	
Location of Incident Hanover Pury & C	reembelt Rd
Complete a separate Incident Report for each passenger affected by	
Passenger Name: Pass	
Explain what happened:	
Stopped at red light.	Bas contrue to roll
with pressure applied of	to the brakes
This movement has hop	sen twice while
Stopped with this bus,	
perator Signature: ald Read	Date Submitted: /2-26-/8
	Date Jubilitted: / O / O

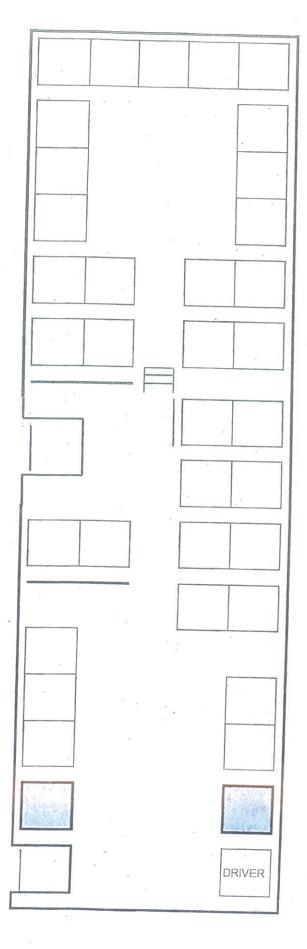
SPP F.8 Rev 5/2015



EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:			
	(Workers Comp # Issued by Sedgwic	k)	
AHMAD J REED	Birth Date	958	Hire Date
Driver's License# R-300 · 0. Employee Number 3093 DOT CARD VALID? Yes or NO (IF NO.) 10/06/20/3	O, PLEASE EXPLAIN WHY):		
HOME ADDRESS: 2924 C	resturck Place		
CITY District Heights	STATE Md	ZIP COD	E 20747
HOME PHONE NUMBER 202520-3166	DAY TIME NUMBER	EMPLOY FULL TIN	TEE STATUS (please circle) ME OR PART TIME
	GENDER MARTIAL STATUS M or F M S W D	NUMBER 	R OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME	135 AM or DM		

^{*}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: 12 26 18 Time: 11:384-
4 \$
Location: Hausen Paraing Granbert mi
Driver: Ahmad J Road
Supervisor: Bassalala Quelono

Patreons

Altab Memon.

240-472-8437 Gilbert Wells

250-86-240-350-8616

.

8

.



Date#: 12 26 18 Time: 11:38 A-	Run:
Operator #: Ahman . J. Read Division: 0124	Vehicle: 62651
Supervisor: Babalda Officer	
Location: House Pourse Greenbut Rd Address or Cross Street	Greenbelt M.D
Address or Cross Street	City & State
Description of Event: On Wednesday Decant	
Was heading Sout town I Green's	
honoron Parlensy at the light.	of luters time of
Grandet roug Opender Res	of fooled in
Controlling Bus 62651 c	
roll on to la Valuelle Ford Ex	plover Black - Grang
with Maryland Tag # 5CX 1042,	there were 3
Patrons on board bout no lung	
und Otter Veluela Duner was	
The Proper out	was present
Pictures were fracen and Sepet	
was notfed.	



Safety & Training Department

(Check one)	Accident	Х	Incident		Time Supervisor Arrived: 3:52 PM			
Date of Oc	currence:		12/3/2018		Time of Oc	currence:	3:41 PM	
Weather:	Clear	Clear Day of the Week: Monday			nday	DHD (Y/N):	N	
Location (Cross Stre	Location (Cross Street and Town) Toledo Road @ Belcrest Road, Hyattsville, Maryland							
Route Impact:				One missed trip				
Employee Name:			V	onstantine Smith				
Limployee Name.			NO.	onstantine offici				
Run#	13	52	Bus#	626	552	Tag#	LG94280	
What happened (Be Specific and Brief):	ific and							
Injuries (if any):	None							
Vehicle Damage				None				
(Check all t	nat apply)	Police	Y	Ambulance	N	Tow	N	
Was the C	perator sent for D	rug/Alcohol Test (\	//N):			N		
Not	ified (Indicate nam	e and time) GM:			I. Modlin	@ 3:50 PM		
					51 111 Call	C 0.00 111		
Supervisor	Ogun	dana	AGM	K. Jay @ 3	3:45 PM	Main	Zaw @ 3:53 PM	
Asst. Safe	ety Mgr.	R. Jones @	3:51 PM		Dispatcher	Te	rry/James	
County Name	and Time:			M. Wilson (ത ദ∙ ⊿ള pM			
County Name and Time: (Check one) Telephone		Х	In Person	₩ 3.45 FIVI	(Must be	done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives								

Vehicle Accident Report



Operators CDL # / I	Exp Date	Valid DOT Med Card /	Exp Date	Accident Report	# 1203	10001530	
S53047559		1 Omed Drive To	PPI		8 1203 000 1528 ne Photos Substance Abuse Tested		
Accident Date Month Day Year	Day of Week Time	of Accident # of Vehic	les SmartDrive II	iggered	/		
12/3/2018	MONDAY 3:1	14Pm 2	□ Yes 1	No Des	□ No	☐ Yes ☐ No	
Call Barlings :	COMPANY	VEHICLE 1	19/3/2/2/20	OTHER	PARTY		
Operator Name (Exactly As	s Printed On License)	rico SMITH	☑ Vehicle 2	☐ Bicyclist ☐ Ped	estrian D Fix	xed Object	
Address (Include Number &		Apt#	Name (Exactly As Printed	On License)	71	A CONTRACTOR OF THE CONTRACTOR	
	ucan drive			Deontae Trent Thomas			
City or Town Upper Ma	wlbors Mp	20772	Address (Include Number	Address (Include Number & Street) 45 17 FINN 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Employee ID#	Date of Hire 09 20 20 8	Student Driver? Y/N	City or Town Baltimar	State MD	Zip	2/715	
	Occupants # Seated	# Standing	Date of Birth Sex	Driver's Li	cense Lic. S	tate # of Occupants	
3	3 3	0		M D F DYes	□No /	9012	
62652 LG	C/1004 2200	Year/Make 12/6WLUC	Insurance Co	A. CA 286-74	: 78 1	115/2019	
Vehicle Type	Route # & Run #	1352	Name (Exactly As Printed	Registration) Co of Pr	HC. 50	, , , , , , , , , , , , , , , , , , , ,	
VIN 150	96B2711C	11817611		Address (Include Number & Street) Apt#			
Insurance Co	Policy # & Expiration	n Date	City or Town	State	Zip	11127	
Old Repu	Location of Accident	21268	Plate# State	Year & Make of Vehicl	e Vehicle	Type Color	
Address/Street on which accident occurred 6525 Toledo Road 3) ESIHI MD 2016 PTRBTK Truck White						NOR White	
At mersection with		crest Road	JNP,	NH M6X8	6M3	19996	
☐ Not at intersection	Feet N S E(W) of		Telephone #				
On Roadway	☐ Off Roadway	0	411)-	217-15	# n	< 12	
At Bus Stop? Yes I	□ No (if yes) □ Near Stop		97 110	OCT TO	0 0	203	
Weather	Surface	Traffic Control Light	vironmental Conditions	Roadway - # of Lanes	Roadway	Characteristics	
Clear	☐ Dry		aylight	☐ Divided	Straight		
☐ Cloudy ☐ Raining	□Wet □ Icv	☐ Yield Sign ☐ Da		☐ Undivided ☐ ☐ Straight and Grade☐ ☐ Asphalt☐ ☐ Straight at Hillcrest☐			
☐ Snowing	☐ Snow	☐ Flagman ☐ Da	ark Road - Unlighted	oad - Unlighted			
☐ Foggy ☐ Other	☐ Other	☐ Upcontrolled ☐ Da Other	ark Road - Lighted	☐ Gravel ☐ Other	☐ Curve and Curve at		
	Pre Accide	nt Movement		Unusual Road Condition	ons		
V1 V2/04 jatron	V1 V2/OV	V1	V2/OV	No Unusual Condition	ns		
☐ Going Straight	Anead Exiting Bu		☐ Changing Lanes	☐ Holes / Deep Rut☐ Obstruction in road			
☐ ☐ Making right tu		Bus Stop	☐ Passing	☐ Construction / repair :			
☐ ☐ Making right or ☐ ☐ Making left turn		☐ Merging					
☐ ☐ making left on	red Parked		☐ Backing ☐ Other	☐ Other			
☐ ☐ Making U Turn Vehicle Lights	Tum Signals	Posted Speed Limit	Estimated Speed Limit	Direction of Travel	Ac	cident / Collision With	
No 1 M On □ Off	No 1 ☐ Left Turn On	Vehicle 1 25 mph	Vehicle 1 / O mph	Vehicle 1	Other Mo	tor Vehicle	
No 2 🗆 On 🖢 Off	No 1 ☐ Right Turn On No 1 ☐ Four Ways On	Vehicle 2 25 mph	Vehicle 2 O mph	NSEW	☐ Bicyclist☐ Rail Train		
NOZ LI OII EI OII		TOTAL TARENT	Tipil	Vehicle 2	☐ Fixed Obj	ect	
	No 2 ☐ Left Turn On No 2 ☐ Right Tum On			N S E W	☐ Pedestrial ☐ Animal	11	
	No 2	Pede	estrian / Bicyclist Action	2			
☐ Crossing With Signal ☐ Riding Along Highway With Traffic ☐ Pushing / Working On Vehicle							
☐ Crossing - No Signal or Crosswalk ☐ Riding / Walking Against Highway With Traffic ☐ Working In Roadway							
☐ Crossing Against Signal ☐ Emerging From in Front of or Behind Parked Cars ☐ Not In Roadway ☐ Playing In Road ☐ Oth In Roadway ☐ Oth Roadway							
☐ Going To / From Stop			Off Vehicle Other Than Bus		0.7000		
						SPP F.20 7/2015	

A STREET FOR	Ve	hicle Accider	it Report					transc	le
			, , , , , , , , , , , , , , , , , , , ,		AR#				
☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends \ ☐ Vehicle Rear End ☐ Wheelchair Lift ☐ ☐ Roll Away (Not S	│	Passing Merging Jead On Bus Right Mirror Bus Left Mirror Bus Door Operation Budden Stop Roll Over	☐ Railread Crossin Mit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	ng :	Police Investigated Police Department Officer Name (Badg Precinct #	Responding	Dist Wed	1	
	Type of Trip		Violations						-
With Pax D Fixed Route ☐ Charter ☐ Para Transit	Without Pax ☐ Fixed Route ☐ Charter ☐ Para Transit	☐ Business Trip ☐ Errand ☐ Non Rev move ☐ Maintenance	Vehicle 1 Towed By		VA		To	NA	
Accident Description	1								
Ope	erator	Konst	autine	Ma	urice	on	hi	5 way	
truc both	le or	etro to juries nides	hit a ledo	terr	ix e	Belo	of (G	ardgwor road.	14
the	Sw	pervis		n- !	ne	<u>d</u> (c	y+-	Schrif	
Description of Dama	age Con	npany Vehicle	Minimal □ Mod	lerate 🗆 N	Mainr	Other Vehicle	Minimal		
Vehicle 1 is ALWAYS Articulated Bus Name of With		hicle	Place an X on the ex	act point of fire	-	ehide and the of	ther vehicle. Circle	☐ Moderate ☐ Maj areas of other damage. Car Transported By Uni	
Supervisor on Scer		□ No Su	pervisor Name (P	rint):					
Supervisor's Signat	ture C		_ Unit Number _	10	_Supervisor / N	lanager Revie	ewing		



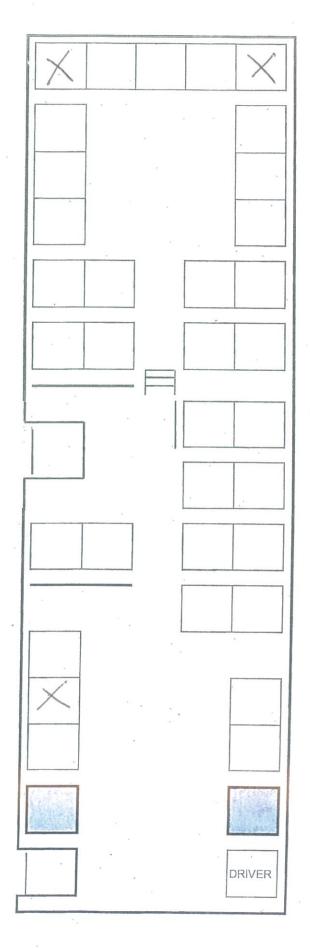
EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:ACCIDEN \						
(Workers Comp # Issued by Sedgwick)						
Name SMITH. Birt Konstantine Manrice OL	th Date Hire Date					
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 1						
HOME PHONE NUMBER DAY TIME NUMBER 757-401-8	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME					
	RTIAL STATUS NUMBER OF DEPENDANTS					
SHIFT START TIME / END SHIFT TIME 120 AM or PM 7-42 AM or M						



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? 125 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: 1545 This is a late report
Location of Incident 6525 To ledo 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 Trust Thou T Crossing The dol. Yellow line into On Coming Traftic. As I passed the cone by inches, my Right Passes Mirror Struck the Far Corner of The Security Truck I Staffed and Immediately called IT in Also, The Three fattons were uninjured and decided To leave Scene.
Operator Signature: Am the Date Submitted: 15-3-18



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.

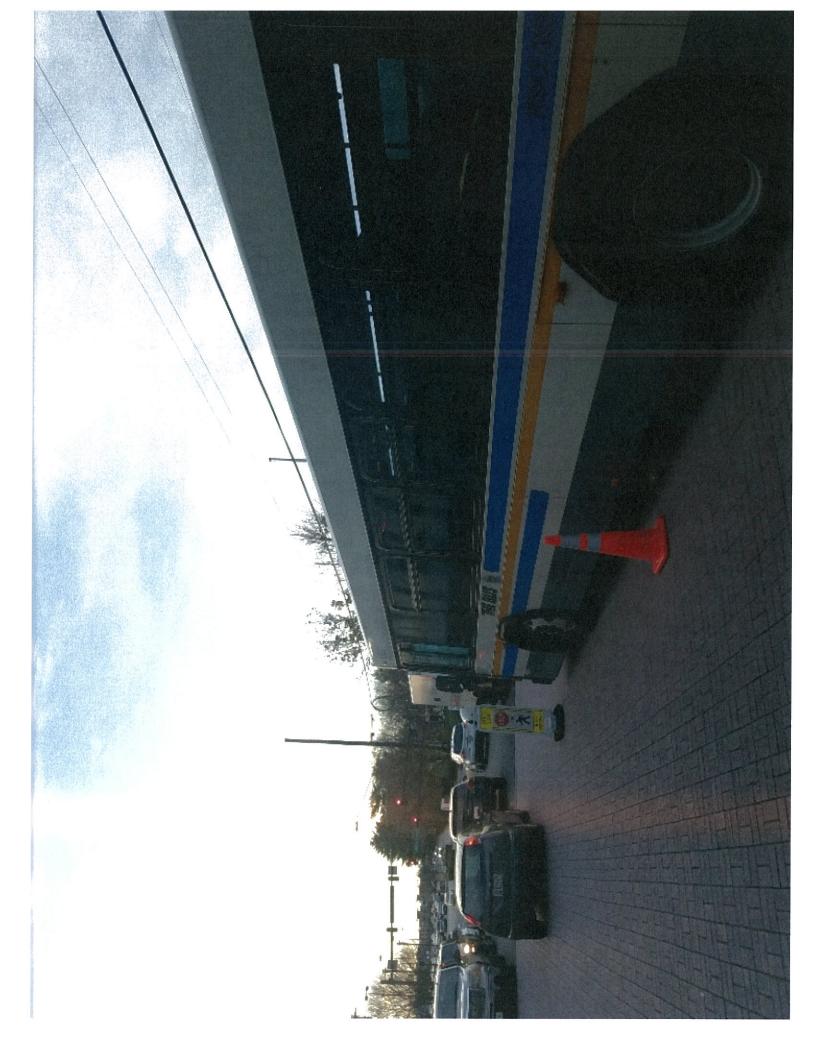
Mark an (X) in the position
of the injured passenger (if one).
*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

Complete and turn in with accident forms ASAP.

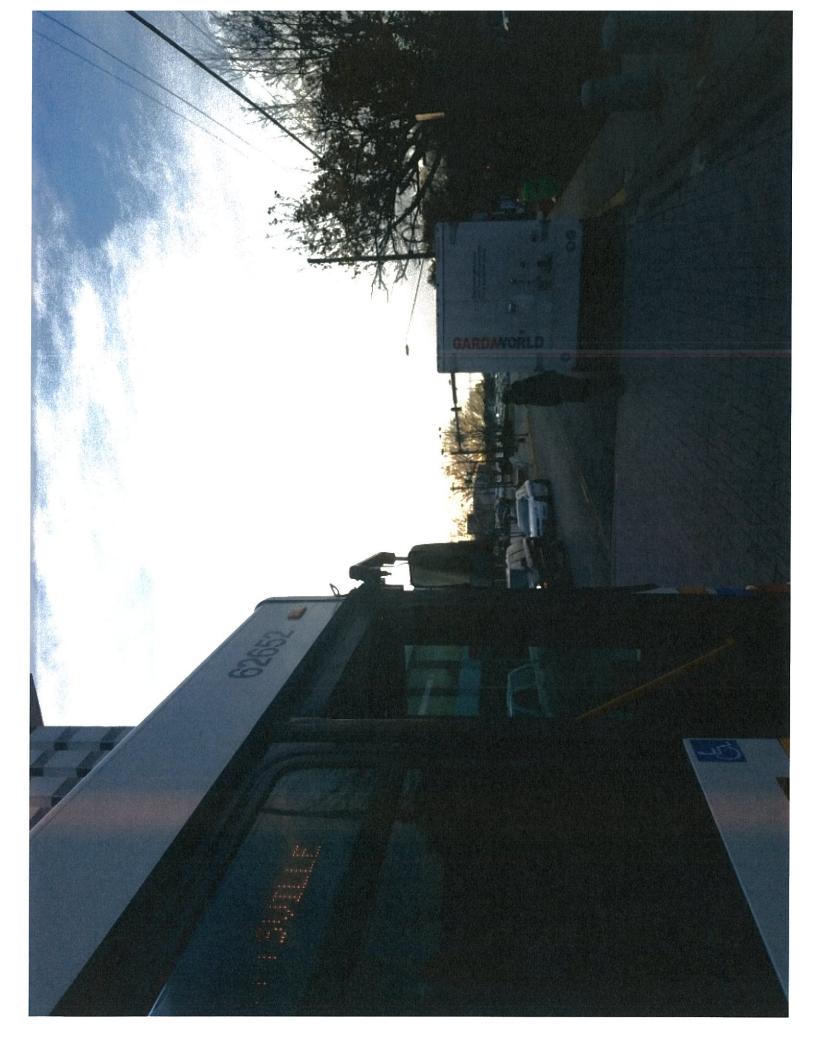
Thank You!

Date: 12/3/18 Time: 3-44Pm
Location: Toledo Belerestroad
Driver: Konstantine Maurice SMITH
Supervisor: Tayo Ognodana,









transdev	elinen/i/		
1 1	SUPERVIS	OR'S INCIDEN	T REPORT
Date#: [2 3 18	Time:	3:44Pm	Run:
Operator #: Konstantine Supervisor: TAYO O	Maurice	Division: 0124	Vehicle:
Supervisor: Ayo O	GUNDAN,	A	
Location: 6525	Toledo		
Address	or Cross Street		ity & State
Description of Event:			
			South
Operato	r Vins	to this M	21414

Supervisor Signature:

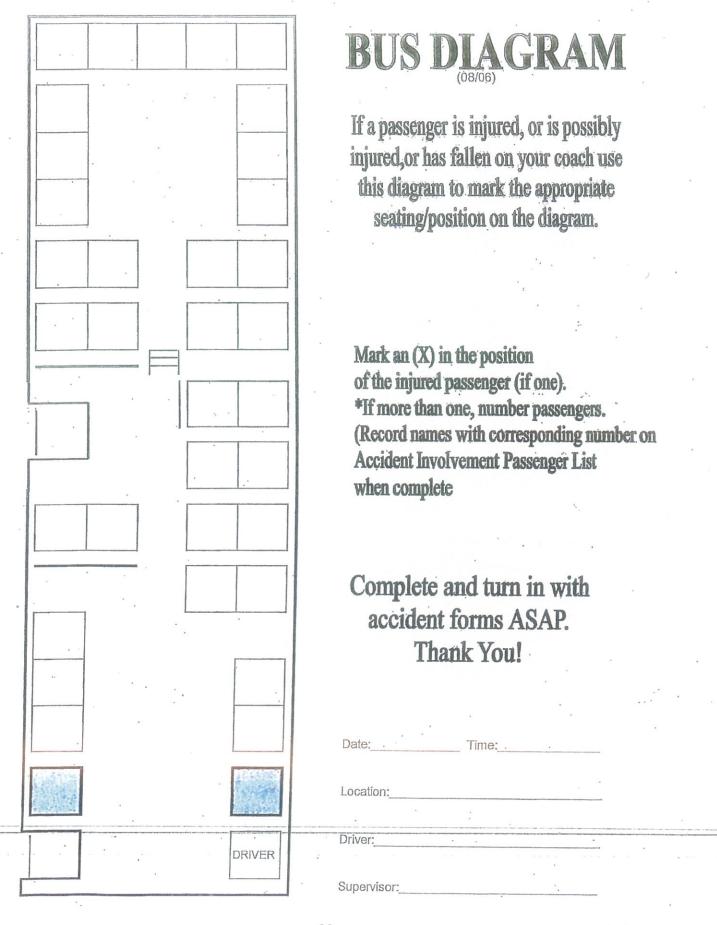


(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 6:2		22 PM				
Date of Occurrence:		12/7/2018		Time of Oc		currence:	5:33 PM			
Weather:	Clear	Day of the	e Week:	Friday		DHD (Y/N):	N			
Location (Cross Stre	et and Town)		Allentown	Road @ Dodge La	ne - Camp Sprir	ngs, Maryland				
Route Impact:		30 - Minute Delay								
Employee Name:				Denise Johnson						
Run#	35	05	Bus#	632	13	Tag#	LG92213			
What happened (Be Specific and Brief):	Operator stated that as she was traveling in her lane of traffic, Vehicle 2 impeded her lane and made contact with the driver's side mirror. Police and Supervisor dispatched to assist. Per Supervisor Investigation; 5 Patrons on-board, no injuries claimed. The operator continued in service.									
Injuries (if any):	None									
Vehicle Damage				None						
(Check all ti	hat apply)	Police	Y	Ambulance	N	N				
Was the C	perator sent for D	rug/Alcohol Test (\	//N):			N				
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 5:36 PM				
Safety Sup.	S. F	ord	AGM	K. Jay @ 5	5:35 PM	Maint.	Zaw @ 5:35 PM			
Asst. Safe	aty Mar	P. Janes @	E.22 DM		Diamatahan		. T			
Asst. Sale	ty wigi.	R. Jones @	3.33 FIVI		Dispatcher). Terry			
County Name	e and Time:			M. Wilson (@ 5:34 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										



Operators CDL# Accident Date Month Day Year	9-135-81 11-1-2 Day of Week Time	Valid DOT Med Card	10-10	A-2019 SmartDr	ive Tri	PP	1	Photos	Substanc	e Abuse Tested
12-7-20	. P T ETC. CO) sopm &	,	1110	3 4	1 140	'		<u>ы</u> 1	CG JATTO
**	COMPANY	VEHICLE 1					OTHER F	PARTY		
Operator Name (Exactly A		Tolonena		Vehic	le 2	☐ Bicyclist	□ Pedes	trian 🗆 Fb	ed Object	DPax Fall
Address (Include Number		Apt#	1	Name (Exactly As	CHIL	A STATE OF THE STA	100	771	(4) (2) -1 -1 ·	
4249 5	& AVC	Total			rri	0	rett			
City or Town	State	Zip		Address (Include				Apt#		
Bladens	bum Mi	20710		011 7		1 211				
Employee ID#	Date of Hire	Student Driver? Y (N)		City or Town		State		Zip		
# of Cards # o	of Occupants #Seated	#Standing when	C	Date of Birth	Sex		Driver's Licen	se Lic. Si	ate	# of Occupants
0	3	Orac	F			M DEF	□Yes □	No		
Bus ID# Plate #	State Vehicle	e Year / Make		Insurance Co	T	Policy#&ExpD				
6 22 B LG	Route #& Run #	110 Gillia		Name (Exactly As	Drintari	Pagistration\				
Vehicle Type	35 /	3505			i intou	registratory				
VIN	7			Address (Include	Number	& Street)		Apt#		
The same of the sa	1 Policy #& Expirati	26		01		l pt-t-				
Insurance Co		> 21268 7-	1-19	City or Town		State		Zip		
Clarapor	Location of Accident	21240	111	Plate# S	tate		ke of Vehicle	Vehicle		Color .
Address/Street on which	accident occurred	own Kord	-	BOTTON	LI	12018	TRAVE	rsy Ch	evy	BlackCurre
At intersection with	Dodge Lane	2	_	I G N	ER	HKW"	TITE	1429	28	
☐ Not at intersection	Feet N S E W of		_ -	Telephone#			1000	~ 100 1	(A)	
On Roadway	☐ Off Roadway									
At Bus Stop? [] Yes	Control of the Contro	☐ Far Stop Mid-Block	stop				/*			
		E	nvironme	ntal Conditions	5					
Weather ☐ Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy ☐ Other	Surface Dry Wet I lcy Snow Other	☐ Yield Sign ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Daylight Dawn Dusk	Unlighted - Lighted		Divided Undivided Asphalt Concrete Gravel Other		Roadway Cl Straight and Straight and Straight and Curve and Curve and Curve at F	nd Grade Hillcrest Level Grade	i
	Pre Accide	nt Movement				Unusual Road	Conditions			
V1 V2/OV	V1 V2/OV	V1	V2/OV			☐ No Unusua	l Conditions			
Going Straight Making right tu Making right on Making left fun making left fun Making U Turm	Im 🗆 🗆 Entering In red 🗆 🗆 Slowing on In Stopped in red 🗆 Parked	Bus Stop or stopping in traffic in traffic	☐ Pas ☐ Mei ☐ Bac	rging cking		☐ Holes / Dee ☐ Obstruction ☐ Construction ☐ Loose mate ☐ Reduced ro ☐ Other	in road n / repair zone rial on road			
Vehicle Lights	Turn Signals	Posted Speed Limit	Estima	ated Speed Lin	1it	Direction of	Travel	Acci	dent/Collisi	on With
No 1 M On □ Off	No 1 🗆 Left Turn On	Vehicle 1mph	Vehicle	1 mpl	h	Vehicle		Other Motor	Vehicle	
No 2 ☐ On ☐ Off	No 1 ☐ Right Tum On No 1 ☐ Four Ways On	Vehicle 2mph	Vehicle 2	2 mpi	,	NSE		□ Bicyclist □ Rail Train		
	No.2 ☐ Left Turn On		manufaction (f)			Vehicle	2 [□ Fixed Objec □ Pedestrian	t	
	No 2 El Right Tum On		***************************************			N S E		I-Animal		
	No 2 ☐ Four Ways On	Pede	estrian / Bi	icyclist Action						
☐ Crossing With Signal ☐ Crossing - No Signal o ☐ Crossing Against Sign ☐ Crossing - No Signal/N ☐ Going To / From Stopp	al Marked Crosswalk	☐ Riding / Walk ☐ Riding / Walk ☐ Emerging Fro ☐ Playing In Ro ☐ Getting On / (ting Along ting Agains om in Front ad	Highway With T st Highway With t of or Behind Pa	Traffic arked C	ars		□ Worl □ Not I □ Othe		ay
	Accident Type							SI	PP F.20 7/	2015

ARW PP 18 2 0 + 0 COO 1 + 10	Vehicle Acciden	t Report	transdev
Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Bus 1 Bus 2 Truck Car Name of Witness I Injured Age Claiming Injury? Type of Injury Claimed Injured Transported To Other Transported To Transpo	Backing Passing Merging Merging Head On Head On Bus Right Turn Bus Rear Ends Vehicle Bus Door Operation Vehicle Rear Ends Bus Sudden Stop Merging Bus Rear Ends Bus State Mirror Bus Rear Ends Bus Sudden Stop Wheelchair Lift Operation Roll Over Ran Off Roadway Type of Trip With Pax Without Pax Business Trip Fixed Route Fixed Route Errand Charter Charter Non Rev move Para Transit Para Transit Meintenance Accident Description Application Ran Off Roadway Type of Trip With Pax Without Pax Business Trip Fixed Route Fixed Route Errand Meintenance	□ Railroad Crossing □ Hit Fixed Object □ Hit Pedestrian □ Hit Animal Violations Vehicle 1 Towed By: Vehicle 2 Towed By: □ Hely Labb □ Race Lane □ Hace Lane	Police Investigated? The Sacre Police Department Responding District IV P.G. Officer Name (Badge / ID#) AL HASSAN 4068 Precinct# IV Report# PP 1812070001710 Citations / Arrests Department Depart
Supervisor on Scene? Yes \(\text{No}\) \(\text{Supervisor Name (Print):} \) \(\text{Shirle He Fox} \)	Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Name of Witness / Injured Age Claimi	Place an X on the exact point of Bus 1 Array I Type of Injury Clair	of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car Injured Transported To Other Transported To Transported By Unit #





A STATE OF THE STA	AND THE RESIDENCE OF THE PARTY
Today's Date: 12-7-18 Time: 17.30 pm Operator Name: Dense Othnson Vehicle # 632/3 Route	
Operator Name: Dense Othnson Vehicle # 432/3 Route	# 3575
Report Submitted to: Supervisor Dispatch Safety Dept.	
	hicle Damage
Check One.	nicle barriage
Passenger Complaint No Damage Vehicle Incident Report Other	DT
Was the incident reported immediately? Ves Reported to Command: (Name)	Di Terry
I did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes (SQM Name)	
Date Incident Occurred: 12-7-18 Time Occurred: 5. 31 Do not have ac	tual date or time
Date Reported: 12-7-18 Time Reported: 5.30m This is a late report	
Location of Incident Allentown Rd & Dudge Lane	
Complete a separate Incident Report for each passenger affected by this event.	,
Passenger Name: Passenger ID/Seat #	
Temple Hills, a dork colored Chevy TRAVER my lone and not my driver's side mimor heard the noise Plooked and saw that un my lane. I unmediately pulled or contact base for further instructions	se came u ; when I + she was er and

Operator Signature:

Date Submitted: 12 · 7 · 18

SPP F.8 Rev 5/2015

V1-288244

transdev EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:	· · · · · · · · · · · · · · · · · · ·	
	(Workers Comp # Issued by Sedgw	ick)
Name Denise" Johns	Birth Date	Hire Date 12-4-2017
Driver's License#	- 139-135-841 1954	
HOME ADDRESS: 42 49 5	8th AVE APT	
CITY Bladensburg	STATE MD	ZIP CODE
HOME PHONE NUMBER	241-898-5695	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? Yes / No / Unknown	GENDER MARTIAL STATUS M o M S W D	NUMBER OF DEPENDANTS
*SHIFT START TIME / END SHIFT TIME		



PRINCE GEORGE'S COUNTY POLICE

AL-HASSANI #4068 POLICE OFFICER

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

EMERGENCY: 911 Non-EMERGENCY: 301-352-1200

•

Case / Incident Number: 77 4 12070000 1710

Date / Time: 12/7/18 5:30 jm

FOR TRAFFIC CRASH-



transdev supervisor's incident report
Date#: 12-7-19 Time: 5.30pm Run: 3505
Operator #. Denise Johnson Division: 0124 Vehicle: 63213
Supervisor: Us. Foo
Location: Allentown Rd & Dorge Lane Temple Hills MD Address or Cross Street. City & State
Description of Event: A approximately 6:05 pm. 1 arrived
on the scene at Albertaun Pot & Darge have Whe
a 2018 Block Traverse made contact with the BRI
side wurlow on the bus. There were 3 patrons on
board. No injuries reported.
~ ^ ^
Supervisor Signature: Mo. Shulth Dove



(Check one)	Accident	Х	Incident	Supervisor Arrived 4:22 PM		VI			
Date of Oc	Date of Occurrence:		12/10/2018		Time of Occu		4:02 PM		
Weather:	Clear	Day of the	Week:	Monday		DHD (Y/N):	: N		
Location (Cross Street and Town) Garden City Drive @ New Carrolton Metro Station, New Carrolton MD.									
			racir city bire	e new carronon	TVICTIO Station,	IVEV CUITOILE	AT IVID.		
Route Impact:				2 Missed trip					
Employee Name:				Helen Young					
Run#	21	93	Bus#	626	49	Tag#	LG94262		
What happened (Be Specific and Brief):	Vehicle(1) while attempting to Pass Vehicle (2) made contact with Vehicle(2) left rear corner. Supervisor and Police was dispatched to the location. There were no patrons on board. The strategic operator continued the route.								
Injuries (if any):	None								
Vehicle Damage			R	ight Side Mirror					
(Check all th	nat apply)	Police	Y [Ambulance	N	Tow] N		
(Circle dirti	iac apply)	T Office		Ambulance		1000			
Was the O	perator sent for D	rug/Alcohol Test (Y	//N):			N			
Not	ified (Indicate nam	e and time) GM:							
Supervisor	R. Campbel	I/ D. Butler	AGM	K. Jay @ 4	4:14 PM	Main	4:23 PM/ Zaw		
Asst Cofe	A D.C	D. James @	4.10 DN4		Discontinu		/5.5.1:		
Asst. Safe	ty wigr.	R. Jones @	4:19 PIVI		Dispatcher	IVI. Jar	mes/ D. Boykin		
County Name	and Time:			M Wilson 6	ക 4.15 DM				
County Name and Time: (Check one)		Telephone X		M. Wilson @ 4:15 PM In Person		(Must be done within 1 hour)			
		· ciepiione		and the same					
Please note the details of this incident will change when the Supervisor Arrives									



ODDEON 7MME

Production of the Control of the Con					
Operators CDL #1 Exp Date	4/11/2019	Valid DOT Med Card /		Accident Report #	121000001507
Accident Date Day of	Week Time	of Accident # of Vehicle	es SmartDrive T	riggered	e Photos Substance Abuse Tested
Month Day Year	haday 3	:28 pm 2	☐ Yes	No Yes	□ No □ Yes □ No
10 117 7011 70	COMPANY	VEHICLE		OTHER	PARTY
Operator Name (Exactly As Printed Or		11	Mahlala 2	El District El Pade	strian O Fixed Object OPax Fall
Halan	Louise	7019	Name (Exactly As Printe	5.3.4种种的特别的	and care and a second
Address (Include Number & Street)	er Groves	Apt#	Andrew	Tettey Tette	h
City or Town	State 1	20774	Address (Include Numb	ant lane	Apt#
Employee ID# Date of	Hire	Student Driver? Y/N	City or Town	State	isdia 19144
30106 14	#Seafed	#Standing	Date of Birth Sex	nia Pensyl	0 111/5(1 1 7 1
# of Cards # of Occupants	Troublett.	Ö	4/25/73 1	the title in the same of the s	INO Pennsylvaid
Bus ID# Plate#	State Vehicle	Year / Make	Insurande Co	Policy#& Exp Date	
Vehicle Type	Route#& Run#	2102	Name (Exactly As Print	led Registration)	
JU) GWLIC	-1219	2195	Address (Include Num)	ber & Street)	Apt#
1366157	Policy#& Expirati	Date on Date	City or Town	State	Zip
Ann Risk Serv	100 MW	TD21268	Plate# State	Year & Make of Vehicle	yehicle Type Color
Address/Street on which accident occ	Location of Accident	aerolton Metros	1	us lear or make of verificity	Bus Blue
Address/Street on which accident occurrences	tulled 71 cos		VIN		
E Not at intersection	_Feet NSEW of		Telephone#		
□ On Roadway □ O	ff Roadway				
At Bus Stop? ☐ Yes ☐ No	(if yes) D Near Stop	☐ Far Stop ☐ Mid-Block st	ор		
	_		vironmental Conditions		
Weather Surface		Traffic Control Light	aylight	Roadway - # of Lanes	Roadway Characteristics Straight and Level
☐ Clear ☐ Dry ☐ Wet		☐ Yield Sign ☐ De	fwn	Undivided	☐ Straight and Grade
☐ Raining ☐ Icy		☐ Traffic Signal ☐ Di		☐ Asphalt	☐ Straight at Hillcrest ☐ Curve and Level
☐ Snowing ☐ Sno		☐ Flagman ☐ Da ☐ Uncontrolled ☐ Da	irk Road – Unlighted irk Road - Lighted	☐ Gravel	☐ Curve and Grade
☐ Foggy ☐ Other	51	Other		□ Other	☐ Curve at Hillcrest
	Pre Accide	nt Movement		Unusual Road Condition	
VI 12/04 stopped	V1 V2/OV	V1	V2/OV	☐ No Unusual Condition ☐ Holes / Deep Rut	S
Going Straight Anead	☐ ☐ Exiting B	us Stop	☐ Changing Lanes	☐ Obstruction in road	
☐ ☐ Making right furn	☐ Entering	Bus Stop or stopping in traffic	☐ Passing	☐ Construction / repair zo	
☐ ☐ Making right on red☐ ☐ Making left turn	☐ ☐ Slowing (☐ ☐ Stopped		☐ Merging ☐ Backing	☐ Loose material on road ☐ Reduced road width	
☐ ☐ making left on red	☐ ☐ Parked		Other	☐ Other	
□ □ Making U Turn	☐ ☐ Avoided	Posted Speed Limit	Estimated Speed Limit	Direction of Travel	Accident / Collision With
	Turn Signals	Vehicle 1 mph	Vehicle 1 2 mph	Vehicle 1	Other Motor Vehicle
No1	□ Left Turn On □ Right Turn On			N S E W	☐ Bicyclist ☐ Reil Train
No 2 □ On □ Off No 1	Four Ways On	Vehicle 2mph	Vehicle 2 mph	Vehicle 2	☐ Fixed Object
	☐ Left Turn On			(N)SEW	Li Pedestrian
	TRightTum On TFour Ways On				-El-Animal
1 102 1		Account to the second	frian / Bicyclist Action	**************	
☐ Crossing With Signal			ng Along Highway With Traffi		☐ Pushing / Working On Vehicle
☐ Crossing - No Signal or Crosswa	alk	☐ Riding / Walkin	ng Against Highway With Tra n in Front of or Behind Parke	d Cars	☐ Working In Roadway
☐ Crossing Against Signal ☐ Crossing - No Signal/Marked Crossing - No Signal	osswalk	☐ Playing In Roa	d	\V / /	☐ Not In Roadway ☐ Other
Coing To / From Stonned Bus		☐ Getting On / O	ff Vehicle Other Than Bus	. / '	CDD E 90 7/904E

Vehicle Acciden	t Report	Transdev
The state of the s	1	AR#
□ Backing □ Passing □ Sideswipe □ Merging □ T-Bone □ Head On □ Right Turn □ Bus Right Mirror □ Left Turn □ Bus Left Mirror □ Left Turn □ 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 Pax Without Pax □ Business Trip □ Fixed Route □ Fixed Route □ Errand □ Charter □ Charter □ Non Rev move □ Para Transit □ Para Transit □ Maintenance	☐ Raikroad Crossing ☐ Flit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal Violations Vehicle 1 Towed By:	Police Investigated? Lives II No Police Department Responding Prince George's Country Officer Name (Badge / ID#) Cpl. Buffy # 3161 Precinct# The Report# PPI 9 1 2 1 0 00 00 15077 Citations / Arrests II Operator 1 II Vehicle 2 II Bicyclist II Pedestrian To To
Accident Description I got to the service of the scand of	pushed to she struct The focation at the scen by by any er bus but alren of b	word the windshield. Operator Was at New Carrolton Station ne to file a report. Operator d she says she was trying didn't cut her wheel oth vehicles. The other
Description of Damage Company Vehicle L Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle		□ Major Other Vehicle □ Minimal □ Moderate □ Major If first impact on your vehicle and the other vehicle. Circle areas of other damage, Bus 2 Truck Çar
→	ng injury? Type of injury Clair	ned Injured Transported To Other Transported To Transported By Unit #
Supervisor on Scene? Yes No. Su	pervisor Name (Print):	Deonte Butter Supervisor / Manager Reviewing



SPP F.8 Rev 5/2015

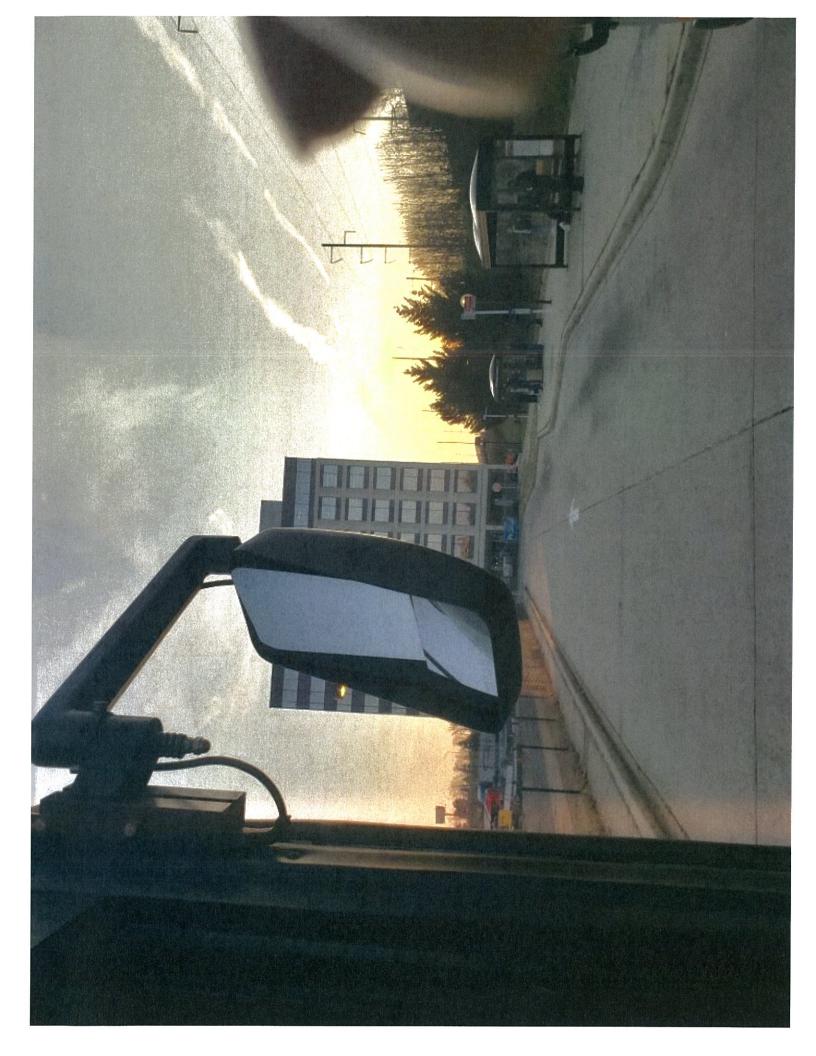
Bet But But But But But But But But But Bu
Today's Date: 12-10-18 Time: 4-25p
Operator Name: H. Young Vehicle # 60649 Route # 2193
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Yes Reported to Command: (Name) Melita Jam
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name) Supervisor Buffer
Date Incident Occurred: 12-10-18 Time Occurred: 4000 Do not have actual date or time
Date Reported: 12-10-18 Time Reported: 4pm This is a late report
Location of Incident New Court for Metro Station Bottom Side
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: No Passengers abound Passenger ID/Seat# NA
Explain what happened: Trying to squeeze By a Grayhound Bus and my minor hit the coron (Back) of the bus.
perator Signature: 12-10-18

NO PATRONS (O)

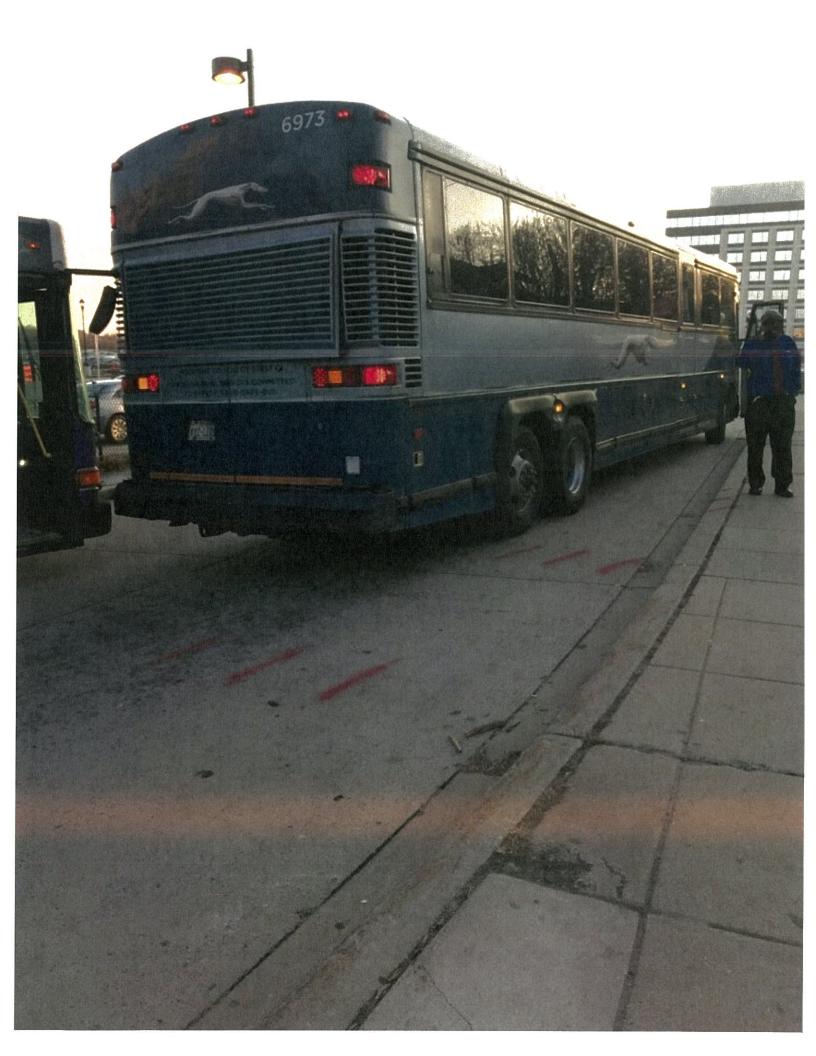
	BUS DIAGRAM
	If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.
	Mark an (X) in the position of the injured passenger (if one). *If more than one, number passengers. (Record names with corresponding number on
	Accident Involvement Passenger List when complete Complete and turn in with accident forms ASAP. Thank You!
	Date: 12/10/18 Time: 4 2/pm
DRIVER	Driver: Helen Young Supervisor: Leaker Metro Station



Accident/Incident/Workers Comp#: Accident	
(Workers Comp#Issued by Sedgwick)	
Name Helin Young Birth Date 4/11/1865 4/1/2014	
Driver's License# 1-570 - 307 - 549 - 283 Employee Number 30706 DOT CARD VALID? Yes or NO (IF NO, PLEASE EXPLAIN WHY):	
	-
HOME ADDRESS: 370/ Chester Grove Rd	
CITY - Upper Marlbord STATE MD ZIP CODE 20774	moreovered
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle) 202-246 1761 FULL TIME OR PART TIME	
STHE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS MS W D	
*SHIFT START TIME / END SHIFT TIME * AM-or PM / AM-or PM	









(Check one)	Accident	X	Incident		Time Superviso	or Arrived: 7:	15 AM		
Date of O	currence:		12/11/2018		Time of Oc	Time of Occurrence: 6:59			
Weather:	Clear	Day of the	e Week:	Tuesday DHD (Y/N):			N		
Location (Cross Stre	et and Town)			Capitol Heigh	nts Boulevard				
Route Impact:		2- Missed Pulls							
Employee Name:				Frank Harris					
Run#] 25	01	Bus#	626	17	Tag#	LG94082		
Num.	23	01	Dus#	020	,17	I ag#	LG34082		
What happened (Be Specific and Brief):	Operator stated that as he was traveling down Capitol Heights Blvd and came to a complete stop, Vehicle 2 (school bus) mirror made contact with the rear of the bus.								
Injuries (if any): Vehicle Damage			Countable	None					
venicie Damage			Scratches	s on the rear of th	ne bus				
(Check all t	hat apply)	Police) y [Ambulance	N	Tow	l N		
Was the 0	perator sent for Di	ug/Alcohol Test (\	r/N):			N			
Not	ified (Indicate nam	e and time) GM:			J.Modlin	@ 6:59 AM			
Supervisor			AGM	R.Bandak @	0.7·01.ANA	Maint	Oneal @ 7:20 am		
Supervisor			AGIVI	N.Daridak @	9 7.01 AIVI	IVIAIIIL	Official to 7.20 and		
Safety	Mgr.	R.Jones @	7:02 AM		Dispatcher		D. Terry		
County Nam	e and Time:			M. Wilson (@ 7:10 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									



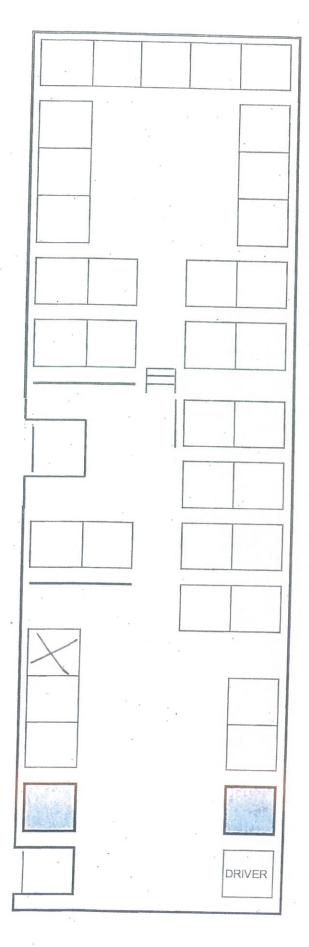
Operators CDI	# / Fyn Date	Valid-DOT Med Card	/ Exp Date	Acciden	t Report #		
H 620 261 184 Accident Date	1610 08.04.20	2		PP 18	121100	000500	C
Month Day Ye	Day of Week Ti	me of Accident # of Veh	icles SmartD	rive Triggered	Scene Pho	otos Subs	tance Abuse Tested
12-11-18	100000	700Am 2	□Y€	es 🗷 No	LI Yes	□ No □	Yes INO
Operator Name /Fyeet	COMPANY ly As Printed On License)	VEHICLE 1	L DENGLOS	and the second	OTHER PAR	TY	
Frank	Edward t	tarris	☐ Vehic		□ Pedestrian	☐ Fixed Obj	ect DPax Fall
Address (Include Numb		Apt#	Name (Exactly As	s Printed On License)	00 D:	/ \D 0 + A	
City or Town	State	A Zip	Address (Include	Number & Street)	en Pin	Chey Apt#	
Employee ID#	Date of Hire	Student Driver? Y/N)	39231	Natters LI	J	104	
63136	11.15.2004	Student Driver?	Fivestur	lle State	10	Zip Zip	7
# of Cards #	of Occupants # Seated	# Standing	Date of Birth		Driver's License	Lic. State	# of Occupants
Bus ID# Plate #		icle Year / Make	01		⊒Yes □No		
102617 45	0 1 1 - 1	Loll Gillia	Insurance Co	Policy# & Exp Dat	е		
Vehicle Type	Route # & Run	# ,	Name (Exactly As	Printed Registration)			
Gillig Bu	15 250) (Address (Include)	Number & Street		1	
156GE	271313109	2267	Tradition (motorior)	variber & Suberj		Apt#	
Old Republi		B 21268	City or Town	State	411	Zip	
Address/Street on which	Location of Accident	upital Heishts B		ate Year & Make	of Vehicle	Vehicle Type	Color
At intersection with	accident occurred 1 3 4. C	apriar HEISMISI	VIN				
Not at intersection	50 Feet N S EW	of Fabre Street	Talanharati				
☑ On Roadway	☐ Off Roadway	of two street	Telephone #				
	THE RESERVE OF THE PARTY OF THE	p ☐ Far Stop ☑Mid-Block sto	on l				
			rironmental Conditions				
Weather ☐ Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy ☐ Other	Surface Dry Wet Snow Other	Traffic Control M Stop Sign □ Yield Sign □ Traffic Signal □ Flagman □ Dai	ylight wn	Roadway - # of Divided Undivided Asphalt Concrete Gravel		dway Characterist traight and Level traight and Grade traight at Hillcrest urve and Level urve and Grade urve at Hillcrest	ics
	Pre Accid	ent Movement				are at illiciest	
V1 V2/OV	V1 V2/OV		V2/OV	Unusual Road C ☐ No Unusual C	conditions	~	7
Going Straigh Going Straigh Making right to Making right o Making left tur Making left on Making U Turn	um	Bus Stop or stopping in traffic	☐ Changing Lanes☐ Passing☐ Merging☐ Backing☐ Other☐	☐ Holes / Deep I ☐ Obstruction in ☐ Construction / ☐ Loose material ☐ Reduced road ☑ Other Sh	road repair zone on road width	e on stre	et
Vehicle Lights	Turn Signals	Posted Speed 1 Imit	Estimated Speed Limi	it Direction of Tr	avel	Accident / Col	ision With
No 1 ☑ On □ Off	No 1 ☐ Left Turn On No 1 ☐ Right Turn On	Vehicle 1 25 mph	Vehicle 1 pmph		21 21 25 25 25 27	er Motor Vehicle	
No 2 ₽ On □ Off	No 1 ☐ Four Ways On	Vehicle 2 25 mph	Vehicle 2 4 mph	N S E	→ □ Rail	Train	
	No 2 ☐ Left Turn On No 2 ☐ Right Turn On No 2 ☐ Four Ways On			Vehicle 2 N S (E) V	·		
Consina With Oi-			rian / Bicyclist Action				
☐ Crossing With Signal ☐ Crossing - No Signal o ☐ Crossing Against Sign ☐ Crossing - No Signal/0 ☐ Going To / From Stop	eal Marked Crosswalk	☐ Riding / Walking ☐ Emerging From ☐ Playing In Road	g Along Highway With Tr g Against Highway With in Front of or Behind Pa Vehicle Other Than Bus	Traffic rked Cars		☐ Pushing / Work ☐ Working In Roa ☐ Not In Roadway ☐ Other	dway /
						SPP F.20	7/2015

	Vehicle Accide	nt Report	120001011111111		Tensol
			AR#		A STATE OF THE STATE OF
Backing Sideswipe T-Bone Right Turn Left Turn Bus Rear Ends Vehicle Vehicle Rear Ends Bus Wheelchair Lift Operation Roll Away (Not Secured)	☐ Passing ☐ Merging ☐ Head On ☐ Bus Right Mirror ☐ Bus Left Mirror ☐ Bus Door Operation ☐ Sudden Stop ☐ Roll Over ☐ Ran Off Roadway	☐ Reilroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? **DXe** Police Department Responding Officer Name (Badge / ID #) Precinct # \ Citations / Arrests \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Robison & Report# PP181211	#3712 00000500
Type of Tr	<u>ip</u>	Violations	/ ^		
th Pax Without Pax Fixed Route I Fixed Rout Charter II Charter Para Transit II Para Trans	☐ Non Rev move	Vehicle 1 Towed By: Vehicle 2 Towed By:	N/A N/A	To	
ident Description	T accuracy	W 80000 m	vide 62617 u	105 00 14 1	0. 1-0.1
WICK OF VENTE	County S	chial love le	lent uccured	damage	and 4
assensers or			or drivers		
assensers or					
assensers or					
offers or	hoard. N	o Passenger	or drivers	on either i	unit claim
cription of Damage	hoard. N	2 Passenger		on either i	unit claim
eription of Damage le 1 is ALWAYS Your Vehicle. liculated Bus Shut	Company Vehicle	2 Minimal D Moderate Place an X on the exact point Bus 1	☐ Major Other Vet of first impact on your vehicle and	hicle Minimal	unit Claim Moderate □ Major eas of other damage. Gar
cription of Damage Set Server	Company Vehicle	2 Minimal D Moderate Place an X on the exact point Bus 1	☐ Major Other Vet of first impact on your vehicle and Bus 2	hicle Minimal the other vehicle. Circle are	Moderate Major
cription of Damage	Company Vehicle	2 Minimal D Moderate Place an X on the exact point Bus 1	☐ Major Other Vet of first impact on your vehicle and Bus 2	hicle Minimal the other vehicle. Circle are	Moderate Major
cription of Damage	Company Vehicle	2 Minimal D Moderate Place an X on the exact point Bus 1	☐ Major Other Vet of first impact on your vehicle and Bus 2	hicle Minimal the other vehicle. Circle are	Moderate Major

 ${\cal F}_{I}$



Today's Date: 12/11/18	Time: 6:53 Am
Operator Name: FRANK E HARRIS	Vehicle # 6 2 6 1 7 Route # 25
Report Submitted to: Supervisor Dispatch	☐Safety Dept.
Check One: Passenger Accident Passenger I	ncident Passenger Injury Vehicle Damage
remains.	Vehicle Incident Report
	Reported to Command: (Name)
I did not report the incident immediately because:	YES
Did a SQM respond to this incident? No Yes	SQM Name)
	d: 653 Do not have actual date or time
Date Reported: 12/11/18 Time Reported: 6,	55 This is a late report
Location of Incident CAPITAL High TS	Blu
Complete a separate Incident Report for each passenge	
Passenger Name: Jasmine Jenes	Passenger ID/Seat #
TRIDE to 90 PASS. Side Su	PASANGER: THE SCHOOL BUS VIDE THE BOS
perator Signature: Fruk & Africa	Date Submitted: 12/11/18 SPP F.8 Rev 5/2015



BUS DIAGRAM

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

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

Complete and turn in with accident forms ASAP.

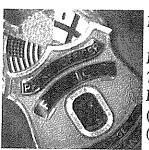
Thank You!

Date: 12-11-18 Time: 07-00 A	M
Location: 734 Capital Heights	Blvd
Driver: Frank Harris	
Supervisor: Elgin Dany	-



Accident/Incident/Workers Comp#:					
	(Workers Co	mp # Issued by Sedgwick)	*		
Frank Edward Harr	ris	Birth Date 08/04/19	50	Hire Date	e 5.2004
Driver's License# H - 620 - 261 - Employee Number 63136 DOT CARD VALID? Yes or NO (IF NO, PLE		_			
HOME ADDRESS: 7201 & KILW	ner S	treet			
CITY Hypothswillo	_ STATE _	Md	ZIP COD	E 20-	785
HOME PHONE NUMBER DAY	TIME NUME	BER	EMPLOY		(please circle) PART TIME
Yes No Unknown Mor		MARTIAL STATUS M S W D	NUMBER	OF DEPEN	DANTS
SHIFT START TIME / END SHIFT TIME*	AM or PN				

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



POFC. Robison #3712

District III 7600 Barlowe Rd Landover Md 20785 (301)-772-4901 (301)-772-4911

CCN#: PP18121100000500

E Parks



transdev		
	SUPERVISOR'S INC	CIDENT REPORT
	Time: 0700 Am	Run: 2501
Operator #: Frank Edu	0 120	Vehicle: 62617
Supervisor: Elsin Do		
Address	or cross street	Capital Heights Hd 20743 City & State
Description of Event: Whe	n I arrived on Scene	vehicle 62617 was parked
Curbside Facing u	vesthound on Capital	Heights Blud. Unit 62617
had minur visible	e damage (point tro	unster) to draverside
Fear of bus. There	re was I passenger o	nhowerd at the time of the
accident. Adverse	2 vehicle P.G. Count	y School bus was Facing
east bound on Cao	ental Heights Blidget	th no utsible damage and
4 passengers on	inned the me claims	ed injury on either unit
	Jan Carrie	a many on ecther unit
Supervisor Signature:		



(Check one)	Accident	Х	Incident		Time Superviso	r Arrived: 7:	26 PM	
Date of Oc	currence:		12/11/2018		Time of Occ	Time of Occurrence: 7:03 PM		
Weather:	Clear	Day of the	Week:	Tues	day	DHD (Y/N):] N	
Location (Cross Stre	et and Town)		Crescen	t Road @ Southw	ay, Greenbelt, N	//aryland		
Route Impact:				1 missed pull				
Franksia Nama				Danisa Jahanan				
Employee Name:				Denise Johnson				
Run#	11	51	Bus#	626	50	Tag#	LG94261	
What happened (Be Specific and Brief):		Vehicle (1) was stopped at an stop sign on Southway: when Vehicle (2) attempted to go around Vehicle (1) and made contact with Vehicle (1) left front corner. Supervisor and Police was dispatched to the location. There was one patron onboard. There were no injuries reported. The operator returned to the yard.						
Injuries (if any):				None				
Vehicle Damage		6. 9. n.		None				
(Check all ti	nat apply)	Police) Y	Ambulance	N	Tow	N	
(Check all ti	lat apply)	Fonce		Ambulance	14	TOW	IN .	
Was the C	perator sent for D	rug/Alcohol Test (Y/N):			N		
Not	ified (Indicate nam	e and time) GM:			N	I/A		
Supervisor	Ogundana	/Rellinger	AGM	K. Jay @ 1	7·09 PM	Main	Zaw @ 7:09 PM	
Supervisor	Ogundana	/ Bellinger	AGIVI	K. Juy @	1.05 1 101	IVIAIII	2aw @ 7.05 W	
Asst. Safe	ety Mgr.	R. J	ones @ 7:11 P	М	Dispatcher	Boy	ykin/James	
County Name	e and Time:			M. Wilson @ 7:08 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								



Operators CDL # 1-525-13 Accident Date Month Day Yea	E/Exp Date 1-135-84 Day of Wee	I / II I / 22	Valid BOT Me □ Yes □ No of Accident #	ed Card /	O[19]2019 les SmartDriv	e Trigge	_	8/21 ene Photo		0200 4 ubstance Abuse Teste
12/11/20	18 MESDI	et 6.	59PM	2	☐ Yes	No	□ Yes	s Q	rNo	Yes No
0		MPANY	VEHICLE 1			TAX.	OTHER	PART	Y	Mark and
Operator Name (Exactly			ARSELI	i	□ Vehicle	2 🗆 1	Bicyclist □ Ped	estrian	☐ Fixed (Object
Address (Include Number	er & Street)		Apt#		Name (Exactly As Pr				A PART	
Address (Include Number 4249 58	8"H AVEN	VUE	Apt# //							
BLADENS	BURG	State	20716	0	Address (Include Nur	nber & Stre	et)		Apt#	
Employee ID#	Date of Hire		Student Driver? (Y	ŊN	City or Town		State		Zip	
	of Occupants #	# Seated	# Standing		Date of Birth S	ех	Driver's Lic	ense	Lic. State	# of Occupants
Due ID# Diet #		[DIMO		DINO		
62650 LG	94261	MD 20	Year / Make 12/6/11	LIC	Insurance Co	Policy	# & Exp Date			
Bus ID# Plate # 62650 LG Vehicle Type	LIC	Route#& Run#	151		Name (Exactly As Pri	nted Regist	ration)			
VIN 15GG	B27180	C1181	262		Address (Include Nun	nber & Stree	et)		Apt#	
AON RISK	SERVES A	Olicy#& Expiration	Date , 2 268	7/1/18	City or Town		State		Zip	
	Locati	ion of Accident			Plate # State	_	Year & Make of Vehicle		Vehicle Type	Color
Address/Street on which At intersection with	accident occurred	M Cras	cent roo	ad	VIN		1/VIVOA			SILVER
□ Not at intersection					Telephone #					
At Bus Stop? ☐ es	☐ Off Roadw		□ Ear Stan □ Mid	Diselector						
712 000 010 07.	2110 (11)00/	11 real otop	LI Tal Stop LIMIG		ronmental Conditions		-			
Weather I Clear ☐ Cloudy ☐ Raining ☐ Snowing ☐ Foggy ☐ Other	Surface Diry Wet Icy Snow Other		Traffic Control U Stop Sign U Yield Sign □ Traffic Signal □ Flagman □ Uncontrolled □ Other	Light ☐ Dayl ☐ Daw ☐ Dusl ☐ Dark	light m		-	□ Stra □ Stra □ Cur	way Charact aight and Lev aight and Gra aight at Hillcr ve and Level ve and Grad ve at Hillcres	vel ade est l e
		Pre Accident	Movement			Hnus	ral Road Condition	P		
V1 V2/OV Going Straight Making right to Making left tun Making left on Making U Turm	Im □ n red □ n red □ n □	☐ Exiting Bus ☐ Entering Bus ☐ Slowing or a ☐ Stopped in ☐ Parked ☐ Avoided obj	is Stop stopping in traffic traffic ect in road		Changing Lanes Passing Merging Backing Other	□ No □ Ob □ Co □ Loo	o Unusual Conditions eles / Deep Rut estruction in road enstruction / repair zo ose material on road educed road width	3		
Vehicle Lights	Turn Sig	nals	Posted Speed Li	mit	Estimated Speed Limit	Dir	ection of Travel		Accident /	Collision With
No 1 M On D Off	No 1 D Right No 1 D Four V	Tum On	Vehicle 1 25 Vehicle 2 25		ehicle 2 mph	И	Vehicle 1	☐ Bicyc		de
	No 2 ☐ Left Tu No 2 ☐ Right Tu No 2 ☐ Four W	ırn On Tum On				N	Vehicle 2 SEW	☐ Rail 7 ☐ Fixed ☐ Pedes ☐ Anima	l Object strian	
☐ Crossing With Signal ☐ Crossing - No Signal o	or Crosswall		☐ Riding	g / Walking	ian / Bicyclist Action Along Highway With Trafi	ic .		r	7 Duchina /1	Marking On Making
☐ Crossing - No Signal of Crossing Against Sign ☐ Crossing - No Signal/N ☐ Crossing To / From Stopp	al Varked Crosswalk		☐ Emerç ☐ Playin	ging From i ng In Road	Against Highway With Tra in Front of or Behind Parki Vehicle Other Than Bus	affic ed Cars		1	□ Working In □ Not In Roa □ Other	dway
								-	CDDF	20 7/2015

Vehicle Acciden	it Keport	Tunsa
		AR#
□ Backing □ Passing □ Merging □ T-Bone □ Head On □ Right Turn □ Bus Right Mirror □ Left Turn □ Bus Rear Ends Vehicle □ Bus Door Operation □ Vehicle Rear Ends Bus □ Sudden Stop □ Wheelchair Lift Operation □ Roll Over □ Roll Away (Not Secured)	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? Yes \(\text{No}\) Police Department Responding \(\text{DISTRICT YI}\) Officer Name (Badge / ID #) \(\text{CPL BRADEN}\) Precinct # \(\frac{3688}{8} \) Report # \(\frac{PP18121100002000}{9} \) Citations / Arrests \(\text{Operator 1} \) \(\text{Vehicle 2} \) \(\text{Bicyclist} \) \(\text{Pedestrian}\)
Type of Trip With Fax Without Pax □ Business Trip Fixed Route □ Fixed Route □ Errand Charter □ Charter □ Non Rev move Para Transit □ Para Transit □ Maintenance	Vehicle 1 Towed By: Vehicle 2 Towed By:	NA TO NA.
Accident Description		
when another ve make a right No injuries bus and bu other vehicle. Patron name	enron luide p turn reporte mper do Josh -	in front of the bus
escription of Damage Company Vehicle	Minimal □ Moderate □	□ Major Other Vehicle □ Minimal □ Moderate □ Majo
→	Place an X on the exact point of Bus 1 g Injury? Type of Injury Claim	of first impact on your vehicle and the other vehicle. Circle areas of other damage. Bus 2 Truck Car med Injured Transported To Other Transported To Transported By Unit:
pervisor on Scene? Nes D No Suppervisor's Signature	pervisor Name (Print):	TAYO OGWDANA Supervisor / Manager Reviewing TAYO



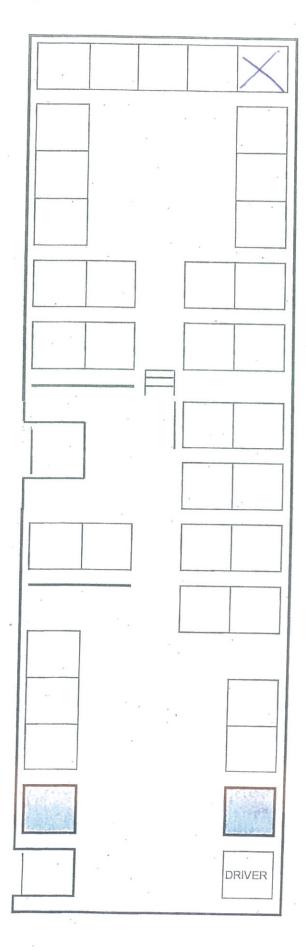
SPP F.8 Rev 5/2015

Today's Date: 12.11.18 Time: 6.59	
Operator Name: Denise Johnson Vehicle # (02(050 Route	#
Report Submitted to: Supervisor Dispatch Safety Dept.	_
Check One: Passenger Accident Passenger Incident Passenger Injury Vehic	cle Damage
Passenger Complaint No Damage Vehicle Incident Report Other	
Was the incident reported immediately? (Name) Tour	10 + Mali
I did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes (SQM Name) TAYO OGWN	DANA
Date Incident Occurred: 18.11 8 Time Occurred: 18.59 Do not have actu	al date or time
Date Reported: 18-11-18 Time Reported: 18-59 This is a late report	
Location of Incident Gouthway + Cresent Rd	
Complete a separate Incident Report for each passenger affected by this event.	
Passenger Name: Passenger ID/Seat #	
As I approached Soutway + Crest I stopped at the stop. I had my right blink to make a right turn as I proceeded to mal turn a car came around my left side Tried front of me to make a right turn, he cut in and nit my left front bumper. I immediate my smart drive, it did not come on so I called right away to less them know what happend there was one passenger on board, was n	KE MY LIMP IN CLOSE ELY NIT Ed dispato
perator Signature:	11-18



EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:	ACCID	INSC		
	(Workers	Comp # Issued by Sedgwick)	
Name		Birth Date	Hire Date	
Denise Johnson		1101119	59 12.04.17	3
Driver's License# 1.525 - 13				
Employee Number		3095Ce		
DOT CARD VALID? Yes or NO (IF	NO, PLEASE EXPLA	IIN WHY):		
HOME ADDRESS: 4249 57	3th AVE:	#11		
city Bladensburg	STATE	<u>MD</u>	ZIP CODE 20710	
HOME PHONE NUMBER	DAY TIME NUI		EMPLOYEE STATUS (please of	circle)
240-898-5695	240 80	18 5695	FULL TIME OR PART	TIME
IS THE OPERATOR ON OVER TIME?	GENDER	MARTIAL STATUS	NUMBER OF DEPENDANTS	,
Yes No Unknown	MorE	MSW D	2	
SHIFT START TIME / END SHIFT TIME	* • 35AM or	ем		



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

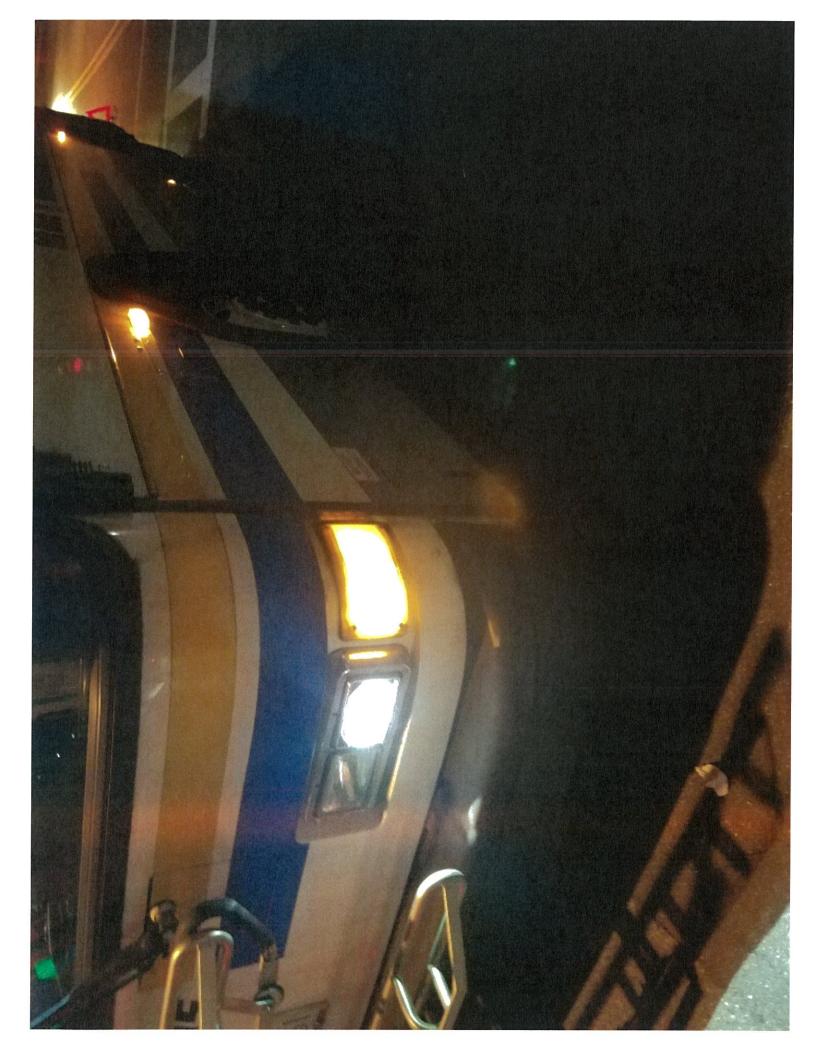
Complete and turn in with accident forms ASAP.

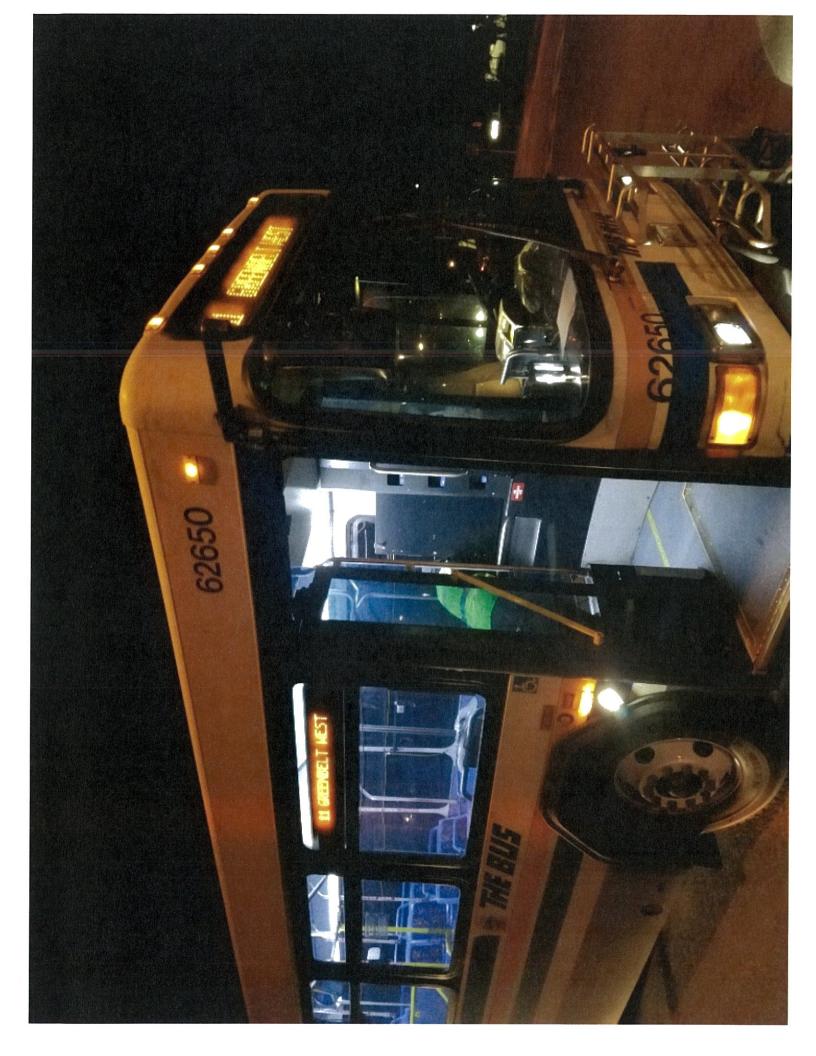
Thank You!

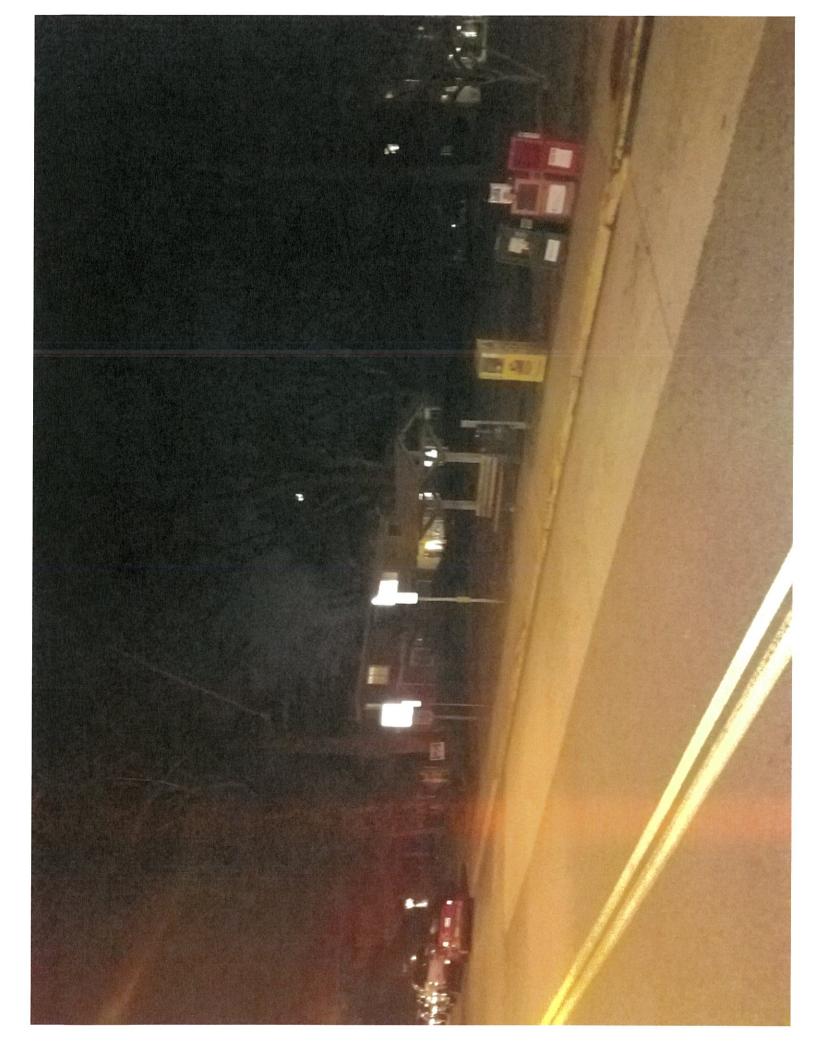
Date: 12 11 18 Time:	6:59PM
Location: SOUTH WAY	CRESCENT ROAD GREENBELT
Driver: JOHNSON	·
Supervisor: TAYO	OGW DANA



(transday	
transdev supervisor's incident	T REPORT
Date#: 12/11/18 Time: 6:59 PM	Run: 1151
Operator #: Johnson Denise Division: 0124	Vehicle: 62650
Supervisor: Tayo Ogyndana,	
Location: Southway Crescent road	, Greenbelt Maryla
Address or Cross Street Cit	y & State
Description of Event:	
	- \
Operator Johnson Denise (115	
way to Greenbelt metro on	bus 62650
Way to Greenbelt metro on While moving slowly after	a Stop sign
when another vehicle passe	ed the yellow
-line believed to hit the fo	ont left bunger
of the bus.	7
No injuries reported.	One pEtron
on board.	One pertron
JOSH = 240-772-8987	
Supervisor Signature:	











(Check one)	Accident		Incident	X	X Time Supervisor Arrived: 9:57 AM						
Date of O	ccurrence:		8/6/2018		Time of Oc	currence:	9:51 AM				
Weather:	Clear	Day of the	e Week:	Mo	nday	DHD (Y/N): N				
Location (Cross Stre	eet and Town)		PGCC Perim	neter Road @ Larg	go Road - Upper	Marlboro, M	ID				
Route Impact:				20- Minute Delay							
Employee Name:				Virgil Lewis							
Run#	2:	101	Bus#	63195		Tag#	LG90125				
What happened (Be Specific and Brief):	refused transport		arrival. Female	e patron continue	ed on bus and tra	nsported to	left shoulder and the her destination. Oth 63161.				
njuries (if any):		Patron - Left shoulder									
Vehicle Damage				None							
(Check all t	hat apply)	Police	N	Ambulance	Y	Tow	N				
Was the (Operator sent for D	Orug/Alcohol Test (Y	r/N):	1		N					
No	tified (Indicate nan	no and time) CM.			W. Therese	- 0 10.05	AAA				
NO.	inea (maicate nan	ie and time) divi:			W. Thompso	n @ 10:05	Alvi				
Supervisor	R. G	reen	AGM	J. Modlin (@ 9:52 AM	Maint	Ray @ 10:10 AM				
Asst. Safe	ety Mgr.	R. Jones @	9:51 AM		Dispatcher		D. Terry				
County Nam	e and Time:]		M. Wilson (@ 10:06 AM						
(Check		Telephone	X	In Person		(Must b	pe done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives											



(Check one)	Accident		Incident	ent X Time Supervisor Arrived: 6:26 PM			
Date of Oc	currence:		8/7/2018		Time of Oc	currence:	6:05 PM
Weather:	Cloudy	Day of the	e Week:	Tue	esday	DHD (Y/N):	N
Location (Cross Stre	et and Town)	And the second s	Allentow	n Road & Coolric	ige Road, Temple	e Hills, MD.	
Route Impact:			VISION CONTRACTOR	20- Minute Delay		Maria de la compansión de	
Employee Name:				David Brown	estable controls		
Run#	3	552	Bus#	63	209	Tag#	LG92102
What happened (Be Specific and Brief):		pped and fell. The p were three patrons	on board and		laiming injury. A		
Injuries (if any):			Patron - Left	shoulder and top	of her head		
Vehicle Damage				None			
(Check all ti	nat apply)	Police	N	Ambulance	N	Tow	N
Was the C	perator sent for D	Orug/Alcohol Test (Y/N):			N	
				MET PERM P			
Not	ified (Indicate nan	ne and time) GM:			W. Thomps	on @ 6:15pm	
Supervisor	D.Ja	ckson	AGM	K.Jay @	6:09PM	Maint Zav	w @ 6:17PM
Asst. Safe	ety Mar	R. Jones @	6:16PM		Dispatcher	l p.Ca.	mpbell
(Caralleles)	and the second	IN: JOHES @	0.101 (4)		Dispatcher	N,Cai	проеп
County Name	and Time:		S.Hack	ett @ 6:22PM 8	& M.Wilson @	5:24PM	
(Check	one)	Telephone	X	In Person			e within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives							



(Check one) Date of Occurre Weather: ocation (Cross Street an Route Impact: Employee Name:	Clear	Day of the			Time Superviso Time of Occ sday k Drive - Upper M	DHD (Y/N):	8:32 AM N			
Weather: ocation (Cross Street an Route Impact:	Clear	Day of the	e Week:		sday	DHD (Y/N):	NAME OF TAXABLE			
ocation (Cross Street an		Day of the					N			
Route Impact:	d Town)]	Lottsford Ro	oad @ McCormic	k Drive - Upper M	arlboro, MD				
Route Impact:	a rown)		Lottsford Rc	ad @ McCormic	k Drive - Upper M	lariboro, MD				
		and have such a software to be a facility of								
Employee Name:	Virgil Lewis									
	. Bee 10 2/50			Virgil Lewis						
Run#	21	101	Bus#	63.	195	Tag#	LG90125			
dis	patched to as:	ted that a male patr sist. Per Supervisor Iditional bus on rou	Investigation; E	EMT assisted mal	e patron, 7 patro	ns on-board/ ac	commodated			
Brief):				service.						
uries (if any):	None									
hicle Damage			and the same	None						
(Check all that ap	ply)	Police	N	Ambulance	Y	Tow	N			
Was the Opera	tor sent for D	rug/Alcohol Test (Y	//N):		1	J				
Notified	(Indicate nam	ne and time) GM:	Mark of a stranger of		Special Control Special Control Control					
Supervisor	V. Ta	aylor	AGM	J. Modlin @	9 8:40 AM	Maint	N/A			
Asst. Safety M	gr.	R. Jones @ 8	8:40 AM		Dispatcher	M. P	roctor			
	i visti ja ja	18847 LA								
County Name and Time:		2		M. Wilson @ 8:42 AM						
(Check one)	States and	Telephone	X	In Person		(Must be don	e within 1 hour)			



(Check one)	Accident		Incident	Х	Time Supervise	or Arrived: 6:59 F	PM				
Date of O	ccurrence:		8/17/2018		Time of Oc	currence:	6:50 PM				
Weather:	Clear	Day of the	e Week:	Fri	day	DHD (Y/N):	N				
Location (Cross Stre	et and Town)	The second second second	Brightsea	t Road @ Maple	Ridge Apts Lar	ndover, MD	eregressor managagers.				
<u> </u>	1										
Route Impact:			3	0 - Minute Delay	comment of the						
Employee Name:	Water Annie March V. (2000)	at management	PART OF CHARGE	Latisha Cole							
Run#]	.72	Bus#] 63	162	Tast	1604054				
Kull#	2.	.72	Bus#	03	163	Tag#	LG84951				
What happened (Be Specific and Brief):	and Supervisor as	sistance. Per Super		ion; Police remo		male patron fron	n the bus and the				
Injuries (if any):		None									
Vehicle Damage				None							
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N				
Was the O	Operator sent for D	rug/Alcohol Test ()	v/N)·			N					
		Bi Con (
Not	ified (Indicate nam	e and time) GM:			W. Thompson	(VM) @ 6:54 PN	Λ				
Supervisor	R. Can	npbell	AGM	K. Jay @	6:53 PM	Maint	<u>N/A</u>				
Asst. Safe	ety Mgr.	R. Jones (VM)	@ 6:56 PM		Dispatcher	M. J	ames				
County Name	and Time:			M Wilson	@ 6:57 PM		ya.				
(Check		Telephone	Х	In Person	@ 6.37 PIVI	(Must be done	e within 1 hour)				
MENT TO THE											
Please note the details of this incident will change when the Supervisor Arrives											



(Check one)	Accident		Incident	Incident X Time Supervisor Arrived: 3:44 PM						
Date of Oc	currence:		8/20/2018		Time of Oc	currence:	3:22 PM			
Weather:	Clear	Day of the	: Week:	Mo	nday	DHD (Y/N):	: N			
Location (Cross Stre	et and Town)		Hamilton St	reet @ 31st. Stre	et, West Hyattsv	ille, Maryland	d			
Route Impact:										
Employee Name:				Dana Waadu						
Employee Name.				Dana Woody	375.					
Run#	1	252	Bus#	62	632	Tag#	LG90125			
What happened (Be Specific and Brief):	argumentive wit	ot. Supervisor and P	kicked the front Police was dispa	t passsenger doo	r and shattered t ation. There were	the window. To a patrons or	The male patron fled			
Injuries (if any):		None								
Vehicle Damage			Front passen	iger door windov	v shattered					
(Check all ti	nat apply)	Police	Y	Ambulance	N	Tow	N			
Was the O	perator sent for D	Orug/Alcohol Test (Y	(/N):			N				
		Variation of the second			102					
Not	ified (Indicate nan	ne and time) GM:		Michigan Sand Francisco Commission Commissio	W. Thompson	@ 3:31 PM (.VM)			
Supervisor	D. B	oykin	AGM	K. Jay @	3:32 PM	Maint	Ray @ 3:33 PM			
Asst. Safe	ty Mgr.	R. Jones @ 3:3	5 PM (VM)		Dispatcher		D. Terry			
County Name	and Time:]		M. Wilson	@ 3:44 PM					
(Check		Telephone	Х	In Person		(Must be	done within 1 hour)			
Please note the details of this incident will change when the Supervisor Arrives										



(Check one)	Accident		Incident	X	Time Superviso	or Arrived: 1	1:55 AM	
Date of O	ccurrence:		8/21/2018		Time of Oc	currence:	11:40 AM	
Weather:	cloudy	Day of the	e Week:	Tue	esday	DHD (Y/N):	. N	
Location (Cross Stre	et and Town)		202	& Campusway S	outh Largo , Mai	ryland	AND REPORTED AND ADDRESS OF THE PARTY OF THE	
Danta Immanti	7							
Route Impact:				25 minutes				
Employee Name:			SEED OF THE OWNER	Bonita Curry	NAMES OF STREET			
Run#	2:	105	Bus#] 63	160	Tag#	LG84952	
What happened (Be Specific and Brief):		ndow. Supervisor ar					vith his umbrella and e before supervisor	
Injuries (if any):		None						
Vehicle Damage			Passenge	er front window o	cracked			
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N	
Was the O	Operator sent for D	Orug/Alcohol Test (\	V/N):			N		
Signal State State	Aperator sent re.	rug/Alconor rest (1/14).			IN .		
Not	tified (Indicate nan	ne and time) GM:			N	I/A	CONT. N. CONT. C.	
Supervisor	T. Ogu	undana	AGM	J.Modlin @	0 11:45 AM	Maint	Ray @ 11:50 AM	
Asst. Safe	ety Mgr.	R. Jones @ 1	11:45 AM		Dispatcher	D. Te	rry/ V. Taylor	
County Name	e and Time:	1		N	/A			
(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								



(Check one)	Accident		Incident	X	Time Superviso	or Arrived: 12:	:06 PM		
Date of O	ccurrence:		8/23/2018		Time of Oc	currence:	11:47 AM		
Weather:	Clear	Day of the	e Week:	Thu	rsday	DHD (Y/N):	N		
Location (Cross Stre	eet and Town)		Branch	Ave Metro Station	n, Camp Springs,	Maryland			
Route Impact:				1 Missed Trip					
Employee Name:				Vanessa Barber					
Run#	3	3052	Bus#	63	197	Tag#	LG92014		
What happened (Be Specific and Brief):	have to pay, they	y departed the bus. T door before wa		losed the door. The pervisor & police			he glass in the front		
Injuries (if any):		None							
Vehicle Damage			F	ront door cracked					
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N		
Was the (Operator sent for I	Drug/Alcohol Test (\	//N):]		N			
No	tified (Indicate na	me and time) GM:			N	I/A			
HERE THE PARTY									
Supervisor	R. 0	Green	AGM	J.Modlin @	11:50 AM	Maint F	Ray @ 12:03 PM		
Asst. Safe	ety Mgr.	R. Jones @ 1	11:55 AM		Dispatcher	D. Terr	ry/ V. Taylor		
County Nam	e and Time:			Marsha Wilso	n @ 11:56 AM				
(Check	one)	Telephone	Х	In Person		(Must be d	one within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives									



(Check one)	Accident		Incident	dent X Time Supervisor Arrived: 2:39 PM					
Date of Oc	currence:		8/27/2018		Time of Oc	currence:	2:35 PM		
Weather:	Clear	Day of the	Week:	Mo	nday	DHD (Y/N):	N		
Location (Cross Stre	et and Town)	Branchy	wood Towers -	Sheila Lane @ M	ike Shapiro Drive	, Temple Hills,	, Maryland		
Route Impact:		PARTITION OF	1	15 - Minute Delay					
Employee Name:				Walter Holton					
Run#	3:	252	Bus#	62	643	Tag#	LG94259		
What happened (Be Specific and Brief):		dispatched to the lo continued		ation. The operat	or more than the second of the		The vende policy		
Injuries (if any):	PARTIES AND ARTHURS	None							
Vehicle Damage				None					
(Check all th	hat apply)	Police	N	Ambulance	N	Tow	N		
Was the O	perator sent for D	Orug/Alcohol Test (Y	(/N):			N			
Not	tified (Indicate nam	ne and time) GM:		W. Thompson @ 2:43 PM (VM)					
Supervisor	D la	ckson [AGM	7 7 124 @					
Supervisor	D. Ja	ERSOIT	AGIVI	N. Jay @	2:41 PM	Maint	O'Neil @ 2:43 PM		
Asst. Safe	ty Mgr.	R. Jones @ 2	2:40 PM	The same of the same and construction	Dispatcher	Ter	rry/James		
County Name	e and Time:			M. Wilson	@ 2:42 PM				
(Check	one)	Telephone	Х	In Person		(Must be d	done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives									



(Check one)	Accident	T	Incident	X	Time Superviso	or Arrived: 7:4	ОРМ			
Date of O	ccurrence:		8/27/2018		Time of Oc	currence:	6:53PM			
Weather:	Clear	Day of the	e Week:	Tue	esday	DHD (Y/N):	N			
Location (Cross Stre	et and Town)	7		Owens Road	Oxon Hill MD.					
				OWENS HOUL	CXCITTIII IVID.					
Route Impact:				25 minutes			THE PROPERTY OF STREET			
Employee Name:				Quinton Taylor						
Run#	3:	351	Bus#	63	216	Tag#	LG92133			
What happened (Be Specific and Brief): Injuries (if any):		board and no one was injuried. The operator was able to continue the route. None								
				None						
Vehicle Damage				None		202-100-100-100-100	STATUTE OF THE STATE OF THE STA			
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N			
Was the C	perator sent for D	Orug/Alcohol Test ()	r/N):			N				
Not	ified (Indicate nan	ne and time) GM:		TO SELECT	W Thompso	on @ 7:14PM				
		STEER PROPERTY.	SESSE AND		W. Mompse	71 G 71141 (V)				
Supervisor	D.Bo	ykins	AGM	K.Jay@	6:54PM	Maint J.	.W. @ 7:16PM			
Asst. Safe	ety Mgr.	R. Jones @	7:17PM		Dispatcher	R.Cam	pbell@ 6:53			
County Name	e and Time:]		M.Wilson	@ 7:12PM					
(Check	one)	Telephone	Х	In Person		(Must be d	one within 1 hour)			
Please note the details of this incident will change when the Supervisor Arrives										



(Check one)	Accident		Incident	X	Time Supervis	or Arrived: 4:	:54 PM
Date of O	ccurrence:		8/30/2018		Time of O	currence:	4:33 PM
Weather:	Clear	Day of th	e Week:	Thu	rsday	DHD (Y/N):	N
Location (Cross Stre	eet and Town)	7	QC+I	h Avenue @ New	Carrollton Mar	cyland	
Education (Cross Stre	et and Towny		830	II Avenue @ Ivew	Carronton, Iviai	ylanu	
Route Impact:				1 missed pull			
Employee Name:				Leon Green			
Run#	1	606	Bus#	63	189	Tag#	LG90123
What happened (Be Specific and Brief):	became irate. A m The male patron patron was outsid result of hitting th	walked towards the de of the bus, wher ne male patron in the	s also on the bu ne operator whil n the operator as ne face. Supervic ron and female	s intervene the c e the operator w ssumed the male or was dispatche	onversation with as in the driver's patron was abo d to the location cene, The polic	h the operator s seat. The ope out to attack h n. There were :	the female patron r and female patrons. erator and the male im he reacted with a 10 patrons on board. and they arrived at
Injuries (if any):				None	HALLES LE PARTIE SAUS	Reference to the second	
Vehicle Damage				None			
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N
Was the (Operator sent for D	rug/Alcohol Test (Y/N):			N	
	-	Service and the service of the servi					
No	ified (Indicate nan	ne and time) GM:			W. Thomps	on @ 5:11 Pf	М
Supervisor	D. B	oykin	AGM	K. Jay @	4:33pm	Maint	JW @ 5:15 PM
Asst. Safe	ety Mgr.	S. Ford @	4:42 PM		Dispatcher	Ту	yler/Terry
County Nam	a and Time:]	Do'Andra I	Walker @ 4:57	DM/M Wilson	@ E-1E DM	
(Check		Telephone		In Person			done within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives							

MEMORANDUM

TO:	Departmental Safety Office, Room 300, Inglewood Centre 3
FROM:	
SUBJECT:	Operator's Report
=	dent: / FELLEROM. SEAT. Time 2:20 PM
Date of Inci	
	= CUTAWAY .
Approximat	e Location of Incident: THRIFTRD & FAST BONIWOOD TURIU
Operators' (Comments: WHEN IWAS APPACIOCHTUGEAST BENTHOSO
TURN	STAMTING SLOWLYING DOWN TO TURN LEFT
ONEI	EST BOYUIWOOD TURIV. MAS CLAIRE MODRE
BAG DO	OPS BROM SEATAND ALLOF HER ITEMS CAME
OUTO	F.THEBAG. SHE STANTING PICKUPHER ITEM
WHIL	E THE BUS WAS STILL MOUTING. AS I STARTED
TORV	VINGLEFT ONTO EAST BONINOOD TOPIN
IN	OTICE THAT SHE WASONTHE
FLODA	. I PULLED OVER AS SOON DS POSSIBLE ACK
HERZ	EF SHEWAS OK AND ASK SHEWEEDED
MEDI	COLATENTION, SHE SHID IN D. MAS MARTE
Α -	EN ALSO WITNESS THE INCLORNT.
Name of O	perator: Matt Jetrautt
This memor	andum is NOT to be used to report any damage to County vehicle/equipment

DPW&T/OT/8/95



(Check one)	Accident	X	Incident]	Time Superviso	or Arrived: 2	2:26 PM			
Date of O	ccurrence:		8/6/2018		Time of Oc	currence:	1:39 PM			
Weather:	Clear	Day of the	e Week:	Mo	onday	DHD (Y/N): N			
Location (Cross Stre	eet and Town)		Kenilwo	orth Avenue @ Ivy	Lane, Greenbelt	Maryland				
Route Impact:				1 missed trip						
Employee Name:				Lawrence Malbor	1					
Run#	1	151	Bus#	62	2650	Tag#	LG94261			
What happened (Be Specific and Brief):	scene, but return	ed a short time late	r. Supervisor, F ill reattach the	Police and Mainte	nance were dispa before returning	tched to the	2 originally fled the e location. There were for additional repairs.			
Injuries (if any):		None								
Vehicle Damage		Vehicle 1 - le	eft mirror knoc	ked off of bus and	d left windshield i	s cracked				
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N			
Was the (Operator sent for D	Prug/Alcohol Test (Y/N):	1		N				
No	tified (Indicate nan	ne and time) GM:		1	W. Thompso	on @ 1:52 F	M			
Supervisor	D. B	oykin	AGM	K. Jay @	1:53 PM	Maint	Ray @ 2:01 PM			
Asst. Safe	ety Mgr.	R. Jones @	1:53 PM		Dispatcher		James			
	434 (1994)									
County Nam (Check		Telephone	V	M. Wilson	@ 1:54 PM	44				
(Check	one	relephone	Х	In Person		(Must t	pe done within 1 hour)			
Please note the details of this incident will change when the Supervisor Arrives										

ACCO	00	200	1
Mah	ട്ഡ.	14	M
		-	0

Vehicle Accident Report

7/2015	SPP F.20					anyT trabias	√ ∨	
а). Вермен	OW \ pointau9 \ D o9 nd poistsoW \ D wbeo8 nd tot \ \ tot10 \ D		iloyelist Action Highway With Traffic at Highway With Traffic to to t Behind Parked Cars o Other Than Bus	V Walking Along V Walking Again Ing From in Fron In Road	LI KIDINA CI Emerg CI Playing	Х	larked Crosswal	D Crossing With Signal D Crossing - No Signal of D Crossing - No Signal/M D Crossing - No Signal/M D Colng To / From Stopp
	Other Motor Vehicle Bicyclist Rail Train Fed Object Gedstrian Amimal	Vehicle Z	ndm Ot	мрh Vећісе прh	CITY	nO muT In Om UT In Om OM	Igia II fon Ioo II fon Ital II son Ital II son Ital II son	102 100 RQ OH
diw noisill	Accident / Co	lection of Travel	ated Speed Limit Di	mita Fatim	Posted Speed Lin	slanpis	uni	Vehicle Lights
		sual Road Conditions Vo Unusual Conditions Voles / Deep Rut befunction in road onefunction / repair zone nose material on road leduced road width	cyclog characters of the control of		ave Stop i stopping in traffic i seffic in road	VO\SV US gndix3 C Qndixb1	bsərlA m bən bən bən bən	VO\SV TV Integrals gnios—ra rat ut Inten gnishsM = co no Integral gnishsM = co mut fiel gnishsM = co and fiel gnishsM = co mut U gnishsM = co
	Characteris Quelyht and Cede Straight and Grade Straight at Hillorest Curve and Level Curve and Cede	Moded Tablivided Tablivided Tablivided Tablibali Tabliba		Light Daylight Dayk Dark Road Dark Road	Traffic Control Stop Sign Stop Sign Yeld Sign Traffic Signal Traffic Signal Reference Reference Traffic Signal Traffic Signal		Cliner Charles Convert Charles	Weather Cloudy Cloudy Cloudy Cloudy Cloudy
			anoitiono listua	этполіта				
			VIV # enortale#	Block stop	-biMC dop CMid-		Fee Off Roa	At Intersection with Mot at Intersection Mot Bus Stop?
Color L	qiZ eqyT sizinsV	Year & Make of Vehicle	alets # aleiq	61-10-10	377 YH:	FI TWM testion of Accident		Address/Street on which
	#IdA	(Jaa	Address (Include Number & Str City or Town		on Dafe	Polloy # & Expirati	181061	NIA
	(1)	cy# 8 Exp Date		51-	17 C12	State Vehicle 2 C M Route # & Run #	1784	# alais # # # alais # # # # # # # # # # # # # # # # # # #
# of Occupants	C. W	State Driver's License	CUM CUM City or Town City or Town T=T WASANATA Sex Date of Birth Sex A 2-10-2		Y Student Driver? Y	CIOC-LO	Date of Hire	# of Cards # of Cards
	E>129W -	J M , Crost, V J	Name (Exactly As Printed On Call Call Call Call Call Call Call Cal		# IdA	+C	(19942.8 u	CITY OF TOWN
ject		OTHER P	□ Vehicle 2		∧EHICFE ↓	YNA9MO:	As Printed On Lic	Operator Name (Exactly
stance Abuse Tester	oN □		Sey □ No.	۴.	d 98:	1 Post	MCD	Month Day Yea
T anidh pagets	duS solo49	Accident Report #	Date SmartDrive Trigg	ed Card / Exp	M TOOI bilsV Control of the contro		J-132.	Operators CDL # M -415 - 488 Accident Date

	venicie Accidei	it Keport			transa
			AR#		
☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends Vehicle ☐ Vehicle Rear Ends Bus ☐ Wheelchair Lift Operation ☐ Roll Away (Not Secured)	☐ Passing ☐ Merging ☐ Head On ☐ Bus Right Mirror ☐ Bus Left Mirror ☐ Bus Door Operation ☐ Sudden Stop ☐ Roll Over ☐ Ran Off Roadway	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? Ye Police Department Respondir Officer Name (Badge / ID #) Predict # D V Citations / Arrests D Opera	P.G. COURT	250001324
Type of Tri	_	VIO AUDIS			
With Pax ☐ Fixed Route ☐ Charter ☐ Para Transit ☐ Para Transi	☐ Non Rev move	Vehicle 1 Towed By. Vehicle 2 Towed By:	<u> </u>	То	
accident Description					
while oper bon was so babbo left and damagi	sicle mir	eff corner	of the fro	e complet	ely cff
scription of Damage	Company Vehicle	Minimal Moderate	l Major Other Vel	nicle	Moderate ☐ Major
→	de Vehicle	Place an X on the exact point of Bus 1	first impact on your vehicle and Bus 2	the other vehicle. Circle are	cas of other damage.
Name of Witness / Injured	Age Claimin	g Injury? Type of Injury Claim	ed Injured Transported To	Other Transported To	Transported By Unit #
ervisor's Signature / Occ	S No Sur	pervisor Name (Print): Do	Supervisor / Manager		

Operator Incident Report

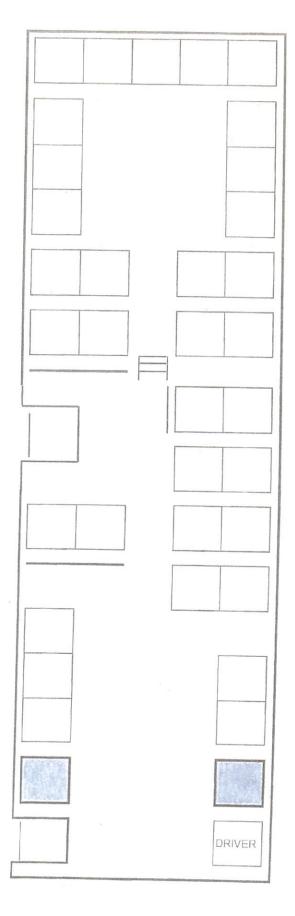


Today's Date: 08-06-2018	Time: 135 pm
Operator Name: Lawrence Malbon	Vehicle # 62650 Route # 1101
Report Submitted to: Supervisor Dispatch	Safety Dept.
Check One: Passenger Accident Passenger I	ncident Passenger Injury \times Vehicle Damage
Passenger Complaint No Damage	Vehicle Incident Report
Was the incident reported immediately? $4 \in S$	Reported to Command: (Name) Malita James
did not report the incident immediately because:	
Did a SQM respond to this incident? No	(SQM Name)
Date Incident Occurred: 03 Classes Time Occurre	d: 135 pm Do not have actual date or time
Date Reported: CS-CG-QC143 Time Reported: 1	
ocation of Incident Kenilworth AVE. Gr	
Complete a separate Incident Report for each passenge	/
Passenger Name:	Passenger ID/Seat #
truck sideswiped the bus apon impact. The chriver side	on the left driver side: e mirror was struck by the true hit and Cracked the left side
1 1	1
perator Signature:	Date Submitted: 0 8/06/2 0/8 SPP F.8 Rev 5/2015



Accident/Incident/Workers Comp#:				
	(Workers Co	omp#Issued by Sedgw	ck)	
Name		Birth Date		Hire Date
Lawrence Malbo	01/28/1	980	08-01-2012	
Driver's License# M- 415 - 488 Employee Number 3063 DOT CARD VALID? (Ves) or NO (III	34			
HOME ADDRESS: 2211 House	ston St,			
city Suitland				
HOME PHONE NUMBER	DAY TIME NUMI	BER		EE STATUS (please circle) EOR PART TIME
S THE OPERATOR ON OVER TIME? Yes / No / Unknown	GENDER Mor F	MARTIAL STATUS M(S) W D	NUMBER 	OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME	<u>:</u> *			
AM or PM /	AM or PN	Л		

^{*}This $\underline{\text{COMPLETED}}$ document $\underline{\text{MUST}}$ be included in $\underline{\text{ALL}}$ 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

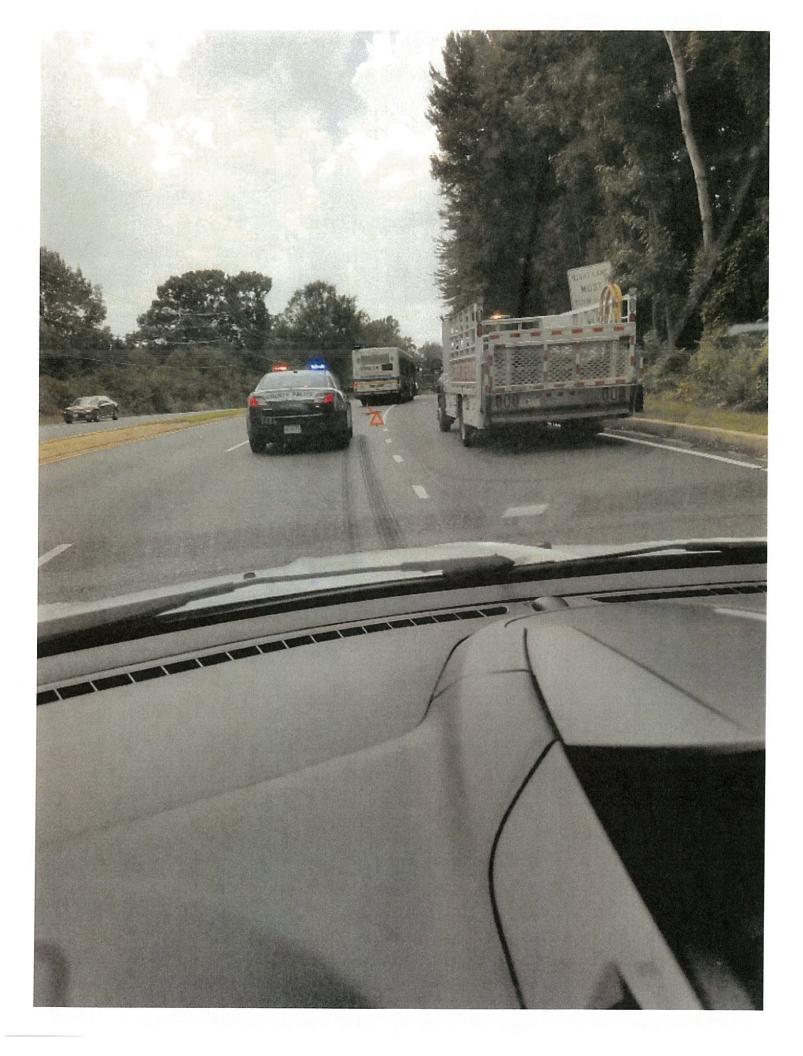
Complete and turn in with accident forms ASAP.

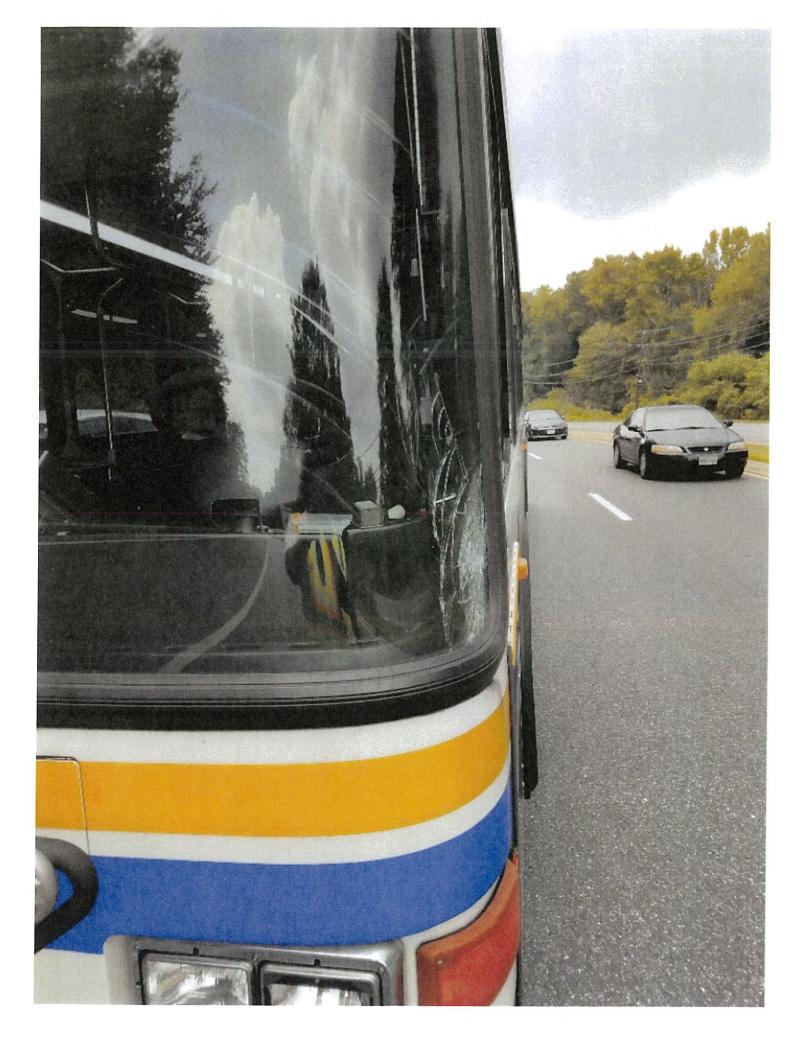
Thank You!

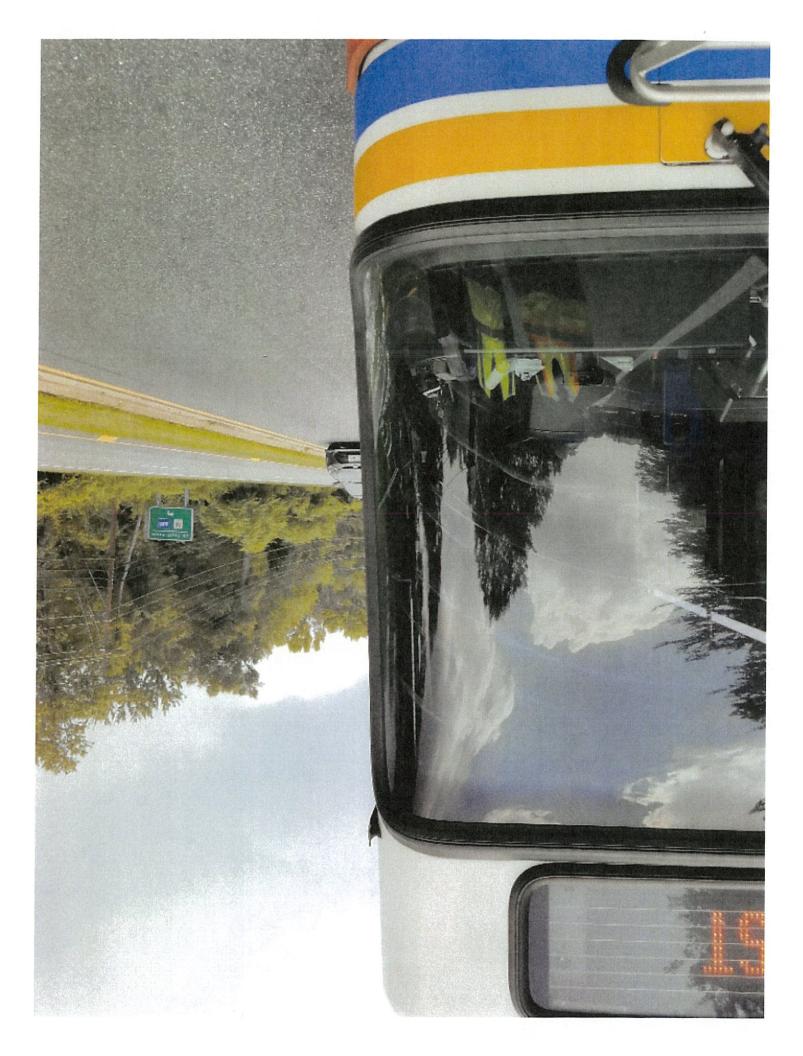
Date: <u>CE-06-308</u> Time: 1.35p
Location: Kenilworth AVE
Driver: Lawrence Malbon
Supervisor: Don Boykin

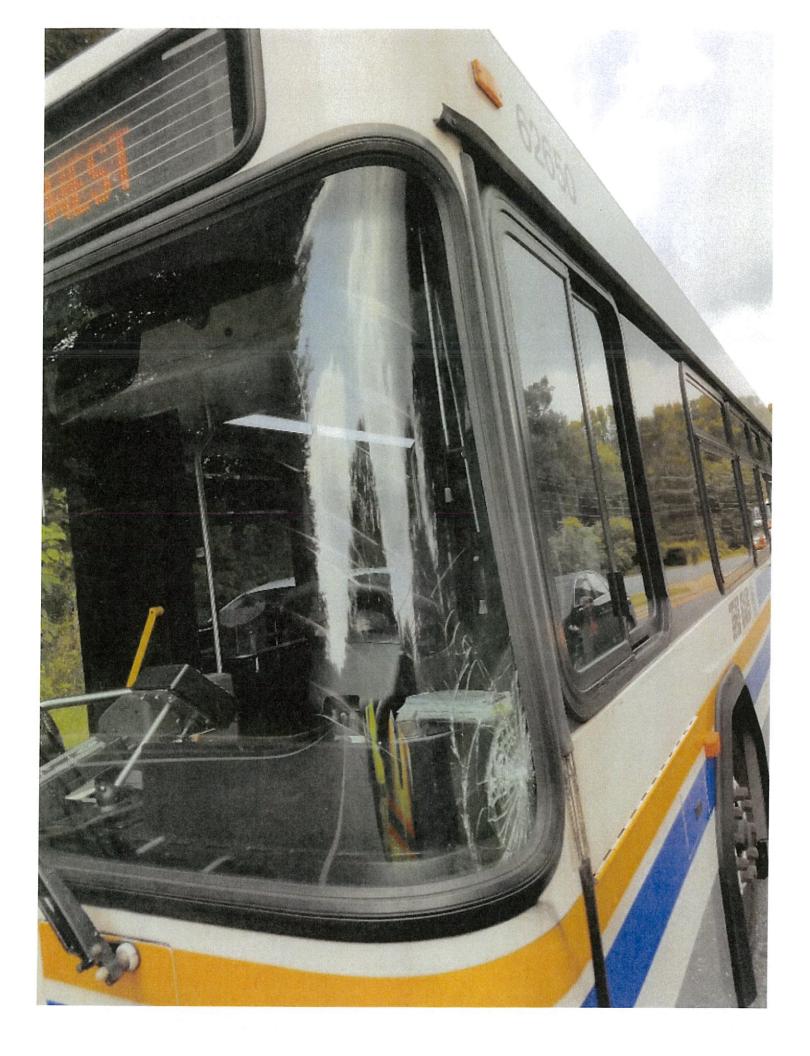


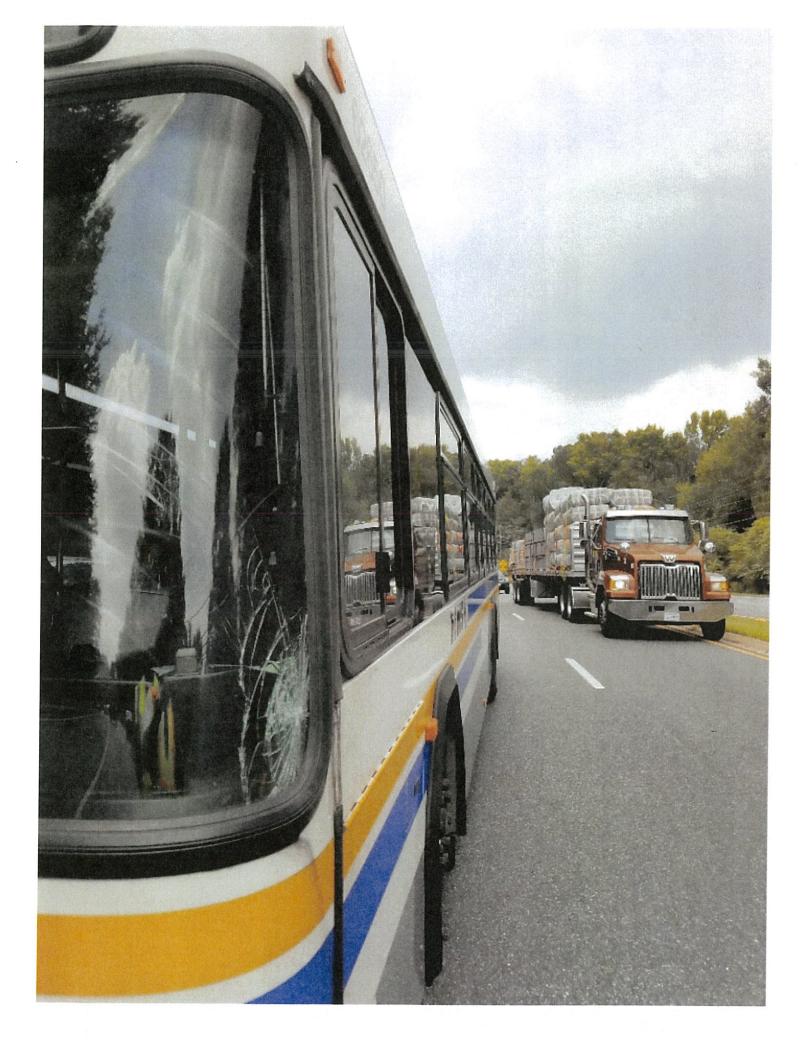
Date#:	08.06-2018	Time: _	135p		Run: 110
Operator	#: Lawrence, Mall	bon	Division: 012	<u>24</u> V	'ehicle: _62650
Supervis	or: Den, Bugk	in			
Location	: Kentlearth AVE Address o	(Ivy	kine (green be H	Md
Descripti	on of Event: Opera	iter L	Talbon had	1 just ma	de his right
turn	onto Kenilu	worth Al	/E dang	the 1101 b	slock: 1:18 pull
					came pass on his
					causing it to
					nt windsheld.
···					
		p 1			
unervisor	Signature 4 44	Dayd			

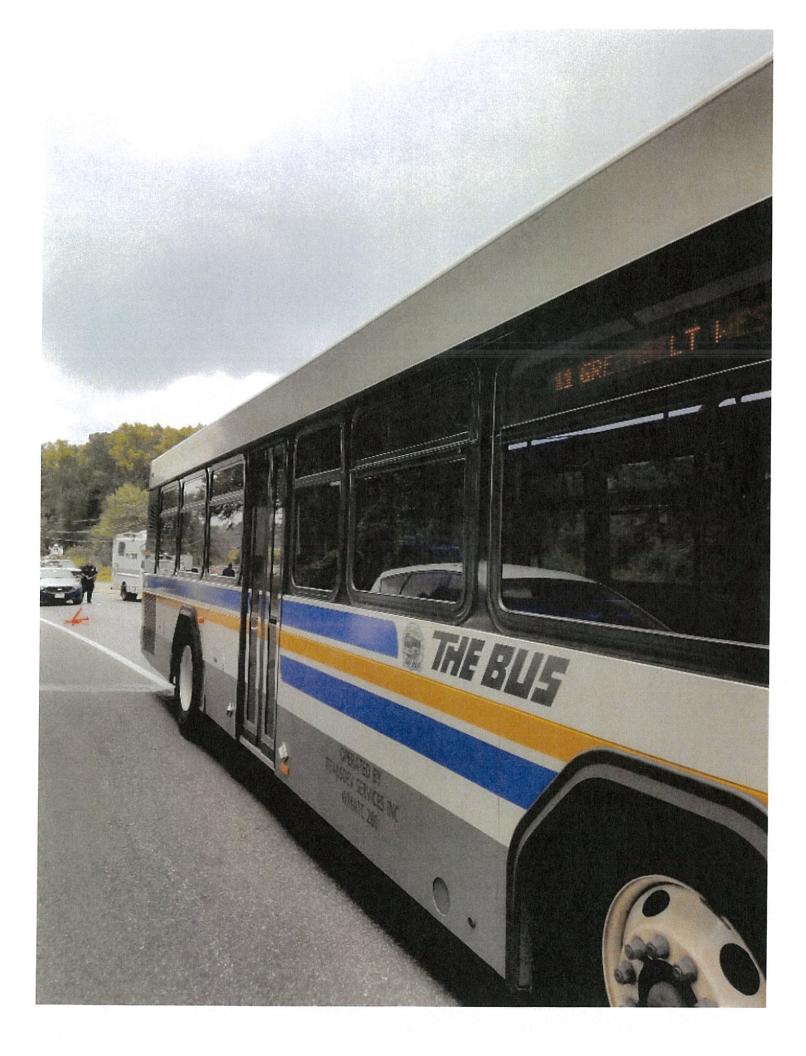


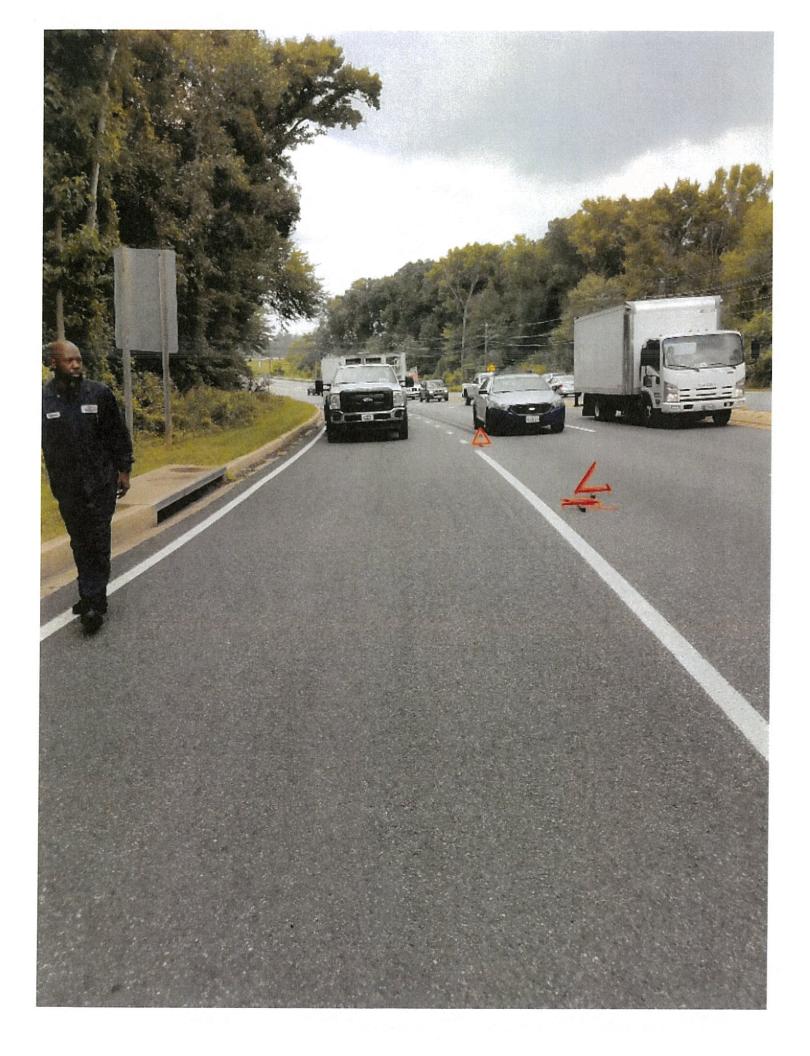


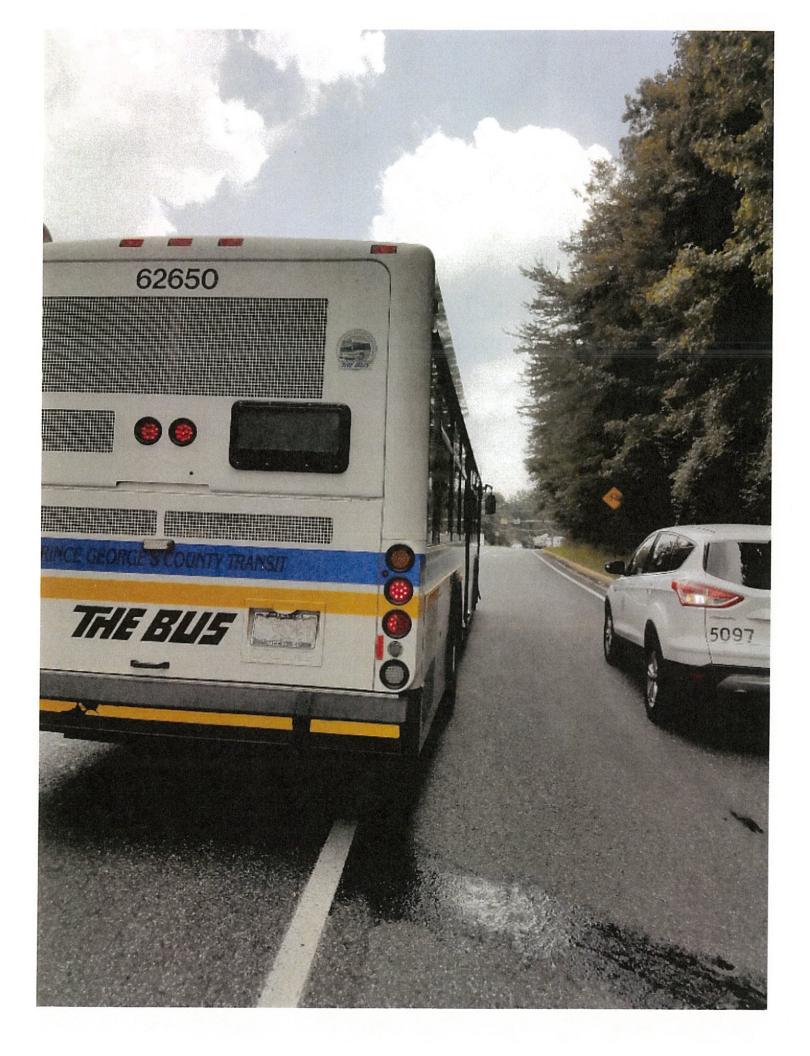


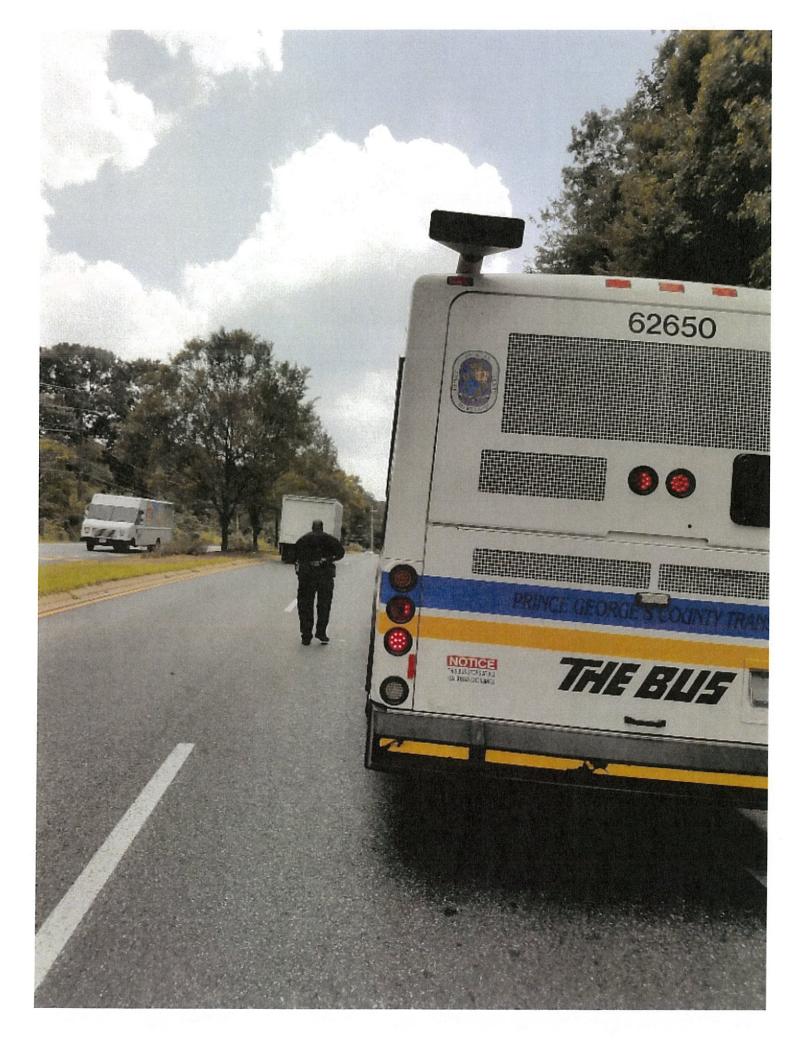


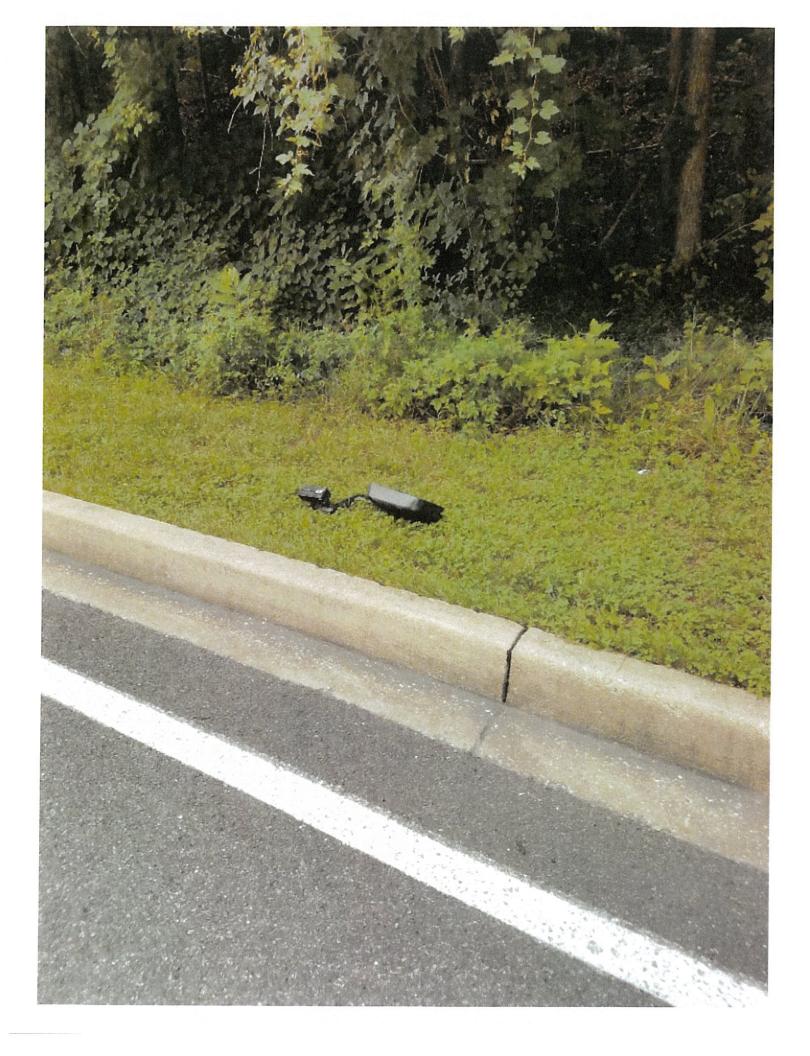


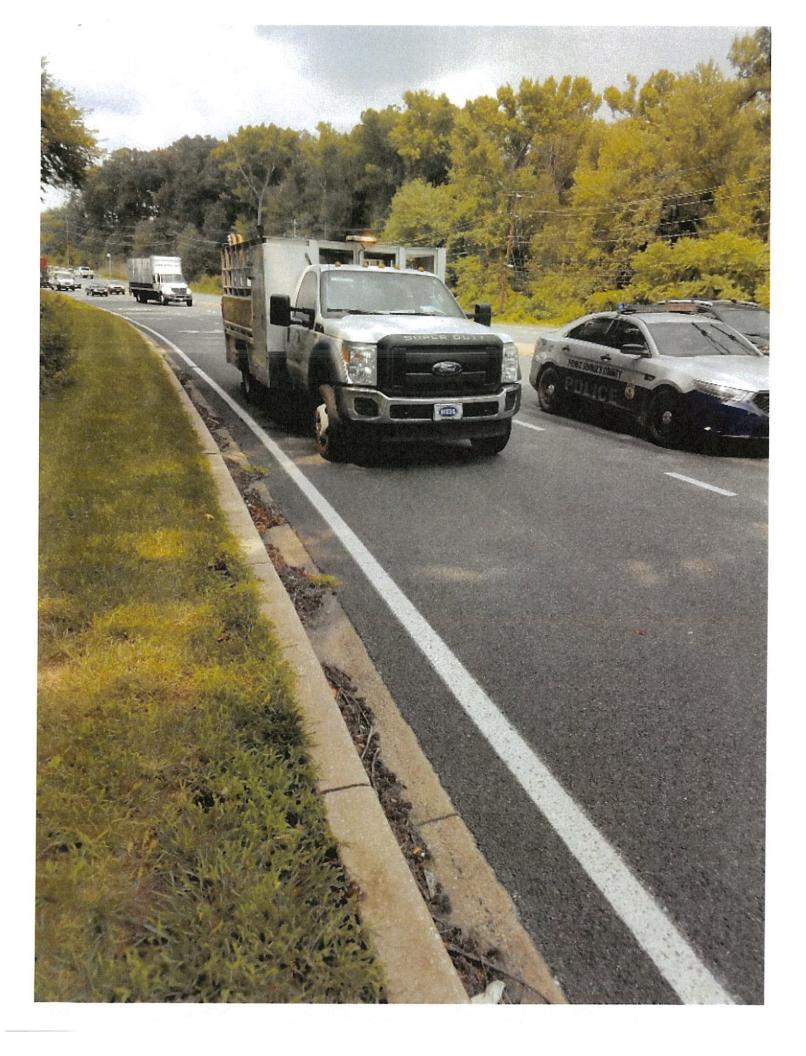


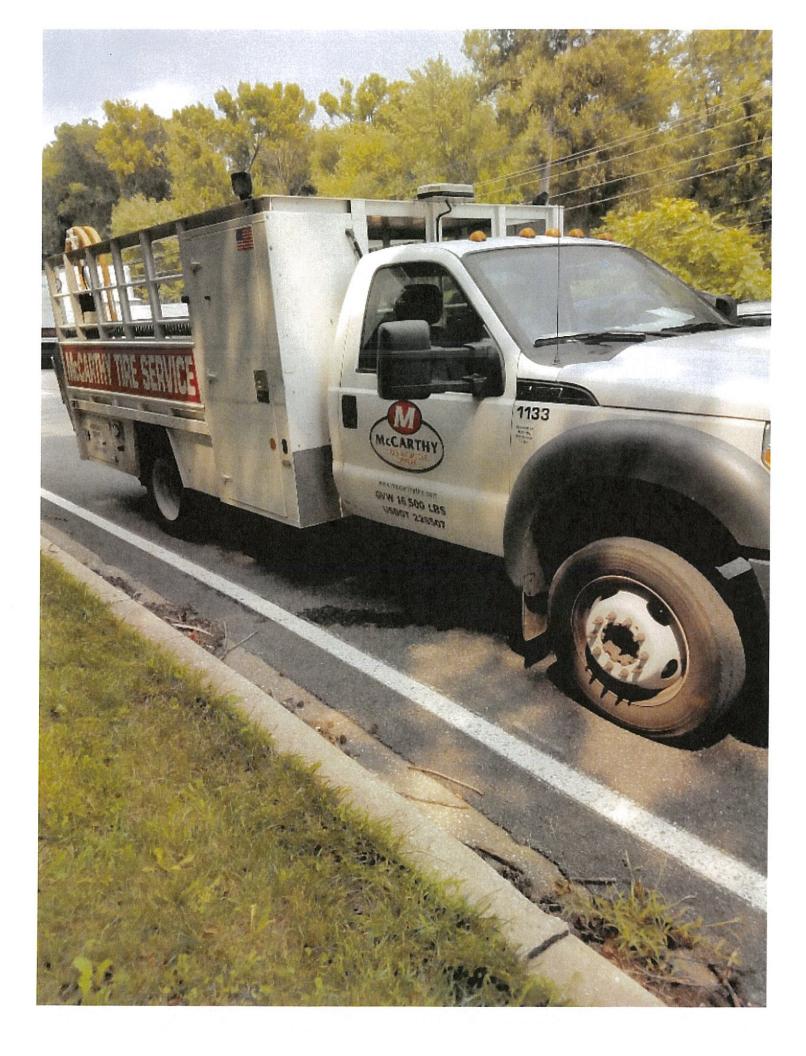




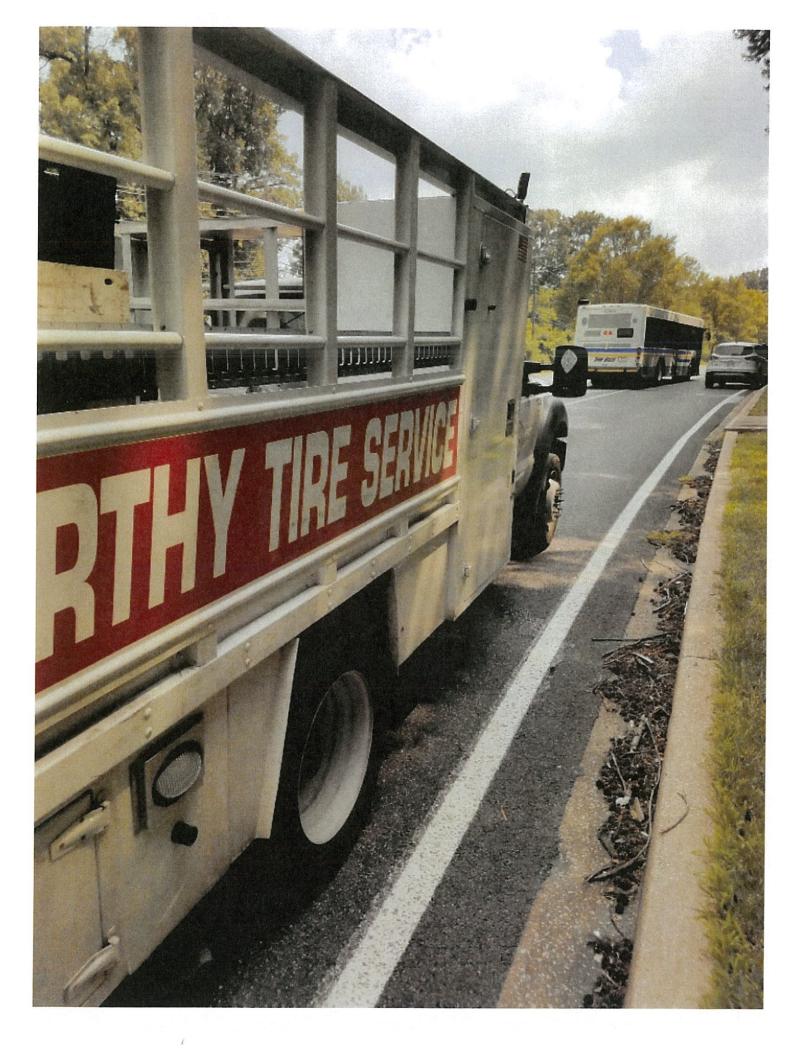












AUTOMOBILE INSURANCE IDENTIFICATION CARD

IMPORTANT-Keep this card in your vehicle at all times. It may be needed to get your license plates or as evidence of mandatory insurance. Additional cards are available upon request.

MCCARTHY TIRE SERVICE COMPANY INC.

Policy No.

Effective Date

Expiration Date

9337001

01/01/2018

01/01/2019

Model Yr.

Policy meets minimum liability limits required by law.

Body Type

Motor or I.D. No.

ALL OWNED VEHICLES

Make

Insurance Company

FEDERATED SERVICE INSURANCE COMPANY

This card is for information only; it is not a contract of insurance but attests that a policy as numbered herein (as it stands at the date of this card) has been issued by the Company. Said policy meets minimum flability limits prescribed by law. Said policy is subject to change by endorsement and to assignment and cancellation in accordance with its terms. F80-102 (09-05) (See Reverse Side)

AUTOMOBILE INSURANCE IDENTIFICATION CARD

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ALL OWNED VEHICLES

Make

Insurance Company

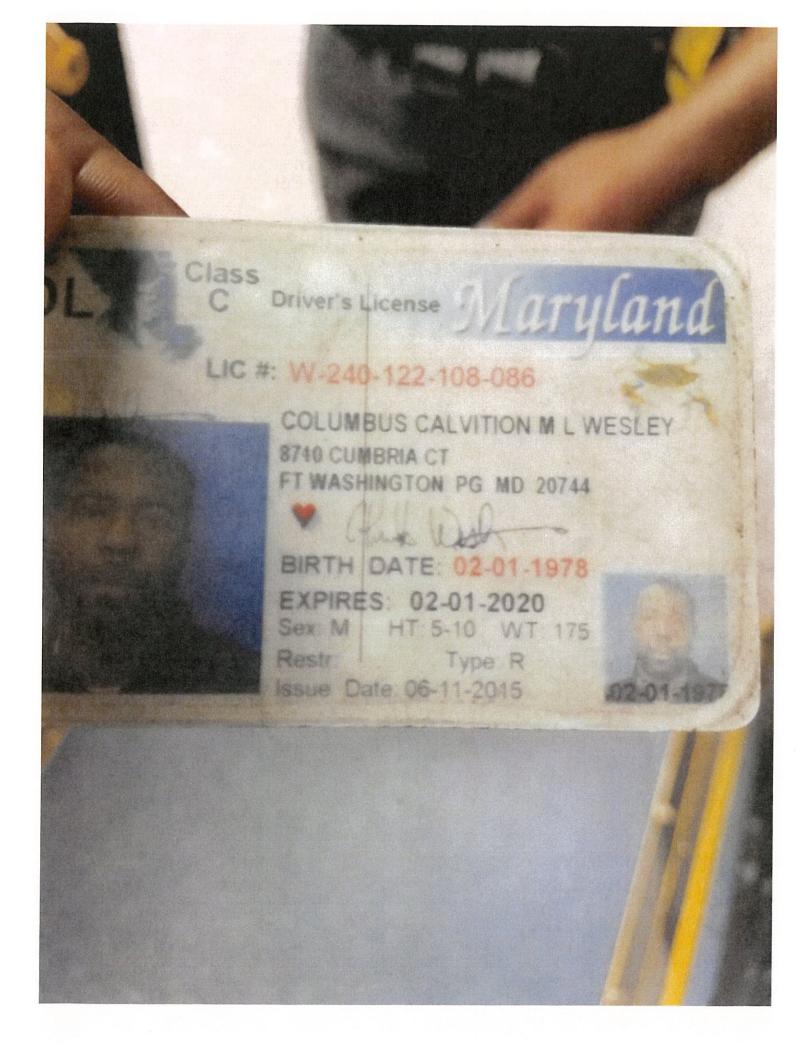
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F80-102 (09-05)

(See Reverse Side)

PP1808060000 1324 CP1. Miles# 2893 DIST IN STATION (301)937-0910





Safety & Training Department

(Check one)	Accident	Accident Incident X Time Supervisor Arrived:				r Arrived: 6:	:26 PM				
Date of Oc	ccurrence: 8/7/2018				Time of Occurrence: 6:05 PM						
Weather:	Cloudy	Day of the	e Week:	Tue	esday	DHD (Y/N):	. N				
Location (Cross Stre	et and Town)		Allentow	n Road & Coolric	lge Road, Temple	Hills, MD.					
Route Impact:	20- Minute Delay										
Employee Name:		David Brown									
Run#	35	552	Bus#	63	209	Tag#	LG92102				
What happened (Be Specific and Brief):	N	were three patrons	on board and r		laiming injury. A		lid not need medical as dispatched to the				
Injuries (if any):	Patron - Left shoulder and top of her head										
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:			W. Thompso	on @ 6:15pr	n				
Supervisor	D.Jac	kson	AGM	K.Jay @	6:09PM	Maint	Zaw @ 6:17PM				
Asst. Safe	ety Mgr.	R. Jones @	6:16PM		Dispatcher	R,	,Campbell				
Country No	and Time			-4. 0. 6. 2221.	D. D.A. VALLE CO.	24044					
County Name (Check		Telephone	5.наск Х	ckett @ 6:22PM & M.Wilson @ 6:24PM In Person (Must be done within 1 hour)							
[CHECK	one)	relephone	^	III FEISOII		(IAIDSE DE	done within I hodry				
Please note the details of this incident will change when the Supervisor Arrives											

Operator Incident Report



SPP F.8 Rev 5/2015

Today's Date: 8-7-18 Time: 1802
Operator Name: DAVID E Brown Vehicle # 63709 Route # 3552
Report Submitted to: Supervisor Dispatch Safety Dept.
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? YL-S Reported to Command: (Name) D JACK SON
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: $8-7-18$ Time Occurred: 1802 Do not have actual date or time
Date Reported: $8-7-18$ Time Reported: 1802 This is a late report
Location of Incident AITEN TOWN Rd + Cool Ridge Rd
Complete a constate Incident Perent for each passanger affected by this event
Passenger Name: Sylvia ANN PRICE Passenger ID/Seat # PASS/SIdE FRT BENCH
Explain what happened: I WAS SLOWING to A Stop to DICK A PATRON + hAt waiting off the Bus Stop ARCROSS FROM WHILE NOW ROLL COOL RIGGE Rd. While comming to A STOP Ms PRICE CAME Fell FOWARD ON the Floor STRIKING HER HEAD AND TOP OF HER LEFT SholdER ON the CORNER OF the RAISED AREA Supporting the FARE BOX. I SECURED the BUS. Checked ON MSPRICE thought I twas her face MS PRICE STATED, "IT WAS NOT MY FAULT. I twas her face While Try to SECUREA I tem that had FAllen ON the FLOOR She stood up while the Bus was in Motion And Fell Foward during my DREAKING. D
perator Signature: Date Submitted: 8-7-18



Supervisor Signature: Durall Paulso

supervisor's incident report

Date#: 8-7-18 Time: 6 25 PM Run: 3552 Vehicle: 63209 Operator #: D. BROWN Division: 0124 Supervisor: D. JACKSON Location: RILENTOWN RD TEMPLE HILLS, MD

Address or Cross Street City & State Description of Event: I RRRIVED ON THE SCENE AT 6 25 pm, AND the OPERATOR STATED AS HE WAS SlOWING UP tO SERVICE A bus stop. A patron had FIELD ON The bus. The patron stated that She hit her FACE AND left shoulder on the Floor of the bus. The Patron stated that it wasn't the OPERATOR FAULT. THAT IT WAS LER FAULT BECAUSE She was trying to PICK UP SOMETHING that FEIL ON the Flour in the process As the tous was slowing that is how she FEIL PLISO ShE REFUSE MEDICA 1 Attention AND , took the PATRON HUME PATRON NAME SYLVIA PRICE 2420 CORNING #202 FT. WAShington MD. 20744 DOB 03/05/1954



Safety & Training Department

(Check one)	Accident	Х	Incident	Time Supervisor Arrived: 9:53							
Date of Occurrence:			8/10/2018		Time of Oc		9:41 AM				
Weather:	Clear	Day of the Week:		Fri	day	DHD (Y/N):	N				
Location (Cross Stre	eet and Town)		Dodge P	Park Road @ Hub	bard Road - Land	lover, MD					
Route Impact:				1 - Missed Pull							
Employee Name:		Drusilla Lee									
Run#	27	701	Bus#	1 63	205	T#	1 1000000				
Kull#	27	01	Dus#	63.	205	Tag#	LG92006				
What happened (Be Specific and Brief):		e dispatched to assi					Vehicle 1. Supervisor es claimed.				
Injuries (if any):				None							
Vehicle Damage			Yes - Left Fror	nt Headlight & Fr	ont Bumper						
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	Y(Vehicle 2)				
was the t	Operator sent for D	rug/Alcohol Test (1	(/N):			N					
No	tified (Indicate nam	e and time) GM:		W. Thompson @ 9:50 AM							
Supervisor	T. Ogu	ndana	AGM	J. Modlin (9:43 AM	Maint	Ray @ 9:52 AM				
		nor say average and account									
Asst. Safe	ety Mgr.	R. Jones @	9:42		Dispatcher	į t	D. Terry				
County Nam	e and Time:			M Wilson	@ Q-4Q AM						
County Name and Time: (Check one)		Telephone	Х	M. Wilson @ 9:49 AM In Person		(Must be done within 1 hour)					
CENTRAL SERVICE				State Control							
Please note the details of this incident will change when the Supervisor Arrives											

Vehicle Accident Report



Operators CDL #/I	Exp Date Q - 468 - 954	Valid DO	Med Card / Ex	p Date 28-18		Report #	00777	
Accident Date	Accident Date Day of Week Time of Accident # of Vehicles				SmartDrive Triggered Sceni			nce Abuse Tested
Month Day Year	FRIDAY	9.40Am	2	Yes	Yes No Wes			Yes No
3 1,0	COMPAN	Y VEHICL	E 1			OTHER PAR	TY	
Operator Name (Exactly As				□ Vehicle 2	□ Bicvclist	☐ Pedestrian	☐ Fixed Object	t DPax Fall
Drusilla	La Keesh	q Lee		Name (Exactly As Printed	1.1	1.30351047	A.	
6565 H.J.				Halla (Linasa) Na Filillia	3 (311 (1001100)			
City or Town		State Zip		Address (Include Numbe	r & Street)		Apt#	
District He	eights 1	MD 2074 Student Drive		City or Town	State		Zip	
30507	11/16/201			0.07 0. 10111				
	Occupants # Seated			Date of Birth Sex	/	Driver's License	Lic State	# of Occupants
	3 3		2'NO			□Yes □No		1
Bus ID# Plate #	12006 ND	Vehicle Year / Make	LLIG	Insurance Co	Policy # & Exp Da			
Vehicle Type	Route # I		- 19	Name (Exactly As Printed	d Registration)	****		
GILLI	C 370			Address (Include Number	r & Stroot		Apt#	
15GGB:	2711A117	8118		Address (include Number	r & Street)		Apt #	
Insurance Co OLD REPUBL	Policy # 8	Expiration Date TB 21268	7/1/2019	City or Town	State		Zip	
INSURANCE	y Location of A	ccident /		Plate# State	Year & Mak		Vehicle Type	Color
Address/Street on which a	ccident occurred DUA	ye park	rund.	MD	TOYO	1 A	CAMRY	GREEN
At intersection with	Hubbard	rund		VIN				
Not at intersection	Feet N S (E)v of		Telephone#				
On Roadway								
At Bus Stop? ☐ Yes D	I No (if yes) Who	ear Stop 🗆 Far Stop	□Mid-Block stop					
				onmental Conditions				
Weather El Clear	Surface ☑ Dry	Traffic Con ☐ Stop Sig		ght	Roadway - # o		idway Characteristi Straight and Level	ICS
☐ Cloudy ☐ Raining	□Wet □ Icy	☐ Yield Sig ☐ Traffic S			B Undivided			
☐ Snowing	☐ Snow	☐ Flagman	□ Dark	Road – Unlighted Road - Lighted	☐ Concrete _ ☐ Gravel		Curve and Level Curve and Grade	
☐ Foggy ☐ Other	C) Other	□ Other	neu Li Daik	Noau - Eighteu	□ Other _		Curve at Hillcrest	
	Pro	Accident Movement			Unusual Road	Conditions		
V1 V2/OV	V1 V2/0		V1 V	Z/OV	☐ No Unusua ☐ Holes / Dee	1 Conditions		
☐ ☐ Going Straight ☐ ☐ Making right tu		Exiting Bus Stop Entering Bus Stop		Changing Lanes	☐ Obstruction	in road		
☐ ☐ Making right or	red 🗓 🗆	Slowing or stopping in to Stopped in traffic		☐ Passing ☐ Merging	☐ Construction☐ Loose mate	rial on road		
☐ ☐ making left on	red 🛭 🗎	Parked		D Backing Other	☐ Reduced ro	ad width		
☐ ☐ Making U Turn Vehicle Lights	Turn Signals	Avoided object in road Posted S		Estimated Speed Limit	Direction of	f Travel	Accident / Col	lision With
			0.1-	ehicle 1 5 mph			Ther Motor Vehicle	
No 1 TO On 12 Off	No 1 ☐ Left Turn C No 1 ☐ Right Turn				Vehicle N S E	W 🗆 B	licyclist	
No 2 🗆 On 🗗 Off	No 1 ☐ Four Ways	On Vehicle 2	mph V	ehicle 2 (O mph	Vehicle	100	lail Train ixed Object	
	No 2 ☐ Left Turn C No 2 ☐ Right Turn				N S E	w DP	edestrian nimal	
	No 2 Four Ways							
				ian / Bicyclist Action	·			
☐ Crossing With Signal	or Crosswalk		☐ Riding / Walking ☐ Riding / Walking	Along Highway With Traff Against Highway With Tra	effic		☐ Pushing / Wo	
☐ Crossing - No Signal ☐ Crossing Against Sign	or Crosswalk nal		☐ Riding / Walking ☐ Riding / Walking	Along Highway With Traff Against Highway With Tra in Front of or Behind Parks	effic		☐ Working In Ro ☐ Not In Roadw	padway
☐ Crossing - No Signal	or Crosswalk nal Marked Crosswalk		☐ Riding / Walking ☐ Riding / Walking ☐ Emerging From ☐ Playing in Road	Along Highway With Traff Against Highway With Tra in Front of or Behind Parks	effic		☐ Working In Ro	oadway ay

120 150 150		Vehicle A	ccident Rep	ort	CHARLES OF			transdex
☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends V ☐ Vehicle Rear End ☐ Wheelchair Lift O ☐ Roll Away (Not S) With Pax D fixed Route	ds Bus Operation ecured) Type of Tr Without Pax Fixed Roul	□ Busina e □ Errand	Hit I		Police Departs Officer Name Precinct #	F (O O ests ^{(V} th ∂pera	HARV N Report # PP18 C	1CT 3 1 81000000777
C7 C7 C5	period dody sed	e po	Lee	2 Towed By	Coppro When	md	nother nut he	volucle bus to but
Description of Dama Vehicle 1 is ALWAYS Articulated Bys Name of With	Your Vehicle. Shul	Company Veh		X on the exact point	Bus 2		the other vehicle. Circle ar Truck Other Transported To	
Supervisor on Scen upervisor's Signat	1	s 🗆 No	<	Name (Print):			NOTO A Reviewing TAY	O OGUNDAN

Operator Incident Report (Continuation Report)



I was headed toward Hubbard Ro	Vehicle # <i>L3305</i>	Route # 2701
I was headed toward Hubbard Ro		
I was headed toward Hubbard Ro		
I was headed toward Hubbard Ro		
	I traveling on	Andre Arck
d. I was approaching a hus	stap where t	hace is
2 patrons gwaiting pick up. I	LIDS SCORDING	nu microsc
Rd. I was approaching a bus 2 patrons awaiting pick up. I as always every 3-5 seconds.	As appropriate to	ha his stan
car came across the double	rellace lines	and before
puld stop or hit the horn t	to car collided	loft sich
hus.	The service of	1011 3190
0 05 0		
erator Signature:		0 12 10
erator Signature:	Date Submitte	SPP F.8 Rev 5/20



EMPLOYEE INFORMATION

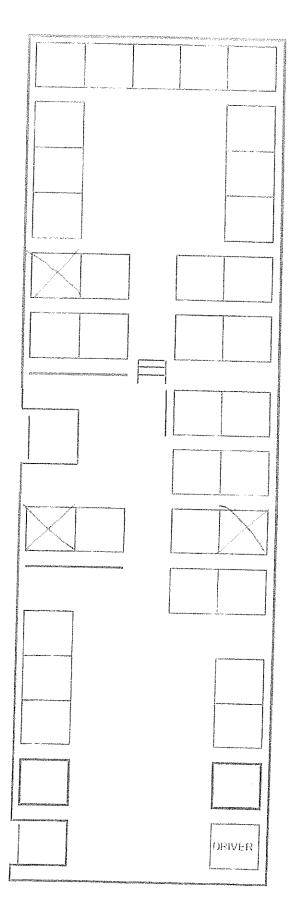
Accident/Incident/Workers Comp#:	ACCIDENT	
	(Workers Comp # Issued by Sedgwick)	
Name Drusilla Lee	Birth Date 12/16/17	Hire Date 11 16 2010
Driver's License# L-000-14 Employee Number DOT CARD VALID? Yes or NO (IF N		
HOME ADDRESS: 6565 H.I	Mar Drive Apt 3	863
CITY District Heights	STATE MD	ZIP CODE _20747
HOME PHONE NUMBER	DAY TIME NUMBER 305-240 270-6229	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
Yes No Unknown	GENDER MARTIAL STATUS M o F MS W D	NUMBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME		
5:25 AM or PM/ 3:10	AM or PM	

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

(tr	ansdev
Date#:	3/10/18
Operator #:	Drasille
Supervisor	Tours

SUPERVISOR'S INCIDENT REPORT

Date#: 8/10/18 Time:	9.40Am	Run: 270 /
Operator # Drawilla Lee	Division: 0124	Vehicle: 63205
Supervisor: Toy Ogandana.		
Location: Dadge park rand Address or Cross Street	, Lundever,	Muryland
Description of Event:	City &	State
besomption of Event.		
Operator Drusilla	100 11 #	2701/0 62005
Was coming chinis	dudge or all	2701 Bus 63203
Operator Drusilla was coming chown a bus stop at the	intersuction	of bill -1
Tread also to	interest of	of 145544
read when a to	Jan Caming d	vivet wind
pass the double !	+ 1 3/- 1	u bus.
No injuries ver	orted. S(hree)	pertrens on bound
Names of Passengers	s can be for	nd below.
1 Jean Daniels. 2	40-280-625	1
DELeng Caston Nicela	95 240-579-87	7 }
501	2 57th Avenue,	Bladenshira
	MD 207/0, Mary	Canal
	512-963-862	
	100 002	
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.

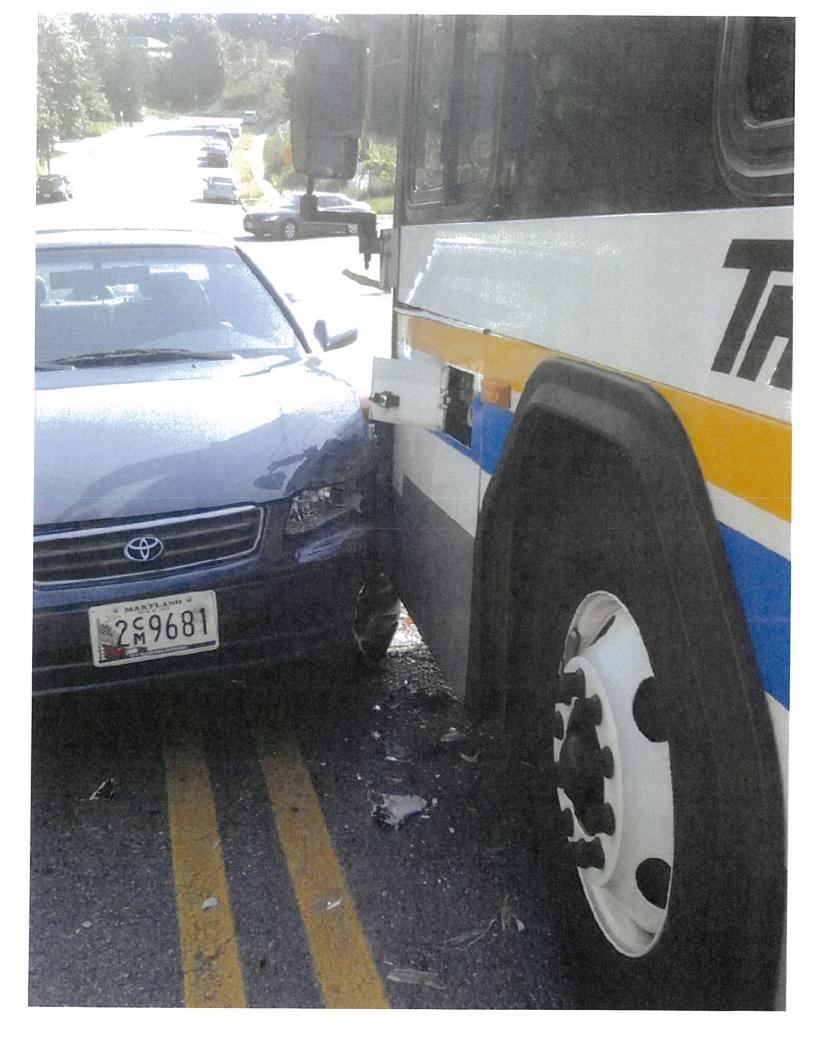
Mark an (X) in the position of the injured passenger (if one).

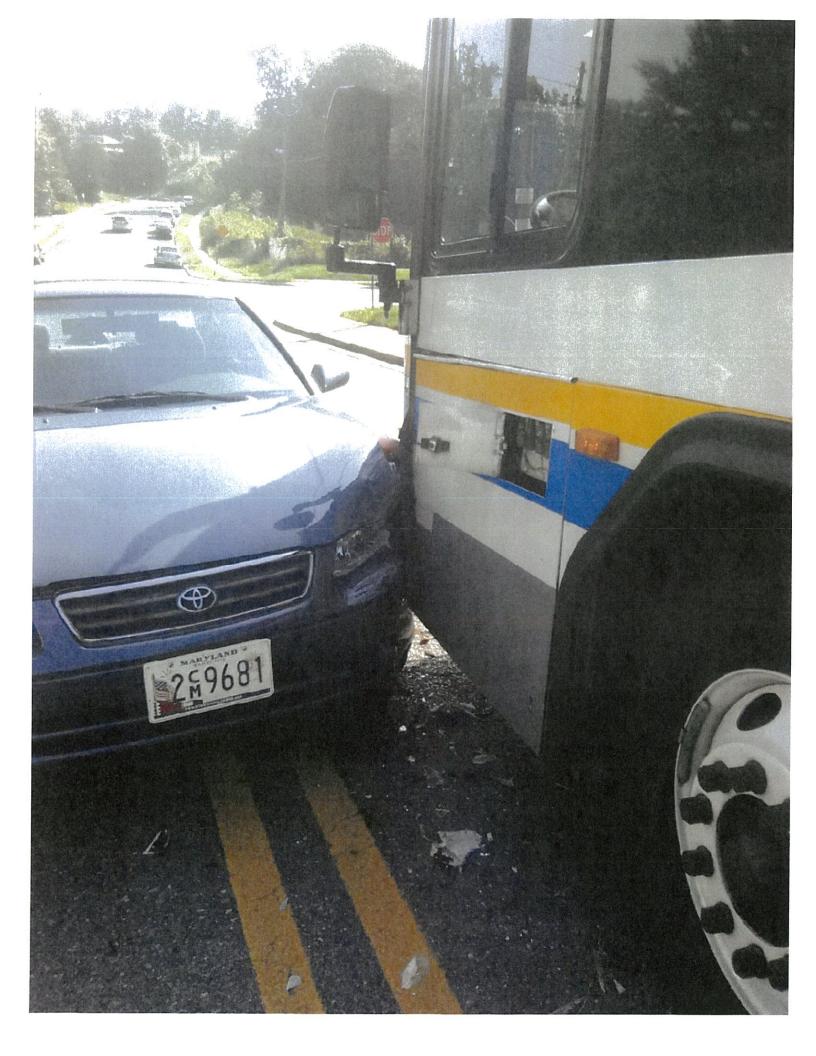
*If more than one, number passengers.
(Record names with corresponding number on Accident Involvement Passenger List when complete

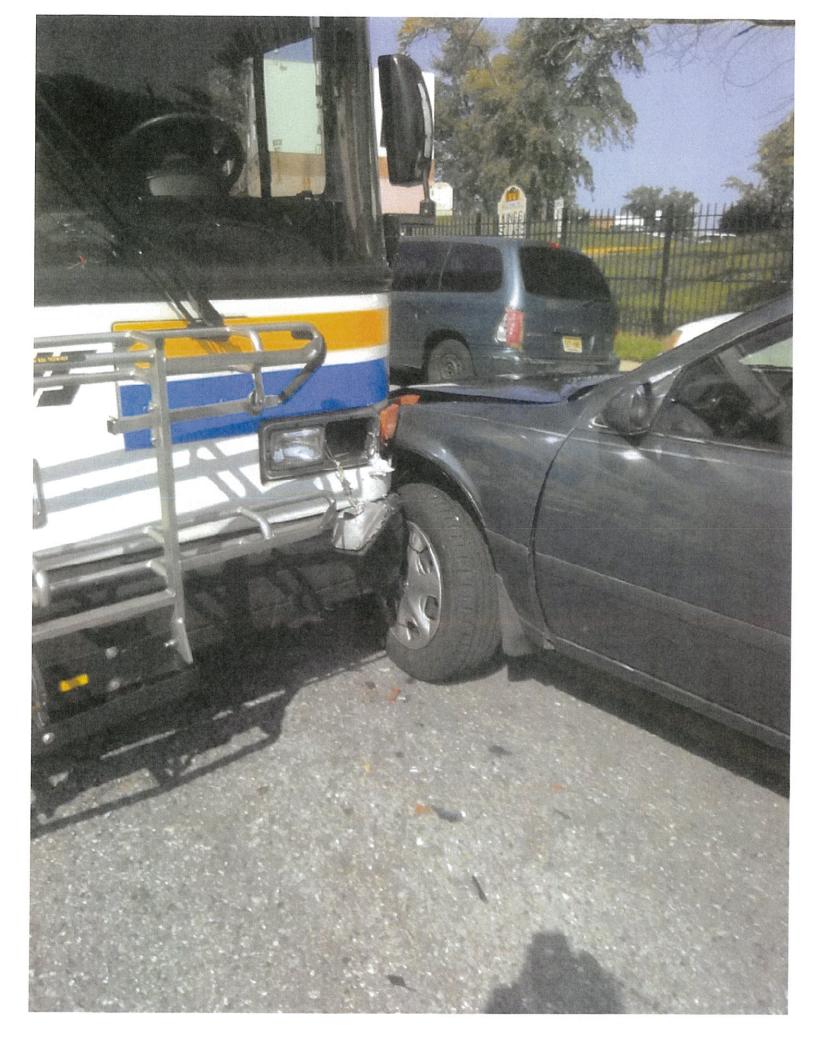
Complete and turn in with accident forms ASAP.

Thank You!

Date: 3 15 118 Time: 9 40000
Location: Locati
Driver: Drankla LEE
2000 TAY 1/1. 100 A. In









Safety & Training Department

(Check one)	Accident	X	Incident	, cepartiment	Time Supervis	or Arrived: 9:	53				
Date of Occurrence:			8/16/2018		Time of Oc		9:41 AM				
Weather:	Clear	Day of the	e Week:	Fri	day	DHD (Y/N):	. N				
Location (Cross Stree	t and Town)			Marlbro Pike (@ County Road						
Route Impact:				10 minutes							
Employee Name:		Claudia Proctor									
Run#	20	004	Bus#	62	625	Tag#	LG94086				
What happened (Be Specific and Brief):	Supervisor an	Supervisor and police dispatched to assist. Per Supervisor investigation; 2 patrons onboard, no injuries claimed. Strategic operator continued in service.									
Injuries (if any):				None							
Vehicle Damage			Driver	s side mirror deta	ched						
(Check all th	at apply)	Police	Y	Ambulance	N	Tow	N				
Was the Op	perator sent for D	Prug/Alcohol Test (Y/N):			N					
Notif	fied (Indicate nan	ne and time) GM:		W. Thompson @ 9:50 AM							
Supervisor	R. G	reen	AGM	J. Modlin (@ 9:43 AM	Maint	Ray @ 9:52 AM				
Asst. Safet	y Mgr.	R. Jones (@ 9:42		Dispatcher] N	1. Proctor				
County Name	and Time:			M. Wilson	@ 9:48 AM						
		Telephone	X In Person				e done within 1 hour)				
Please note the details of this incident will change when the Supervisor Arrives											

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SPP F.20 7/2015							
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Fixed Object Pedestrian IsminA	Mehide 2				nO mu1	Vo 2 D Leff Tu Trigia D S ov Vous D Four N	
1 Other Motor Vehicle Bicyclist Rail Train	(N) S E M			nicle ? S mph	nO muT	No 1 D Left Ti No 1 D Four V	No 2 DON SK OH
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		Vehicle A	Accident Re	port	从下的数据		troped
					AR#) awbu
☐ Backing ☐ Sideswipe ☐ T-Bone ☐ Right Turn ☐ Left Turn ☐ Bus Rear Ends V ☐ Vehicle Rear End ☐ Wheelchair Lift C ☐ Roll Away (Not S	ds Bus Operation	☐ Passing ☐ Merging ☐ Head On ☐ Bus Right M ☐ Bus Door Op ☐ Sudden Stop ☐ Roll Over ☐ Ran Off Roa	lirror litt / ror peration	road Crossing Fixed Object Pedestrian Knimal	Preanct =	esponding TC (/ID#) T/U K Report#	Z. Brown
	Type of Tri		Violatio	าร			- Todasian
Vith Pax Fixed Route Charter Para Transit	Without Pax Fixed Route Charter Para Transit	□ Nom R	ev move Vehicle	1 Towed By. 2 Towed By:	4	//A TO TO	
cident Description	OPEN Sht	wh	PRUL En Ve	ton w	po 5.11	Ang sit	H REd Fact w to
cription of Damaç	ge (Company Veh	icle 🗆 Minimal	□ Moderate □	Major Oth	ner Vehicle	☐ Moderate ☐ Major
ticulated Bus	Shuttle -	e Vehicle	Place an Bus 1	X on the exact point of		de and the other vehicle. Ci	
Name of Witne	ess / Injured	Age	Claiming Injury?	Type of Injury Claim	ed Injured Transport	ed To Other Transporte	d To Transported By Unit #
ervisor on Scene	e? 🛱 Yes	□ _N o	Supervisor	Name (Print):	Obert	CREEN	

Operator Incident Report

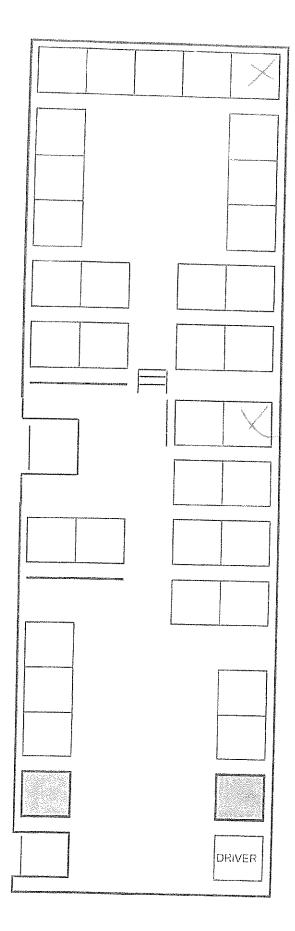


Today's Date: 8-17-18	Time: 10:08 Am
Operator Name: C. Rrochor	Vehicle # 626 Route # 2004
Report Submitted to: Supervisor Dispatch	Safety Dept.
Check One: Passenger Accident Passenger Inc	
	ehicle Incident Report
	Reported to Command: (Name)
did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes (So	
Date Incident Occurred: 8 - 17 - 18 Time Occurred:	940 Do not have actual data or time
Date Reported: 8 17 18 Time Reported: 9	40 This is a late report
ocation of Incident MAV I bovo Pike	a countra Rd
Complete a separate Incident Report for each passenger	
assenger Name:	
off the mirror	ed Light the light by drivers side took
erator Signature:	Date Submitted: 8 17 18 SPP F.8 Rev 5/2015



(Accident/Mcident/Workers Comp#:		
Name CLADIA Proctor	(Workers Comp # Issued by Sedgwick) Birth Date // // 8/66	Hire Date 9 - 21-10
Driver's License# [- 6 23 - 11 9 - 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	roctor	
HOME ADDRESS: 4405 & dge.	STATE 170	
	sy time number	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
The second secon	NDER MARTIAL STATUS	NUMBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME	AM or 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:	Time:	<u> </u>		
Location:	<u> </u>	1. Kr/Cc	4	; Cala
Driver:	11 12 1	L. A.		
Supervisõ				



supervisor's incident report

Date#: 8-/7-18 Time.	948 AM	Run: 2007
Operator #. Proctor	Division: 0124	
Supervisor: ROBERT GREEN		
Location: MARIBORO PIE Address or Cross Street	/county RD	Dist Hights MD
Description of Event College of the Africa	2200	ity & State
Description of Event: CARATOR C	the Inten	Section of
MARIBONE P.KE 4 (cirty Road	when A
white Ford Goodwell	TRUCK 11111	KE CCLEATERT
with the ducers.	MARINE KNO	cking it OFF
NO INJURES LEGAL	ATEC	
Supervisor Signature:		



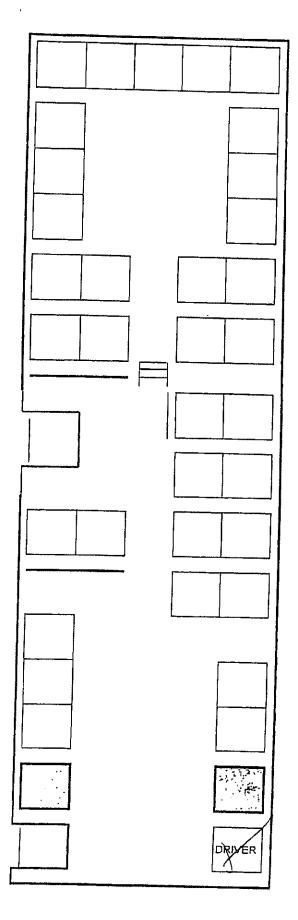
Prince George's County Police

P/O K. Brown #4112 Patrol Officer District III

7600 Barlowe Rd. Hyattsville, MD 20785 (301) 352-1200

CCN#:

PP18081700000942



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: <u>6-17-16</u> Time: 7 50
Location: Fed Ex way
Driver: Kein Mason
Supervisor: 1/2 ACL



Safety & Training Department (Check one) Accident X Incident Time Supervisor Arrived: 8:15PM Date of Occurrence: 8/17/2018 Time of Occurrence: 7:50PM Weather: Day of the Week: Clear Friday DHD (Y/N): Y Location (Cross Street and Town) Fedex Field, Hyattsville MD. Route Impact: Dead Heading Employee Name: Kevin Mason Run# 1351 Bus# 62634 LG94093 Tag# Operator stated that as he was dead heading back to base vehicle # 2 made contact with vehicle # 1 left side causing scratches. Vehicle # 2 left the scene of the accident. The police were called and a supervisor was dispatched to the What happened location. (Be Specific and Brief): Injuries (if any): None Vehicle Damage Scratches on left side of the bus (Check all that apply) Police **Ambulance** N Tow N Was the Operator sent for Drug/Alcohol Test (Y/N): N Notified (Indicate name and time) GM: W. Thompson @ 8:27PM Left Mess. Supervisor K.Alston AGM K.Jay @ 7:50PM Maint Vernon @ 8:25PM Asst. Safety Mgr. Dispatcher R. Jones @ 8:21PM D.Boykins County Name and Time: M. Wilson @ 8:17PM Telephone X In Person (Check one) (Must be done within 1 hour) Please note the details of this incident will change when the Supervisor Arrives

Vehicle Accident Report



	5441934	Valu BOT Med Card (D Yes 13 No		Accident Repor	1 #	
Accident Date Month Day Ye	100 mg/	6 of Accopent # of Vehicle ! 500m 9	los SmadDeve	Inggered Sc	ene Photos S	obslance Abuse Teslec
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Granato Name (Exact	COMPANY Sy As Printed Collinguist)	VEHICLE 1			R PARTY	
Aggress (Include Isom)	Der R Stroke	- Accide	Ø Vehicle 2	•	destrian 🗆 Fixed	Object DPax Fall
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Vehicle Lights	Turn Signals	Posted Speed Limit	Estimated Speed Limit	Direction of Travel	Accident	/ Collision With
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pervisor on Scen				(Prot) Leurs	Alaks.	19	

Operator Incident Report Today's Date: ______ } /7 / \ Report Submitted to: Supervisor Dispatch Safety Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other Was the incident reported immediately? Yes Reported to Command: (Name) I did not report the incident immediately because: Did a SQM respond to this incident? No Yes (SQM Name) Date Incident Occurred: 5 17 18 Time Occurred: 10 Do not have actual date or time Date Reported: Time Reported: This is a late report Location of Incident factor Systems and Complete a separate incident Report for each passenger affected by this event. Passenger Name: O(a) > Passenger ID/Seat # Explain what happened: and mend the love of the Station T lead out Operator Signature: Date Submitted: 9-17.

Transdev EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:		·	
Nama	(Worke	ers Comp # Issued by Sedgwick	<)
Kevin Mason		Birth Date	Hire Date
Nevir Musor		12,08,19	65 4/04/2016
Driver's License# M25046	5441934		
Employee Number 3084			
DOT CARD VALID? (Yes) or NO (II		LAIN WHY):	
HOME ADDRESS: 10503 J	ib Carl		
city Chettenham	STA	TE MD.	ZIP CODE 20623
HOME PHONE NUMBER	DAY TIME N	UMBER	EMPLOYEE STATUS (please circle)
			FULL TIME) OR PART TIME
S THE OPERATOR ON OVER TIME?	GENDER	MARTIAL STATUS	NUMBER OF DEPENDANTS
Yes No Y Unknown	Mor F	Ms w d	
SHIFT START TIME / END SHIFT TIME			
12:20 AM or PM/ 19:5	0 <i>0</i> AM c	or PM	

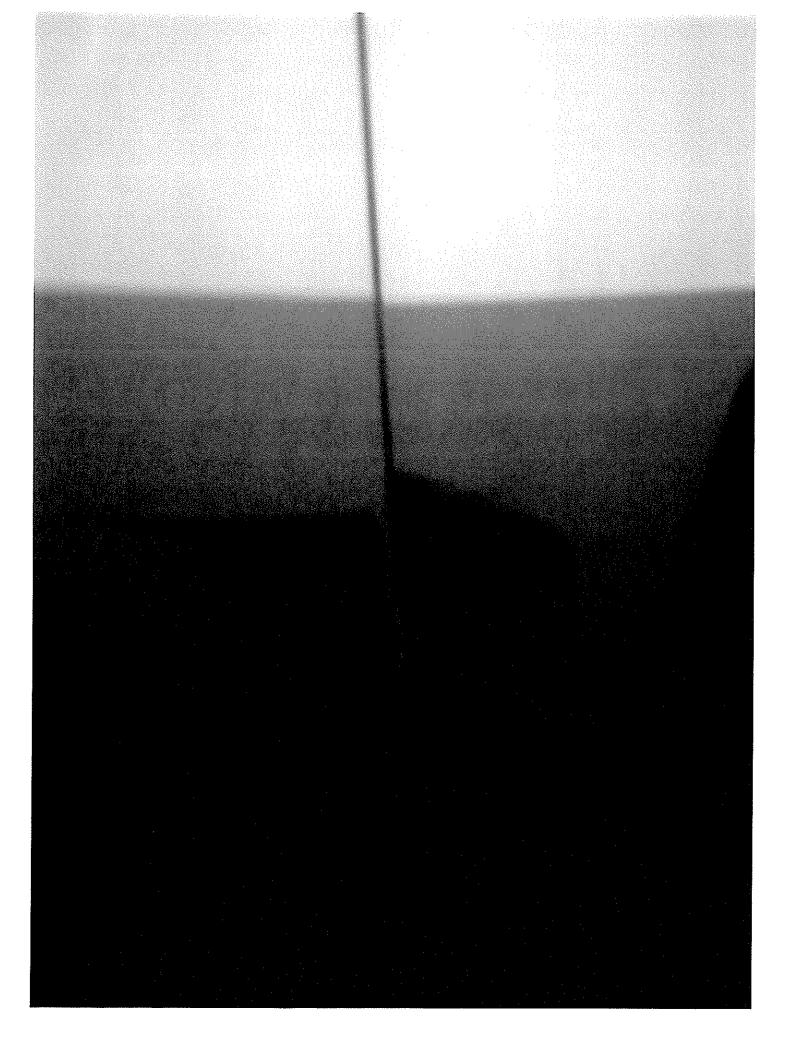
^{*}This <u>COMPLETED</u> document <u>MUST</u> be included in <u>ALL</u> Accident/Incident/Workers Comp Files*

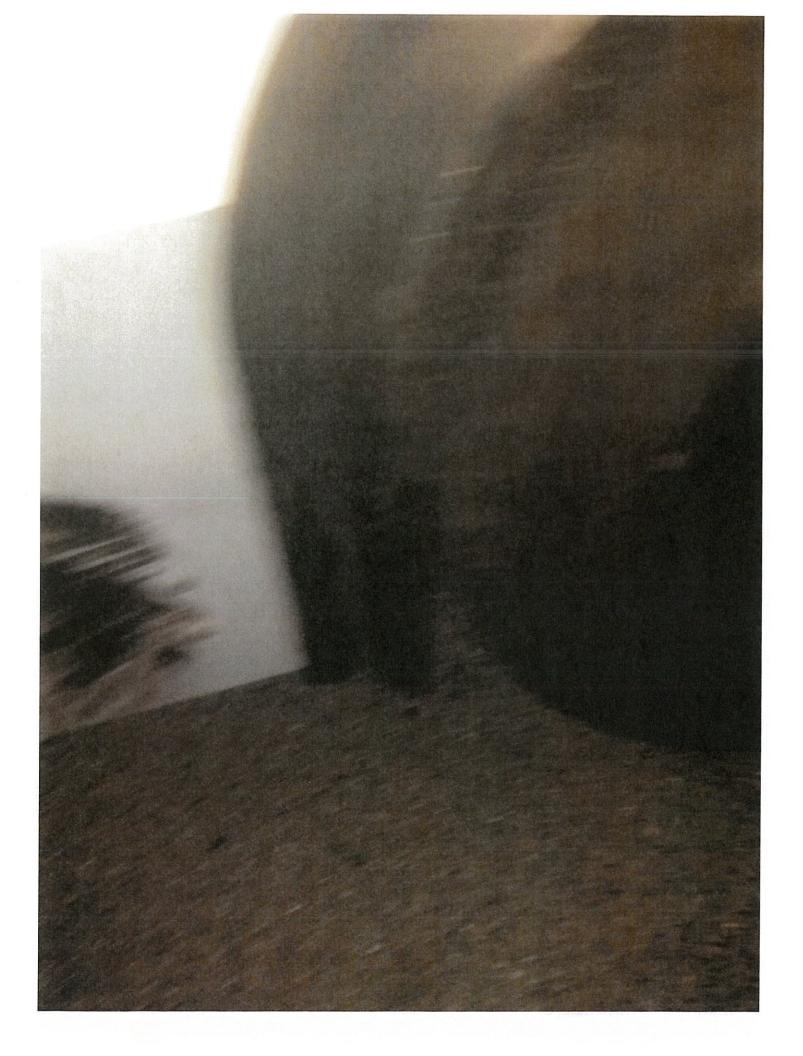


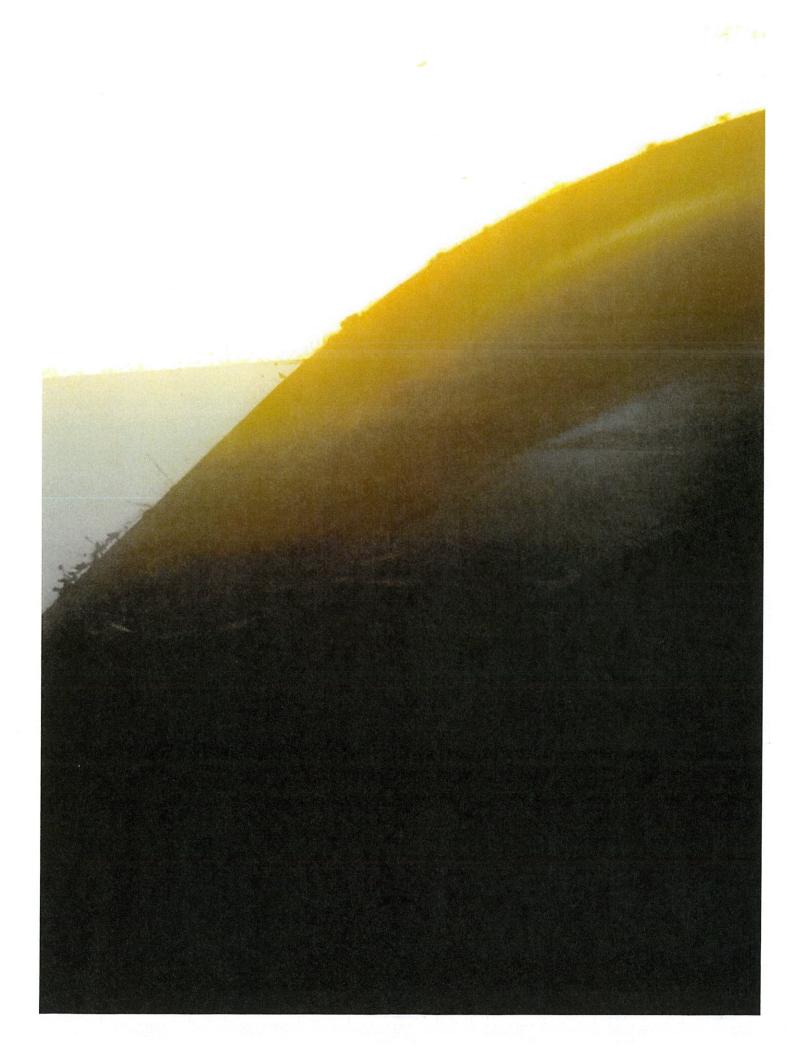
supervisor's incident report

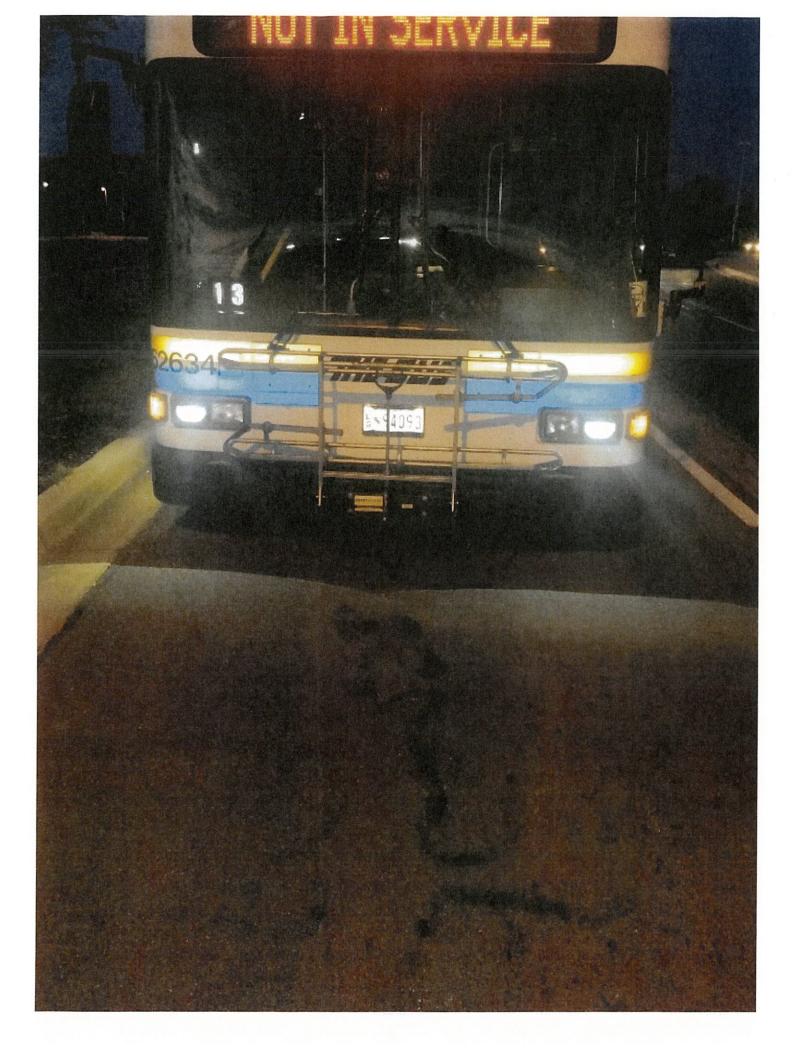
Date#: <u>8</u> -	17-18	Time:	7:50	DM	Run: _	
Operator #:	jevin Alsto		Division:	0124	Vehicle: <u>Lo</u> Q	634
	Keun Als					
Location:	Fed EX WO	Cross Street		······	Lardover Mt City & State)
Description of	Event: Opero	tor Stat	ed he	was de	iving around	fedex
					left 5ide s	
					two men	
out the	Car then	get ba	ckin	the C	zr and pull	ed off
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41						
Supervisor Signa	ture: Z	Aletu				

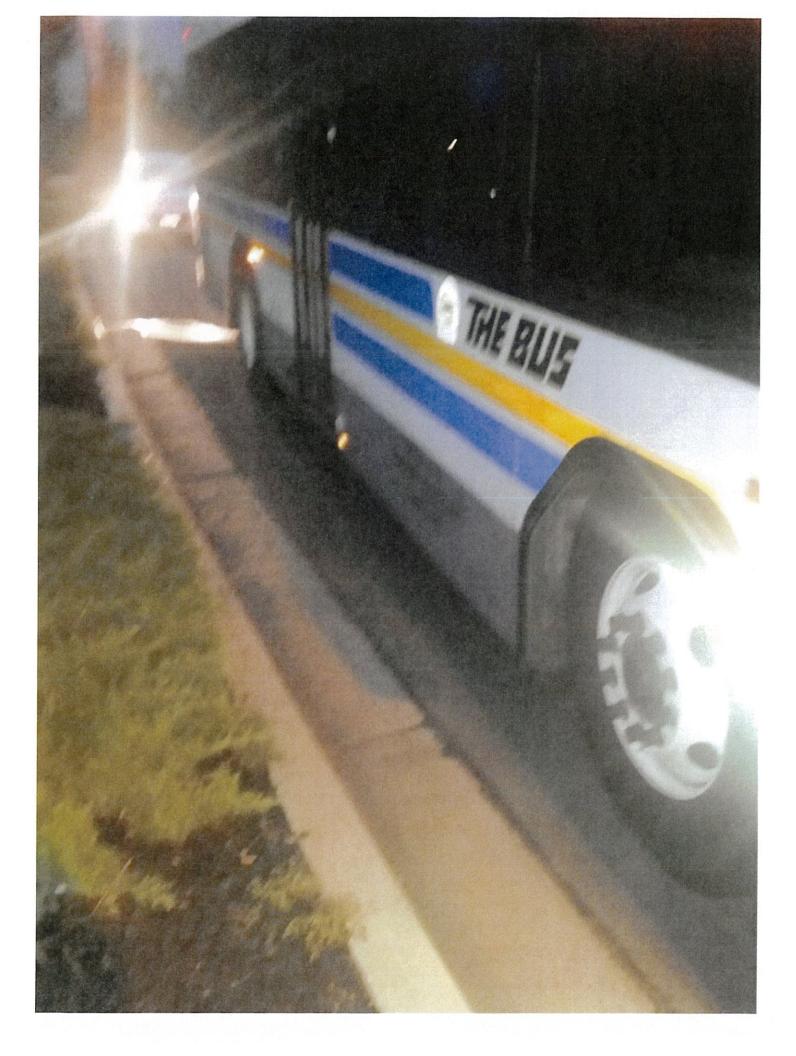














Officer Godwin 9171 PGPD DISTITE PP18081700002096 Case Number 301-772-4900

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Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervisor Arrived: 4:00 PM		00 PM
Date of O	ccurrence:	rence: 8/21/2018 Time of Oc		currence:	3:37 PM		
Weather:	Raining	Day of the	e Week:	Tue	sday	DHD (Y/N):	Y
Location (Cross Stre	eet and Town)] Pr	ennsylvania Ave	enue @ Suitland P	arkway, Upper N	Marlboro, Mar	ryland
Route Impact:				Deadheading			
Employee Name:	Matthew Williams						
Employee Name.			IV.	viattilew williams			
Run#	Dead	lhead	Bus#	633	139	Tag#	LG81875
What happened (Be Specific and Brief):	50.50 (A 50) DOMY						olice was dispatched returned to the yard
Injuries (if any):				None			
Vehicle Damage			Vehicle #1 - bik	e rack; Vehicle #2	rear bumper		
(Check all t	hat apply)	Police	Y	Ambulance	N	Tow	N
Was the C	Operator sent for D	rug/Alcohol Test (Y/N):			N	
Not	tified (Indicate nam	e and time) GM:			W. Thompson	@ 3:47 PM (VM)
Supervisor	R. Campbell	@ 4:00 PM	AGM	K. Jay @	3:45 PM	Maint	Zaw @ 3:43 PM
Asst. Safe	ety Mgr.	R. Jones @	3:50 PM		Dispatcher	Te	erry/Tyler
County Name		Tolombono	V	M. Wilson	@ 3:43 PM I	***	
(Check	one)	Telephone	Х	In Person		(Must be	done within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives							

Vehicle Accident Report



Sperators CDL #	7 EXP CARE 01-30-20	Vakd OOT Med Card / DVYes EJ No	*xp.Date 12.018	1 1557	(1997)	LOOO	01344
Accident Date Mooth Day Yea	Day of Week 11mi	of Accident # of Vehicl	les SmartDrive		Scene Pl		Substance Abuse Tested
08-21-18	1 7 7	30pm 9	X Yes	ZI No	图 Yes	□No	□ Yes 太 No
	COMPANY As Printed California)	VEHICLE 1			OTHER PA	RTY	and an experimental and the second a
	WILLIAMS		ធ Vehicle 2	☐ Bicyclist	☐ Pedestria	ın □ Fixe	ed Object DPax Fall
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Maldort) Min	20603	Aggines (nection flimit 5305 PA	aza Ct	-	Apt 8	
30885	01-30-1971	Student Criver's IV (1)	CORESTAN	e Mi)	76 2	0747
Follows W	O See Co	7	2 10 4 8	Amaga	Onversicense ØYes LINo	Lis Stat	e #efOccupants
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Bus	Beadi	reading	Marie (Exposity As Print)	so Spointer and	Bitle		rat ne com crisi e e (n. 1)
15 (cc B24	4071412860		Address (include Numb	71271 ("	-	Apt #	and continued to the second of the second
Jakanh		21268	POPESTVIII	E M).	20	747
1 Acdress/Street on which	Location of Assident accident occurred PCDINSU VC	ma Avenuc	187764 ML	 Marse & Make 	of Vehicle	Vehicle Ty	pe Coxor
At mensezen wer. St	idland Parku		- 107HEZ	7,K2552	75790	2	
13 Not at intersection	工业、1681年5月4日		Ception #	The second secon		er erondaterrianinakuntumiye. "	
1 BD On Roadway 1 At Bus Stup? □ Yes	☐ Off Roadway	O Far Stop OMd-Block stop					
			conmental Conditions	and the state of t	·	orenienienienienienienienienienienienienie	
: <u>Weather</u> © Clear	Surface © Dry	Traffic Control Light C) Stop Sign Of Cay	ismind	Roadway • # of		oadway Cha Straight and	racteristics
□ Cicody □ Raming	BWot	☐ Yield Sign ☐ Daw ☐ Traffic Signal ☐ Dusi	'n	group days at the sale of		Straight and	Grade
© Showing □ Foggy	☐ Snow ☐ Other	il Fi⊜gman ⊂ □ Don•	: Road - Unlighted : Road : Eighted	☐ Concrete		Straight at h	evel
O Oper	na e e e e e e e e e e e e e e e e e e e	O Other	meau cignicu	☐ Gravet ☐ Other		Curve and G Curve at Hill	
V1 V2/QV	<u>Pre Accide</u> ∀1 V2/OV	nt Movement	:5:6:v	Unusual Road (
図 の Gaing Straight	t Ahead 🔲 🖽 Exiting Bi	s Stop		☐ No Unusual ☐ Holes / Deep	Rut		
Malong right to Making right to Making right to	ım 🛭 🗎 Enternaji	Bus Stop	C Changing Laries Passing	☐ Construction a ☐ Construction	repair zone		
☐ ☐ Making left turi ☐ ☐ making left on	n 🔲 🗇 Stoppedi	o tratic 👸 i	□ Merging □ βacking	☐ Loose materia ☐ Reduced roa			
□ □ Makagu Tum		bjed in spag	© Ofter	i			
Vehicle Lights	Turn Signals	Posted Speed Limit	Estimated Speed Limit	Direction of 1	ravel	Accid	ent / Collision With
ស ២៣៣១៩	No 1 Diteft Turn On No 1 DiRight Turn On	Venue 1 40 Kp V	febible 1 () mpn	Jenicle 1		r Other Mojor N	Vehide
NOTE OF BOTT	No 1 D Four Ways On	Venida 2 40 mpr V	enicie 2 (C) mon	N S S {		Bicyclist Rail Train	
j	No 2 - Di Left Yurn Ch No 2 - Di Right Yurn Ch No 2 - Di Feur Ways Ch	enter enter	:	Vehicle 2 N. S. F. (φ; □I	Red Chject Redestran Inimal	
ED Crossing With Signal			rian / Bicyclist Action	e est e e estados de estados e e e e e e e e e e e e e e e e e e e	<u>.</u>	outransminister water, i.e., in final	
☐ Crossing - No Signal (☐ Crossing Agamet Sign	or Crosswark	🖯 Krang / Walking	i Along Highway With Treffic I Against Highway With Tref	ř.			ing / Working On Vehicle
🛘 Crossing - No Signald	Marked Cresswalk	(1 Praying in Read		i Cara		☐ Not in	ing in Roadway i Roadway
Georg To / From Stop	ped Sus	🖸 Gerting On (Off	Vehicls Other Trian dus	de la company de		□ Other	
	Accident Type		······································	A property of the		5P	PF 20 7/2015

	Vehicle Acciden	t Report		(才transde)
			A CONTRACTOR OF THE CONTRACTOR	
Disacking Sideswipe Tit Bone Oright Turn Whost Furn Whost Rear Ends Vehicle O Vehicle Rear Ends Bus O Wheelchair Litt Operation Rell Away (Not Secured)	Ul Plassing Ul Meigrig Ul Head On Ul Book Right Morce Ul Book Loft Morce Ul Book Door Operation Ul Sudden Stop Ul Roll Over Ul Ran Off Readway	G Restrand Crossing ☐ Let Coved Coper IJ Let Production G Let Animal	Poisse Investigater? (2) Yes (1) No Poisse Department Responding (1) (1) (1) Officer Name (Gaoge + 1) #) (CPL) Property Report # Stations + Arrests (1) Operator 1 (1)	MVSC #3056 P18082100001344
Type of Tr		Violations		
With Pax Without Pax I fixed Route Greed Route Charter D Para Transd G Para Trans	te 🗆 Errand 🖟 Nan Revinose	Vehicle 1 Tokea By M. Vehicle 2 Tokea By.	£ 2	To
Accident Description	ender om en			
Causing Limb	unke Aven to do The	UC CICL VE	Constitution of the control of the c	atest bound ed abroptly nade conteact
	Commence of the second	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		to the second of the second of the second of
** * * * * * * * * * * * * * * * * * * *				
Cescophon of Damage	Company Vehicle E	I Maramai - Ø∕Moderate	☐ Major Other Vehicle ☐	I Minimal ⊠ Moderate □ Major
Vehicle 1 is ALWAYS Your Vehicle Amourated Bus Shi Name of Witness / Injured	utile Vehicle Age Claim	Place an X on the exact por Bus 1 A y year of Injury 0	of of first impact on your vehicle and the other via Bus 2 Truck	
<i>f</i>			Kokida (1000)/Ell L. Supervisor / Manager Reviewi	ng

Operator Incident Report Today's Date: 8/27/48 Time: 16 4/4/ Operator Name: 19 1/2 / 1/1940 3 1 1/1 Credes Vehicle # 62137 Route # 1 200 () end 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? (A) Reported to Command: (Name) M. J. Sante S I did not report the incident immediately because: Date Incident Occurred: \$\frac{\sqrt{21/15}}{\sqrt{15}} \qquad \text{Time Occurred: }\frac{\sqrt{3}\frac{2}{\sqrt{15}}}{\sqrt{15}} \qquad \text{Do not have actual date or time} Date Reported: 3/21/18 Time Reported: 15 32 This is a late report Location of Incident Parks of Long a Nove & Southwest Park was Complete a separate Incident Report for each passenger affected by this event. Passenger Name: NA Passenger ID/Seat # NA Explain what happened: was all a march Drawl in printing Albe LOW STANGER AT THE LEATHER CAMP WERE OUT IN CLASS FROM and from leady the said the said to he will be said. All the state of the transfer of the state o The behalf in front or me model standed I here afrage and La man make and in house the last and a few rear

Operator Signature: // Attitude 1 Supplies Date Submitted: S/2//S

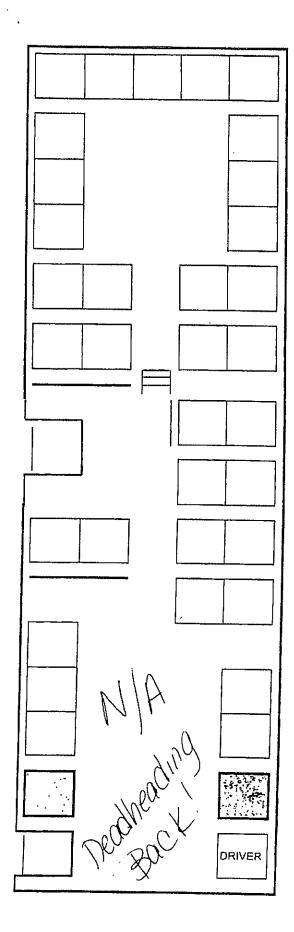
SPP F/8 Rev 5/2015

(7) transdev

EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#:		•
	(Workers Comp # Issued by Sedgwick	c)
Name Matthew William:	Birth Date S <u>01 / 30 / 19</u>	Hire Date 71 12 12 2016
Driver's License# <u>V-452-58</u> Employee Number <u>30885</u> DOT CARD VALID? Yes or NO (IF	5	
HOME ADDRESS: 6009 New	1 Forest Ct Apt #	4
city Waldorf	STATE MD.	ZIP CODE 20603
номе рноме number 240– 427-6837	DAY TIME NUMBER 240-427-6837	EMPLOYEE STATUS (please circle) FULL TIME OR PART TIME
IS THE OPERATOR ON OVER TIME? Yes / (No)/ Unknown	GENDER MARTIAL STATUS Mor F M S W D	NUMBER OF DEPENDANTS
SHIFT START TIME / END SHIFT TIME READ 12 AM OF PM / Dead		

^{*}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: 8-21-18 Time: 3:30 pm

Location: Philsylvania Avenue

Driver: Perator M Williams.

Supervisor: R. Campbell



Accident	X	Incident	Ceptititititi	Time Supervis	or Arrived: 3	:57 PM
irrence:		8/21/2018	The state of the s		Name and Address of the Owner o	3:17 PM
Rain	Day of th	ne Week:	Tue	sday	DHD (Y/N)): N
and Town)		Upshur Str	reet @ 29th Stree	et - Mount Raini	er, Maryland	
322(0.0)4(0.0)	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		1 Missed Pull			
			Kim Jacob			
1	252 /	Bus#	62	531	Tag#	LG94260
					Je 11301 (0 31	metic millor back
1000			None		i de la composição de l	
			Yes			
apply)	Police	N	Ambulance	N	Tow	N
erator sent for D	Prug/Alcohol Test (Y/N):			N	20 15 Barrie 11.
ed (Indicate nan	ne and time) GM:					
		THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE	The same of the sa			
hat galler Fill Lin	pykins	AGM	Kevin Jay @	D 3:34 PM	Maint	Zaw 3:30 PM
R. Bo	pykins	AGM	Kevin Jay @	9 3:34 PM	Maint	Zaw 3:30 PM
hat galler Fill Lin	nykins R. Jones @	63 0 3 3	Kevin Jay @	3:34 PM Dispatcher	Maint	Zaw 3:30 PM
R. Bo		63 0 3 3	Kevin Jay @ Marsha Wilso In Person	Dispatcher	Maint	
	Operator stated tree branch and patrons on-board	Operator stated that as he was drivitree branch and knocked the mirror patrons on-board/No injuries claims	1252 Bus# Operator stated that as he was driving down Upsh tree branch and knocked the mirror out of place. Statrons on-board/No injuries claimed, Maintenance place. Strategic	And Town) Upshur Street @ 29th Street 1 Missed Pull Kim Jacob 1252 Bus# 620 Operator stated that as he was driving down Upshur Street & 29th street branch and knocked the mirror out of place. Supervisor was dispatrons on-board/No injuries claimed, Maintenance was notified & implace. Strategic operator continual None None Yes Apply) Police N Ambulance	Upshur Street @ 29th Street · Mount Raining 1 Missed Pull Kim Jacob 1252 / Bus# 62631 Operator stated that as he was driving down Upshur Street & 29th Street, the passes tree branch and knocked the mirror out of place. Supervisor was dispatched to assist patrons on-board/No injuries claimed, Maintenance was notified & instructed the supplace. Strategic operator continued in service. None Yes Apply) Police N Ambulance N	Upshur Street @ 29th Street - Mount Rainier, Maryland 1 Missed Pull Kim Jacob 1252 Bus# 62631 Tag# Operator stated that as he was driving down Upshur Street & 29th Street, the passenger mirror tree branch and knocked the mirror out of place. Supervisor was dispatched to assist. Per Supervisor on-board/No injuries claimed, Maintenance was notified & instructed the supervisor to sliplace. Strategic operator continued in service None Yes Ambulance N Tow

Vehicle Accident Report



Operators CSL#	/ fixp Date	Valid DOT Med Card / Exp) Date	Acoldent Reper	1 33 1 47	
: Accident Date	356-615-60 Day of Week His	Be ef Aceident # of Vehicles	SmartDrive Tr	nggered Sc	ene Photos S	Substance Abuse Tested
Month Day Year		3706			s 🗆 No	□ Yes □ No
06 31-24		The state of the s				
Operator titure (Exectly)	COMPANY As (Feloted Continues)	VEHICLE 1	MILITARY AND ADDRESS OF THE ADDRESS	OTHE	R PARTY	
Jacob	Kim		□ Vehicle 2	•	destrian D Fixed	Object
Address (Include Nambe 3411 561		3.3	Name (Exacey As Prints)	i Ca Lizanse)		
City of Tewn	State		Address (include Norther	r & Street)	1 Apt #	e talendaria (m. 1801).
Ellicott	CITY MD) 260 43 States Days 7 Y N	Ciyal Fern	State		
30113	Lighter state	20000018/A54 1.44	Clypt town	5:30	7 10	
# of Cauca	of Cocupants # Seased	# Starting	Date of Both Sex	Orivers I	irense ité State	a pi Qesopens
Rus Tab Flager		Zie Year Make	l lasvana če	VI CD F LDYes Policy# & Exp Cate	_LIN0	**************************************
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Old Ferible	C AWTB	21763 37-01-19	Cold Park (Color)	State	49	
!	Location of Accide	nt	Plate # Stafe	Year & Make of Vehic	e Volvote Type	Color
· ·	assignmassures UPShi					
Altototsection with	5 <u>0</u> feet 7 8 6 W		Tolerione #	The state of the second control of the secon	ali () () () () () () () () () (enterconnection of contents of county of the State of State of the State of the State of the State of State of the State o
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		sp. □ for Stop. □t/Ad-Block stop	adirawa a marin			
er senn resident senn ritsser i Erichard vir mennetasser i sen			mental Conditions		a = 1 - 1-1 o manener seranor i ne	Andrew Committee of the
Weather Clear Stordy Saining Sowing Foggy Cother	Surface CD Cry PS Viget CD Tey CD Show CD Choos		ad - Unlighted ad - Inghted	Roadway - # of Lanes Divided Undivided Asphalt Concrete Gravet	Roadway Chara Control Straight and E Straight and E Straight at Hill Corve and t e Corve and t Corve and Gra Corve at Hillor	evel Stade crest vel ode
	Pre Acci	dent Movement		Unusual Road Condition	106	
V1 V2/6V	71 V2/OV	v1 V2/0	٧	1 140 Unusual Conditio	55	
A U Going Streight D D Making right to D Making right to D Making left tot D making left tot D making left on D Making U Tom	um	g Bus Stop UU U g or stopping in matter UU UI d in traffic UU UI	Changing Lailes Passing Verging Backing Other	Construction in read Construction in read Construction / repair. Loose material on rea Reduced road width Other		
Vehicle Lights	Turn Signals		imated Speed Limit	Direction of Travel	Assider	it / Collision With
No I DO EI ON	No.1 D Left Turn Ca No.1 D Right Turn Ca	Vehicle 1 25 mph. Vehic	cle 1 15 mph	Vehicle 1	Olher Motor Ve	hide ;
No 2 13 (A) (B) (A)	No 1 D Four Ways On	Vehicle 2 mph Vehic	/e.2 mpin	N S(E) W	☐ Bicyclist ☐ Rail Train	
	No 2 III Lett furn On No 2 III Right Turn On No 2 III Four Ways Cr			Venicle 2 N S E W	ØFixed Caject □ Pedestrian □ Animal	
C) Crossing With Signal			<u>I Bicyclist Action</u> ing Highway With Trailic	The second secon	The second secon	
Crossing - No Signal I Crossing Against Sign Crossing Against Sign Crossing - No Signal I Going To / From Step	nal Marked Cresswalk	🖸 Ridzig / Walking Ag	Binst Highway With Tratification of or Behind Parked		□ Working □ Not In F □ Other	· ·
en a constant de la c	Accident Type	er ger vanderen er er ger eigen er en	**************************************	with space x the decomposition above, which is decomposed by $x \in X_{n}(x)$, $x \in X_{n}(x)$, where $x \in X_{n}(x)$, $x \in$	SPP	F 20 7/2015

		Vehicle Acciden	t Report	
				ARE
(1) Backing (1) Selso (1) TBelso (1) TBelso (1) Right Turn (1) Left Turn (1) Bus Rear Fines W (1) Whoolehaft Lift Op (1) Reaf Away (Not S	a Bus peration	C) Passing C) Marging T) Head Co T) Bus (Sight Mirror C) Bus Left Mirror C) Bus Door Operation C) Sudden Step C) Roll Over T) Ron Olf Rosaway	口 Ratinged Crossing 複列性 Pixed Object 口 fot Podestran 口 Fet Animat	Porte Investigated? Cl Yes Cl No Police Department Responding Official Nation (Reage / ID#) Predict # Report # Citations / Arrests Cl Operator 1 Cl Vehicle 2 Cl Bioydist Cl Pedastnan
	Type of Tr		Violations	The fact that the same of the
With Pax Rised Route Charter Para Transit	Without Pax Fixed Rout Charter Pera Trans	■ Non Rev move	Vehicle 1 Towed By: Volicle 2 Towed By:	
Account Description	· ··· · · · · · · · · · · · · · · · ·		and the second s	
Cipera 2145 Cight Visible	ter General Side	Kuns after willed	er leaving stact with a te be push	bus step on UPShur at a tree Bounch, cousing his red out of place, No New
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			and the second of the second o	and the second
			and the second s	Company of the Compan
		=		,
Description of Dam	áge	Company Vehicle	ÀMicamai □ Moderate	□ Ma;or Other Vehicle □ Minimal □ Moderate □ Major
Vehicle 1 is ALWAYS				t of first impact on your vehicle and the other vehicle. Circle areas of other damage.
Arbonialed Bas	Sh 1	nuttie Venirde -▶	828 7	60s 2 Truck Car
LL_T]	Iness / Injured		oing Injury (C. Type of Injury C.	
2	Za		and the surface of a state of the surface of the su	
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				The state of the s
		ا المائد	j	The second secon
Supervisor on Sca	ine? 6 1	Yes □ No S	Supervisor Name (Print)	Dea Boykin
- Carpor Hosel Self (208			en en golden i kinneren i kiske i nede gin in di filipio	A CONTRACT OF CONTRACT CONTRAC
Superviser's Signa	ature 4		Unit Number	Supervisor / Manager Reviewing

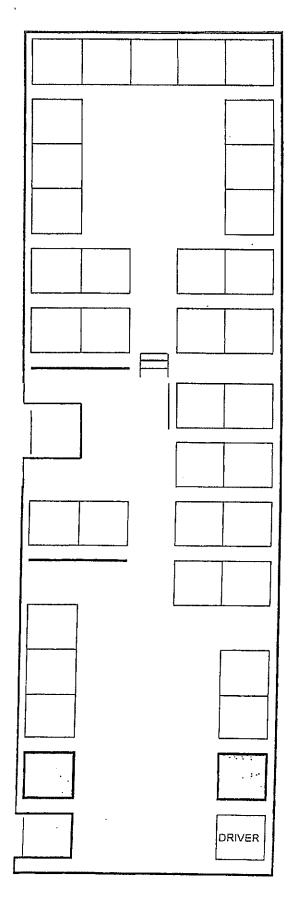
Operator Incident Report Time: Today's Date: Vehicle # Operator Name: Dispatch Safety Dept. Report Submitted to: Supervisor Check One: Passenger Accident Passenger Complaint Reported to Command: (Name) DISATCH Was the incident reported immediately? I did not report the incident immediately because: Did a SQM respond to this incident? \(\sigma\) No \(\sigma\) Yes (SQM Name) \(\sigma\) Date Incident Occurred: AUC 21 2018 Time Occurred: 3 10 PM Do not have actual date or time Date Reported: ALANDUK Time Reported: 3 16 PM ☐ This is a late report Location of Incident LIPSH Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat # Passenger Name: ____ Explain what happened:

Operator Signature: Date Submitted:



(Transdev supervisor's incident report

Date#:	08-21-2018	Time: _	3:10 p	Run: 1202
Operator	#: Jacob Kim	<u> </u>	Division: <u>0124</u>	Vehicle: 6.2.63/
Supervis	or: Don Boy	5,80		
Location	: Upthur st.	@ 39th s	+ ., <i>j</i>	tyotheville Not.
				operator film was
trave	eling on Uf	oshur stree	et, when he	"Hempted to by pass.
all	PS Fruck	while o	loing so he	came in confact with
a tr	ree branch	Causing	his right ou	tside mirror to be
Dush	ed out of	place.	There was 1	toide mirror to be no visible damage.
<u> </u>				
		•		
<u></u>				
· · · · · · · · · · · · · · · · · · ·	Cinnatura # /6/	Bout		



BUS DIAGRAM

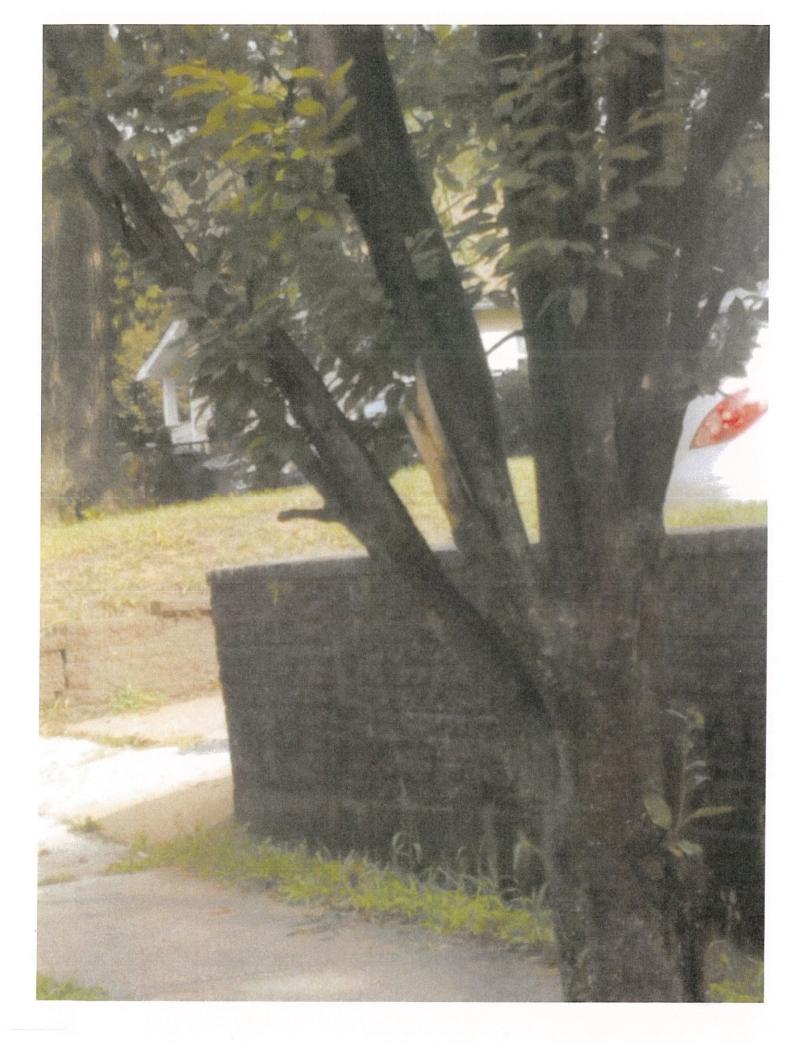
If a passenger is injured, or is possibly injured, or has fallen on your coach use this diagram to mark the appropriate seating/position on the diagram.

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

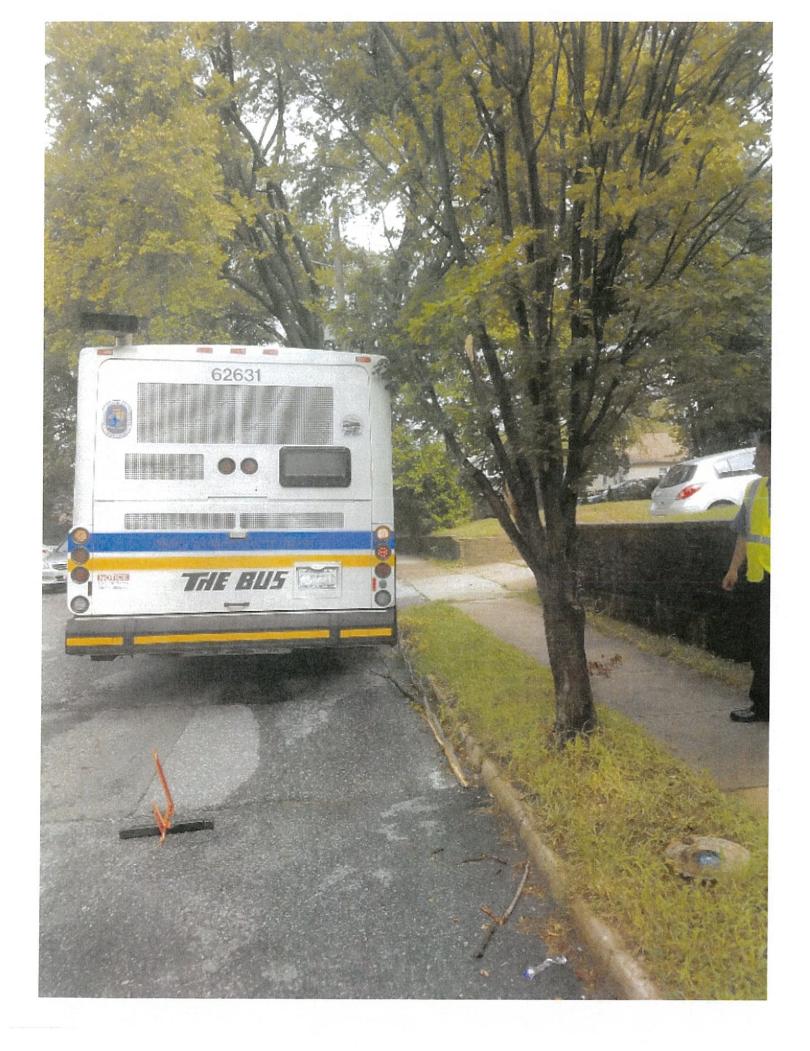
Complete and turn in with accident forms ASAP.

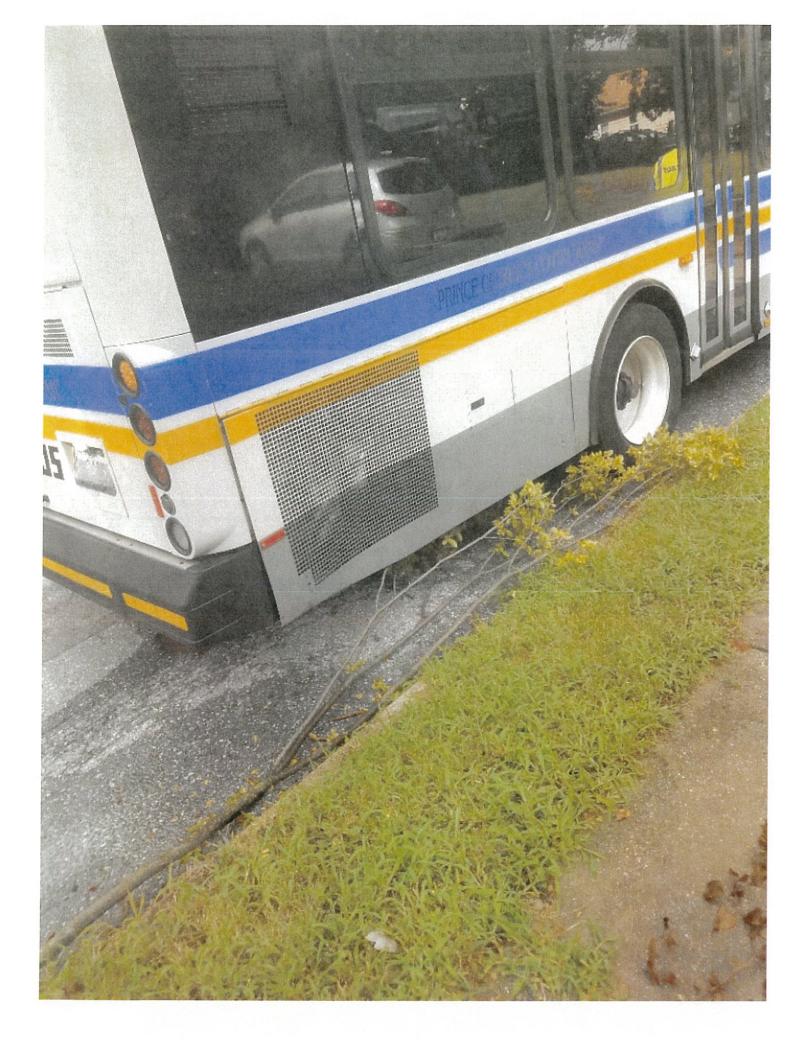
Thank You!

Date: 08:21-30/6 Time: 3 100
Location: Upshurst @ 2941 St
Driver: Jacob Kim
Supervisor: D. Boy Ki a



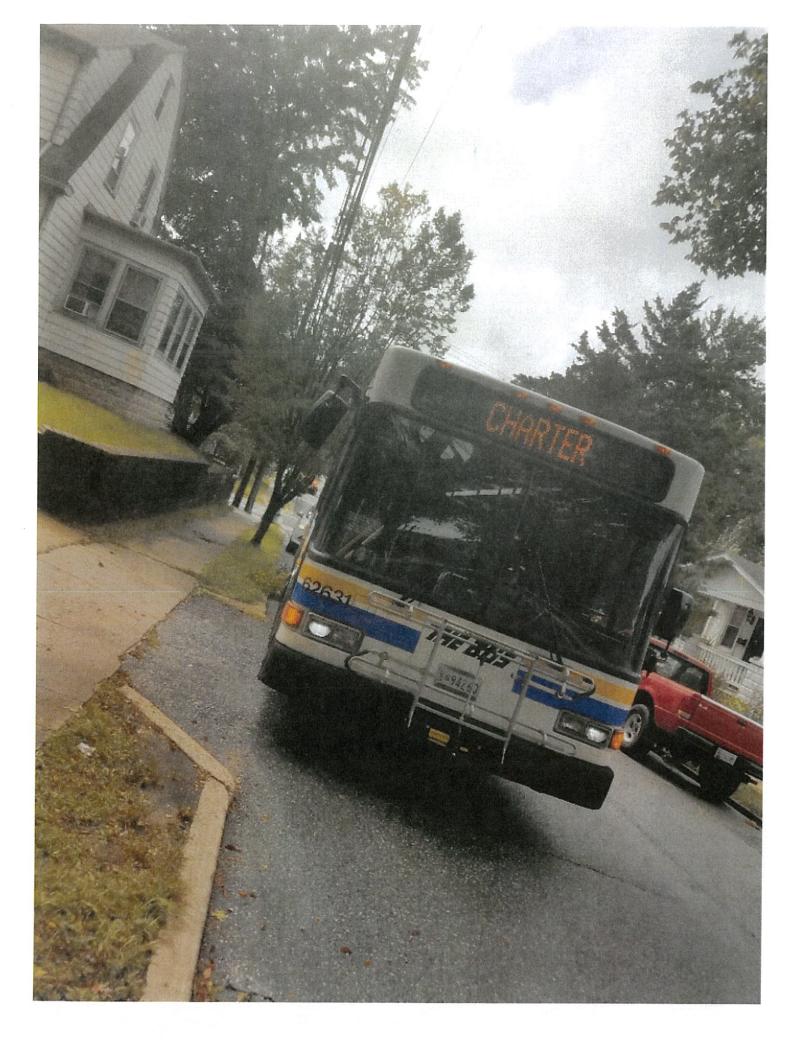


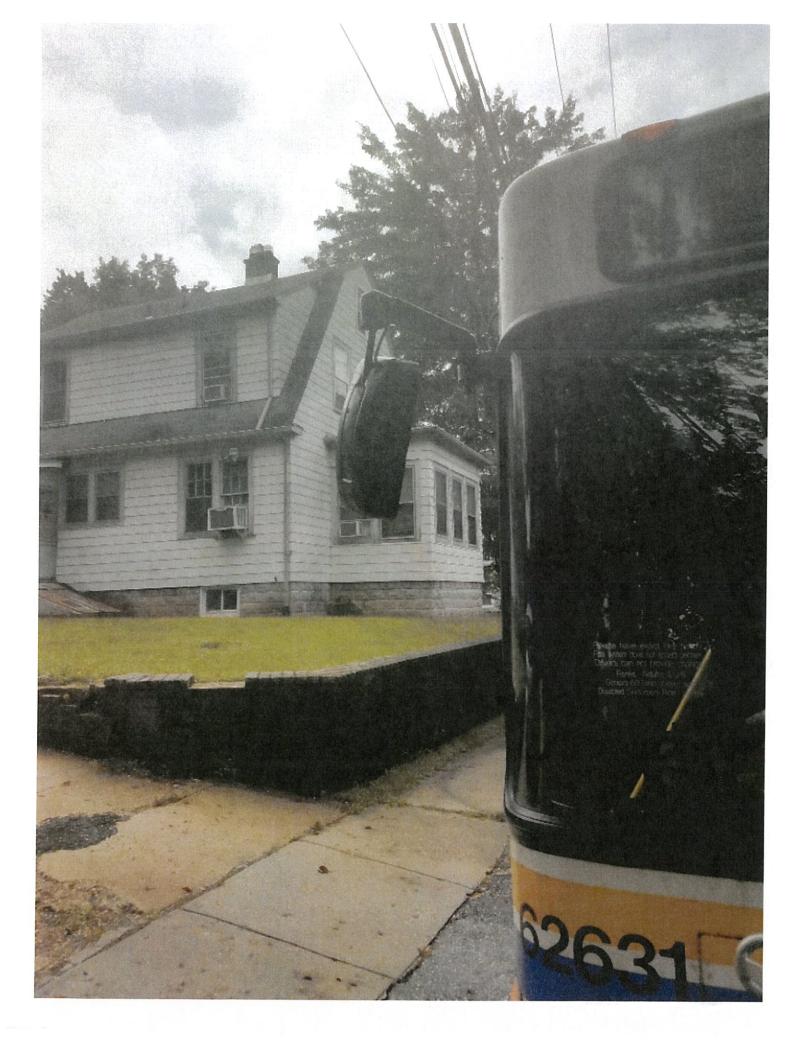
















Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervisor Arrived: 7:23 AM		
Date of Occ	urrence:		8/23/2018		Time of Occurrence: 7		7:10 AM
Weather:	Clear	Day of the	e Week:	Thu	Thursday		N
Location (Cross Stree	t and Town)		Landover R	oad 2 McCormic	k Drive - Upper N	Marlboro, MD	
Route Impact:			2	10 - Minute Delay			
				is itimate belay			
Employee Name:			M	1arcia Whitelocke			
Run#	2:	191	Bus#	63	162	Tag#	LG84953
What happened (Be Specific and Brief):	then ned the s	cene. Police & Supe iı		. Operator contin	**	gation, 4 pat	TOTIS OTI-BOATU, NO
Injuries (if any):				None			
Vehicle Damage			Mirror wa	as pushed in towa	ards bus		
(Check all tha	at apply)	Police	Y	Ambulance	N	Tow	N
Was the Or	parator cont for D	rug/Alcohol Test (\	//NI\.	1		N	
was the Op	perator sent for b	rug/Alconor rest (1		ESSE STREET		IN .	
Notif	ied (Indicate nan	ne and time) GM:		**************************************	W. Thompson (VM) @ 7:16	AM
Supervisor	M. Pı	octor	AGM	J. Modlin (⊚ 7:13 AM	Maint	Ray @ 7:24 AM
Asst. Safet	v Mgr.	R. Jones @	7:14 AM		Dispatcher		D. Terry
County Name and Time:		.			@ 7:15 AM		
(Check o	ne)	Telephone	Х	In Person		(Must be	done within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives							

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Marsaev	SUPERVISOR'S INC	IDENT REPORT	
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Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervisor Arrived: 10:5		D:57AM
Date of Occ	currence:		8/23/2018		Time of Occurrence:		10:42 AM
Weather:	Clear	Day of the	: Week:	Thur	Thursday		: N
Location (Cross Stree	et and Town)		Mt.	Rainer Terminal,	Mt. Rainer Mar	yland	
Route Impact:			No. 3 Person 127 Person	30 Minutes			
Employee Name:		Deborah Woods					
Run#	17	702	Bus#	626	523	Tag#	LG94084
What happened (Be Specific and Brief):		-Carrier designative representation acc					
Injuries (if any):				None	的物理理念		
Vehicle Damage			Anastra and	None			
(Check all the	at apply)	Police] Y [Ambulance	l N	Tow	N
			8 - 1 - 1 - 2 - 2				
Was the Op	perator sent for D	rug/Alcohol Test (Y	'/N):			N	
Notif	fied (Indicate nam	ne and time) GM:			W. Thompso	n @ 10:48 <i>F</i>	AM
Supervisor	M. Pr	octor	AGM	J. Modlin @	10:44 AM	Maint	Ray @ 11:03 AM
	LAST PLEASE						
Asst. Safet	ty Mgr.	R. Jones @1	.0:43 AM		Dispatcher	Te	erry/ Taylor
County Name	and Time:	1		M. Wilson (D 10:45 AM		
(Check o		Telephone	X	M. Wilson @ 10:45 AM 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: 9 3 1 18 Time: 10 35
Operator Name: MS. WCE S Vehicle # U3633 Route # 17
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) DIS PUT CN 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: Time Reported: This is a late report Location of Incident MT Reported: This is a late report
Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat # Explain what happened:
Going Fround Circle at MT Lagrier When 4 Truck made Contact with Bus 10 Dimage Liported

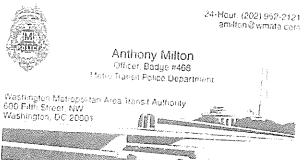
Operator Signature: Ms Locods

Date Submitted: 9 23/18

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	of on compa

SUPERVISOR'S INCIDENT REPORT

Date#: 8-23	Time:	10:49m	Run: .	1702
Operator #: D. Woods	•	Division: <u>0124</u>	Vehicle:	62623
Supervisor: M. Proc7	6			
Location: M+ Rain	ner	bus Term. Hyat	45vill M	20
Address or				
クロス 6762 0月 Description of Event: /he 0月	erator	D. Woods was en	itering t	he
Circle At Mt.	Kain	er terminal (Shen a	. Dassina
truck drop	ped	A(object)fr	om th	é sear
	,	nfact with th		of the
		dent time		
I did'nt	noti	ved 11:12 Am W ce Any dan	rage a	fter
doing my i	valk	around. I	Vieure	d the
		e driver wa		
on time.				<u> </u>
01) 11/11.				
				-
			· · · · · · · · · · · · · · · · · · ·	
Supervisor Signature:		1 / La		



Incident Report Information

Dispatch (202) 962-2121 | 24 hours, 7 days/reek Records (202) 962-2125 8 am -4 00 pm . Mon -Fr-

Reports available 5 working days after incident

-					
Date .	65/23/	/ Ø		<u>.</u>	
Eirsie	A				
Location	Mary H	DUL.	THUTPO		 , .



Safety & Training Department Time Supervisor Arrived: 7:40PM (Check one) Accident Incident Date of Occurrence: 8/27/2018 Time of Occurrence: 6:53PM Weather: Clear Day of the Week: DHD (Y/N): Tuesday Location (Cross Street and Town) Owens Road Oxon Hill MD. Route Impact: 25 minutes **Employee Name:** Quinton Taylor Run# 3351 Bus# 63216 Tag# LG92133 Operator stated that as he was driving pass vehicle # 2 one of the tires from vehicle # 2 came off and made contact with the front of vehicle # 1. The police were called and a supervisor was sent to the location. The were 8 patrons on board What happened and no one was injuried. The operator was able to continue the route. (Be Specific and Brief): Injuries (if any): None Vehicle Damage None (Check all that apply) Police Ambulance Tow Was the Operator sent for Drug/Alcohol Test (Y/N): Ν Notified (Indicate name and time) GM: W.Thompson @ 7:14PM Supervisor D.Boykins AGM K.Jay@ 6:54PM Maint J.W. @ 7:16PM Asst. Safety Mgr. R. Jones @ 7:17PM Dispatcher R.Campbell@ 6:53 County Name and Time: M.Wilson @ 7:12PM (Check one) Telephone In Person (Must be done within 1 hour) Please note the details of this incident will change when the Supervisor Arrives

Operator Incident Report 9:11 Today's Date: 3 Time: Vehicle # 63216 Route # Operator Names Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage Passenger Complaint No Damage Vehicle Incident Report Other I did not report the incident immediately because: Did a SQM respond to this incident? No. Yes (SQM Name) Date Incident Occurred: 926 6 Time Occurred: 7.05 Do not have actual date or time Date Reported: 8/26/16 Time Reported: 105 This is a late report Location of Incident Owens rd Complete a separate Incident Report for each passenger affected by this event. Passenger Name: Passenger ID/Seat # Explain what happened: - was friving up the street and a car was coming down the street car was coming down the street. The driverside who come off and hit the front of the bus No demage

Operator Signature:

Dayhard Cand All He from the fire on the pumpers Sup

Date Submitted: 8/28/14



Date#: 08/23/3018 Time:	7000	Run: 33
Operator # _ S Tail Lor	Division: 0124	Vehicle: 63216
Supervisor: D Boylan		
Location: Cwens Road Address or Cross Street	e Cxon	City & State
Description of Event: according to	C perator Taylo	r as he was
traveling on Civens R	d on the 33	route a vehicle
traveling in the appear	ite direction	rad its front left
wheel come completi	y all, The w	heel itself traveled
across the yellow his	nes a crossed	in front of 63216
Coming in contact w	Hh the buses	right front bump
Causing scuff marks	to the corner	cf the bumper.
No real damage and		
Supervisor Signature: 4 Cu Bould		· -



(Check one)	Accident	X	Incident		Time Supervisor Arrived: 7:35 AM		35 AM
Date of O	ccurrence:		8/29/2018		Time of Occurrence:		7:21 AM
Weather:	Clear	Day of the	Week:	Wedn	Wednesday		N
Location (Cross Stre	et and Town)			Allentown Re	oad & Westche	ster Ct	
Route Impact:				10 Minute			
Employee Name:	Enchological Security		A STATE OF THE STA	Keenan Fitzge	rald		
Run#	30	001	Bus#	632	213	Tag#	LG92213
What happened (Be Specific and Brief):	bus stop. Superv			oard. No claimed			no damage to the bus.
Injuries (if any):	A THE REAL PROPERTY AND A SECOND PROPERTY AN	MINISTERNAL PROPERTY.	STORY OF SHIP OF SHIP OF SHIP	None	district for sales.	RE-ROMATION ASSESSMENT	MAN Charles to an area of the second
Vehicle Damage				No damage	1		
(Check all t	hat apply)	Police	N	Ambulance	N	Tow	N
Was the Ope	erator sent for Dru	ıg/Alcohol Test (Y	(/N):	7 4 4 5 5 4		N	
				est and the first to			
Notifi	ed (Indicate name	and time) GM:		506. (856-945-0.03) (10) (615)	Wesle	ey @ 7:33 AM	
Supervisor	R. Gr	reen	AGM	J. Modlin @	9 7:24 AM	Maint	Oneal@ 7:34 AM
Safety Mgr. & As	sst. Safety Mgr.	Robyn@ 7:25 AM	<u>M</u>		Dispatcher	Pro	ctor/ Taylor
County Name	e and Time:]		Marsha W	Vilson @ 7:30	AM	
(Check one)		Telephone	X	In Person		(Must be	done within 1 hour)
Please note the details of this incident will change when the Supervisor Arrives							

Operator Incident Report



Today's Date:	1=1/12	Time: ? > ~ (
Operator Name: //	Ernen Filigand	Vehicle # Route #
Report Submitted to:	Supervisor Dispato	ch Safety Dept.
Check One: Passer	nger Accident Passeng	ger Incident Passenger Injury Vehicle Damage
Passenge	r Complaint No Dama	age Vehicle Incident Report Other
		Reported to Command: (Name)
I did not report the incid	dent immediately because:	
Did a SQM respond to t	his incident? No	'es (SQM Name)
Date Incident Occurred	: Time Occu	urred: Do not have actual date or tim
Date Reported:	Time Reported:	☐ This is a late report
Location of Incident	10x1 + 10.	*
Complete a separate Inc	cident Report for each passe	enger affected by this event.
assenger Name:		Passenger ID/Seat #
Sile or my	Then	for of week site super The
		the way to the state of the state of
- tr	7	
450		



Date#:	5/29/18	Time:	725,211		Run: 3001
			Division: 0124	Vehic	e: 632/3
Supervis	sor LOERT	GIEEN			
Location			KSKinle CT	Teryle H	116 m)
		ress or Cross Street		City & State	
	1	7			213 ROUTE 3001
- fateo	d while a	de ung en	Allentoun X	Dr BENKShin	E CT A
T. CK	up truck	made con	StreT wth	the drives	side MILKER
Spor	ing Ann	IAI I CON	ducted In	pretion et	the mirror
And	there wit.	s No damas	e found	Openation.	w. 13 Able to
	time in				
				na na	
			+		
Sunenvienr	Signature	1			



Safety & Training Department

(Check one)	Accident		Incident	Х	X Time Supervisor Arrived: 7:25 PM			
Date of O	ccurrence:	4/26/2019			Time of Occurrence:		7:10 PM	
Weather:	Clear	Day of the	Day of the Week:		day	DHD (Y/N):	N	
						2112 (1711)		
Location (Cross Stre	Location (Cross Street and Town) (Suitland Metro Station), Silver Hill Road @ Suitland Parkway, Suitland, Maryland							
				and the second	e sartaria ran	kway, saraane	z, iviaryiana	
Route Impact:				1 - Missed Pull				
Employee Name:				Robert Knox				
Run#] 34	152	Bus#	626	322	Tag#	LG94083	
				920		тади	EG94083	
What happened (Be Specific and Brief):	As the operator was letting a patron off at Capital Crossing Apartments, a female patron that was on the outside of the bus throw a rock and it hit the Operator in the right eye while he was sitting in the driver's seat. Supervisor, Police and Ambulance was dispatched to the location. There were no patrons on the bus. There were injuries to the Operator's right eye. The operator refused medical attention and was transported to Prince George's Hospital by an Supervisor.							
Injuries (if any)				P. L.				
Injuries (if any):				Right eye				
Vehicle Damage				None				
(Check all t	hat apply)	Police	Υ	Ambulance	Υ	Tow	N	
Was the C	perator sent for D	rug/Alcohol Test (Y	'/N):			N		
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 7:45 PM		
C	5.0		014					
Supervisor	D. Bu	itier	OM	M. Ja	mes	Maint	Donald @ 7:54 PM	
Safety Su	pervisor	S. For	rd		Dispatcher	р). Boykin	
County Name	e and Time:			M. Wilson (⊋ 7:50 PM			
(Check one) Telephone		Telephone	Х	In Person		(Must be	done within 1 hour)	
Please note the details of this incident will change when the Supervisor Arrives								



SUPERVISOR'S INCIDENT REPORT

Date#: $\frac{1}{26}$ Time: $\frac{9}{2}$ $\frac{9}{2}$ Run: $\frac{345}{2}$
Operator #: Division: 0124 Vehicle: 62622
Supervisor: Dearte Butter
Location: 3930 Suitland Rd Suitland MD 20746 Address or Cross Street City & State
Description of Event: Operator Knox was letting off a patron
and once the patron got off the bus another patron
was standing at the door with a rock behind her back
The patron threw the rock at operator knox and struck
him in the right eye and cheek. Knox had a by
laceration above his exe and cheek. He was bleeding
very havy. I took the operator to P.G. Community
Hospital to the travana Center. P. G. police was dispatched
to the scene.
,
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•
_
Supervisor Signature:

Opena on Incident Reports to Branch and Control of the Control of
Today's Date: 4-3-19 Time: 18:15 9.M.
Operator Name: Flyene, Shelton Vehicle # 63142 Route # 20
Report Submitted to: Supervisor Dispatch Dispatch Dept. Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Darmage
Passenger Complaint No Damage Vehicle Incident Report Other
Was the incident reported immediately? Reported to Command: (Name)
I did not report the incident immediately because: I wanted to Report it to base in person
Did a SQM respond to this incident? No Yes (SQM Name)
Date Incident Occurred: 4-3-19 Time Occurred: 18:15 PM Do not have actual date or time
Date Reported: 4-3-19 Time Reported: 20°10800 This is a late report
Location of Incident ASSISON ROBA Metro Station
Complete a separate incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat#
Explain what happened:
18:10 OR 18:15 pm. I gul my Bus 119 to the 20th Bus
Stop Aid I open the Dors to the Bus to let the customer
on the Bus And when the customers abroad my Bus they begin
Bus fare. I then got up out of my seat and asked them
to pay this fare And this when one of the customer
threater me that saying he don't have to Pay and that he will
Purish me it I say something to him again about PAYING
Histories
715

Operator Signature: Lugure Shettor

Date Submitted: 4-3-19 SPP FR Rev 5/2015



Safety & Training Department

(Check one)	Accident		Incident	Time Supervisor Arrived:8:52 AM						
Date of O	ccurrence:		4/3/2019		Time of O	ccurrence:	8:16 AM			
Weather:	Clear	Day of the	: Week:	Wedi	nesday	DHD (Y/N):	N			
				495.016						
Location (Cross Stre	eet and Town)	1								
	50 95 Kg (20 85) 98 52 F	Zinglestra Dans				e consolication in est				
Route Impact:	erseld Process Fallersed of Police and Superior of Company (Superior Superior Superi	American control of the control of t	taka minin kinin Kinin Marin Marin Kalansa (Marin Marin Mari	1 Pull	(Contractor and Contractor and Contr					
Employee Name:	on de la lacte de la celore T	VERONICA BALDWIN								
Employee Walle.			VL	RONICA BALDWI						
Run#	32	01	Bus#	62	645	Tag#	LG94081			
What happened (Be Specific and Brief):	While standing	g up on bus 62645	Rt 3201 a patro	on fell and hit his location.	s kneė. And a su	pervisor was disp	atched to the			
Injuries (if any):				1 patron						
Vehicle Damage				NONE						
(Check all t	hat anniul	Police	N	Ambulance] N	Tow	N			
(Crieck Mil.	iller uppry			I Ambulance] 1040				
Was the C	Operator sent for Di	rug/Alcohol Test (Y	//N):	and the second of the second o		N				
Not	tified (Indicate nam	e and time) GM:		J. Modlin @8:25 AM						
F-1 (200) SET ESTE					e de la companya de					
Supervisor	R.GR	EEN	AGM	B. Riyad @	9 8:23 AM	Maint				
] ,; ; ·,				
Safety Tra	ining Sup.	Bud @8:2	ZZ AIVI		Dispatcher	V.Taylor/	M. Proctor			
County Nam	e and Time:			M. Wilson	@ 8:30 ÁM	7.00				
(Check		Telephone	Х							
Please note the details of this incident will change when the Supervisor Arrives										

Operator Incident Report Time: Today's Date: Vehicle#_(Operator Name: Dispatch Safety Dept. Report Submitted to: Supervisor Passenger incident Passenger injury ☐ Vehicle Damage Check One: Passenger Accident No Damage Vehicle Incident Report Mother Passenge Passenger Complaint Reported to Command: (Name) Was the incident reported immediately? 1 I did not report the incident immediately because: Did a SQM respond to this incident? No No SQM Name) SUP Time Occurred: 8:13 Do not have actual date or time Date Incident Occurred: Time Reported: 8.13 This is a late report Location of Incident W Complete a separate incident Report for each passenger affected by this event. Passenger ID/Seat# Passenger Name: Explain what happened:

Operator Signature:

Date Submitted



Transdev supervisor's incident report

Date#:	4.3.19		Time:	8	AM.		R	un:	3211
Operator	Baldu	لم ۽ د		Đ	ivision: <u>0124</u>		Vehicle:		2645
Supervis	ior: Robe	at er	ieerl						3201
Location	: Kalergi	120/	56500	51	1Em	ple Hills	mo		
Loudion		Address or	Cross Stree	et		City	& State		
Descripti	ion of Event:	Upon p	Dy ARK	iVAL -	to bus	62643	5 OPER	rton	w
BA/dw.	i'N ON.	the 32	or Ros	ete.	THE ,	male "	PATRONS	رس	tu Stated
that	he had	I hurt	- his	KNEE	on the	= Sent	Ruil hr	1	ete Stated departed
the	SCENE.	But	Stated	.40	MS BA	1 desir	thoit	he	WAS OK.
									
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Sunerviso	r Signature	$\gg /$ /		-					



(Check one)	Accident		Incident	X	Time Superviso	11 AM	
Date of O	ccurrence:		4/4/2019 Time of Occ			currence:	9:19 AM
Weather:	Clear	Day of the	Day of the Week: Thursday			DHD (Y/N):	N
Location (Cross Stre	eet and Town)		Water S	treet @ Main Stre	eet - Upper Marl	boro, MD	
Route Impact:				1 - Missed Pull			
Familiaria Nama:				Jahn Dallatan			
Employee Name:				John Poliston			
Run#	20	004	Bus#	626	525	Tag#	LG94269
What happened (Be Specific and Brief):	Operator stated that male patron insisted that the operator board him at an unauthorized stop. Operator would comply and the male shattered the front door glass with his fist. Supervisor and Police dispatched to assist. F Supervisor Investigation; 3 patrons on-board, no injuries claimed, police apprehended the male. Switched bus of operator continued in service.						ned to assist. Per
Injuries (if any):	None						
Vehicle Damage	None						
/Charles III.		Police	Υ	Aughulauaa		-	N
(Check all t	пас арріу)	Police		Ambulance	N	Tow	N
Was the C	Operator sent for D	rug/Alcohol Test (Y	//N):			N	
Not	ified (Indicate nam	e and time) GM:			J. Modlin	@ 9:20 AM	
Supervisor	B. Ogundeko OM D. Terry Maint Oneal @						Oneal @ 9:30 AM
Safety IV	lanager	B. Dunh	nam		Dispatcher	1	D. Terry
Out to the second	J. Samuel S. Sam						
County Name	e and Time:			M. Wilson (	@ 9:30 AM		
(Check	one)	Telephone	Х	In Person		(Must be	done within 1 hour)
Please note the details of this incident will change when the							

#### Operator Incident Report



Today's Date: 4 4 2019 Time: 10.103  Operator Name: 17.44 10/1574 Vehicle # 62.625 Route # 2004
Operator Name: 10/15714 Vehicle # 62625 Route # 2004
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? //es Reported to Command: (Name)
I did not report the incident immediately because:
Did a SQM respond to this incident? No Yes (SQM Name) Lots.
Date Incident Occurred: 4/11/19 Time Occurred: 9,12
Date Reported: 4/07/19 Time Reported: 9:12
Date Reported: 4/07/19 Time Reported: 9:12  This is a late report  Location of Incident Water st & Hain front of (2/11)
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
Explain what happened:  # While Waiting For the Traffic light  A YOUNG Black Man ASK Rue To Ofen door so he (CAN get in , I Said NO. Thish He flit  Front door Will an OBJect and Broke IT.
Operator Signature: Date Submitted: 4/4/19 SPP/F.8 Rev 5/2015

#### Vehicle Accident Report Police Investigated? ETYes ☐ Backing ☑ Passing ☐ Railroad Crossing Police Department Responding ☐ Merging ☐ Head On ☐ Sideswipe ☐ Hit Fixed Object ☐ Hit Pedestrian · ☐ T-Bone ☐ Bus Right Mirror ☐ Bus Left Mirror Officer Name (Badge / ID#) Right Turn ☐ Hit Animal □ Left Turri 9040400000060660 ☐ Bus Door Operation Precinct# ☐ Bus Rear Ends Vehicle ☐ Vehicle Rear Ends Bus ☐ Sudden Stop ☐ Roll Over Citations / Arrests ☐ Operator 1 ☐ Vehicle 2 ☐ Bicyclist ☐ Pedestrian ☐ Wheelchair Lift Operation ☐ Roll Away (Not Secured) ☐ Ran Off Roadway Violations Type of Trip Without Pax ☐ Business Trio With Pax ☐ Fixed Route ☐ Fixed Route ☐ Errand Vehicle 1 Towed By: □ Charter □ Charter ☐ Non Rev move ☐ Para Transit ☐ Maintenance ☐ Para Trensit Vehicle 2 Towed By: Accident Description ☑ Minimal □ Moderate Company Vehicle ☐ Major ☐ Moderate Description of Damage Place an X on the exact point of first impact on your vehicle and the other vehicle. Circle areas of other damage, Vehicle 1 is ALWAYS Your Vehicle. Articulated Bus Shuttle Vehicle Bus 1 Truck Car Name of Witness / Injured Claiming injury? Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit # Age Supervisor on Scene? ☐ Yes □ No Supervisor Name (Print): Unit Number 61 2-4 Supervisor / Manager Reviewing Supervisor's Signature SPP F.20 7/2015

#### Vehicle Accident Report



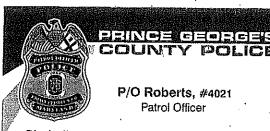
Operators CDL	# / Exp Date			Valid DOT	Med Card No	/Exp	Date			Acciden	Report#	404	 4 δο	0 O C	660
Accident Dat		Veek	Time	of Accident	# of Vehi	cles	SmartDrive Trigger			:d	Scene	Phot	os	Substan	ce Abuse Tes
Month Day Yo	g Thurs	relenz	10	:03	i		Π.	Yes	⊟No		⊠*Yes	F	l No	Π,	∕es □ No
		OMPA	NY )	VEHICLE	1						OTHER	PART	Y	1979	
Operator Name (Exac	clly As Printed On Li	cense)	`			· ·	□Ve	hicle 2	ΠВ	cyclist	□ Pedes	strian '	□ Fixe	d Object	□Pax Fall
Address (Include Nun	<u> </u>			Apt#			Name (Exact)	y As Printe	d On Lice	nse)					
City or Tosyn		T	State	Zip			Address (incit	ide Numbe	er & Streel	)			Apl#		
Employee ID#	Date of Hire	)		Student Driver	? Y/N		City or Town			State			Zlp		
# of Cards	# of Occupants	#Seale	d	# Standing	<del>,,</del>		Dale of Birth	Sex			Driver's Licer		tijo. Slate		# of Occupanis-
Bus ID# Plate	<u> </u>	State	Vehicle*	Year / Make			Insurance Co	1 1	IM □ F	K Exp Da		INo			
								$\mathcal{L}$	Λ,						
Vehicle Type	•	Roule #	& Run#				Name (Exactly	:As Prinie ۸ سسسسناسه	d Registra	(lon)					
ViN		<u> </u>					Address (Incl.	de Numbe	er & Street	)			Apt#		
Insurance Co		Policy#	& Expiration	n Date			City or Town			State			Zĺp		
Address/Street on w/h	<u></u>	oration of	Accident cui-	water	dung		Plate#	State	Y	ear & Mak	e of Vehicle		Vehicle Typ	10	Color
At intermedian with							VIN		I						
☐ Not at Intersection	NY A-F	eet N S	E W of	N7 d	<del>.</del>		Telephone#								
☐ On Roadway	□ Off R		-												
At Bus Stop? □ Y	es EHVO (if)	res) □ No	ear Stop	□ Far Stop □	1Mid-Block st	lop									
15//-	Cu-faaa			Tunkla Caut			nental Condit	ons	Pand	# -	.fl.amaa	Dage	luar Char		
Weather G Clear	<u>Surface</u> ☑ Dry			Traffic Contr ☑ Stop Sign	EHD:	aylight			<u>□</u> -101	vided	of Lanes	Z SI	lway Char raight and	Level	<u>:5</u>
☐ Cloudy ☐ Raining	□Wet □ Icy			☐ Yield Sign ☐ Traffic Sig	nal 🗀 Di	usk	□ As			☐ Undivided ☐ Straight and Grade ☐ Asphalt ☐ Straight at Hillcrest					
☐ Snowing ☐ Foggy	☐ Snow ☐ Other			☐ Flagman ☐ Uncontrol			ad – Unlighted ad - Lighted		□ Co □ Gr	ncrete _			urve and Lurve and G		
□ Other □ Other □ Curve at															
V1 V2/OV		<u>Pr</u> V1 V2/0	Carlo San Property Control	t Movement	V1	V2/0	V				Conditions Conditions				
TO Deliver Observable About The Tollier Day Ofen									☐ Holes / Deep Rut ☐ Obstruction in road						
Making right ium					Passing	7.5	□ Co	nstruction	n / repair zon	ie					
☐ ☐ Making lef☐ ☐ making lef	t lurn		Stopped in Parked				Merging Backing		□ Re	educed ro	rial on road ad width				
☐ ☐ Making U				bject in road			Other		ㅁᅃ	her					
Vehicle Lights	<u>Tu</u>	n Signais		Posted Spe			Imated Speed	•	Dir	ection of	Travel		Accid	ent / Coli	sion With
No 1 2 On 🗆 Of		Left Turn C Right Turn		Vehicle 1	mph	Vehi	de 1 15	mph		Vehicle		□ Oli □ Bio	her Motor '	Vehicle	
No 2 □ On □ Of		Four Ways		Vehicle 2	mph	Vehi	de 2	mph	'	V(S) E		□Ra	il Train ed Object	. /رم	
	No 2 □ I No 2 □ I No 2 □ I		On [						ı	Vehicle V S E		□ Pe □ Ani	destrian	17 8	3
☐ Crossing With Sig				177			/ Bicyclist Acong Highway V	_	ie						
Crossing - No Sig	jnal or Crosswalk		4 ) A	_ 🗆	Riding / Wall	king Ag	ainst Highway	With Tra	iffic	2	1 A-			ing / Worl	ing On Vehicle
☐ Crossing Against ☐ Crossing - No Sig	nal/Marked Cross	swalk	r.( "		Playing In Ro	oad	ront of or Beh		ed Cars					n Řoadwa	
[] Going To / From	Stopped Bus				Getting On /	Off Ve	hicle Other Th	an Bus							7/2015
		Acciden	t Type		<del></del>										



year Transportation has changed in name to historian.

#### Supervisor's Investigation Report

Date: 4/4/19 Time: 101.03 Run: 2004
Operator: John Polistin Division: 0124 Vehicle: 62625
Supervisor: Padacle Que
Location: Man Waster Street Upper Markows.  Address or cross street City & State
Description of Event:  On Throway April 4th approximately 10:030.
an unamouni para punchad front door of
Bus. 62628 and Shattered the glass of the
Savaca front door
However, the paron in quastin come
back to board on Bus 62625 bouts openfor called
the police and later composited the potron for
butting to glass down, lost later ran of the Bus,
got Chasad by the Police but no whom to
be fame. Those were 5 potents total on boom
2 left after the incident but 3 vernain
Connected to another Rute 20 to Continue to
teni destruction
Supervisor Signature:



District II 601 Crain Highway Upper Marlboro, MD 20772

Tel: 301-390-2100

COURAGE-EXCELLENCE-INTEGRITY

CASE NUMBER
PP190404000000000



#### Operator Incident Report

Today's Date: April 6, 2019 Time: B: 05 PM
Operator's Name: Mich ael Greente Vehicle #: 63215 Route #: 2173
Report Submitted To: □Supervisor 図Dispatch □Safety Dept.
Check one:  口 Passenger Accident  口 Passenger Incident  口 Passenger Injury  凶 Vehicle Damage
☐ Passenger Complaint ☐ No Damage Vehicle Incident Report ☐ Other
Was incident reported-immediately? Reported to Dispatch (Name) Mg_/
l did not report this incident immediately because:
Did a Supervisor respond to this incident? [] No [XYes (Supervisor) MS. Camp to []
Date Incident Occurred: Aprilgio Time Occurred: 5-05PM Do not have actual date or time
Date Reported: $April8, 2019$ Time Reported: $5.05PM$ $\square$ This is a late report
Location of Incident Admine Andwick Rd. and Andwick flace, New Carrollton, MD  Address or cross street  City & State
Complete a separate incident Report for each passenger affected by this incident.
Passenger Name: Passenger ID/Seat#
Explain what happened: I was driving on Andmore and Andmick Rd. who
the minnon, convex only, fell off.
Operator Signature: Michael Dehle Date Submitted: April 8, 2011

JY TOISORY SUPERVISOR'S INCIDENT KEPOKI	
ate#: $\frac{4 8 19}{100}$ Time: $\frac{6.05pm}{100}$ Run: $\frac{3173}{100}$	
blabant Guerentes	
( 1) ( am h p)	
ocation: Ardwicks Arthmore Drive New Carrolton M.	).
Address or Cross Street City & State	
COMMINION OF EVANT 1 // 1 // 1 // 1	<u> </u>
he right side convex mirror Pell Off.	
	<del></del>
	<u></u>
•	
pervisor Signature: Londa Campelle	
- I II	



(Check one)	Accident	х	Incident		Time Supervisor Arrived: 3:00 PM				
Date of O	ccurrence:		4/15/2019		Time of Occurrence:		2:24PM		
Weather:	Clear	Day of the	e Week:	Mon	ıday	DHD (Y/N):	N		
Location (Cross Stre	eet and Town)		Marlboro	Pike & Silverhill I	Road , District H	eights MD.			
Route Impact:		None							
Employee Name:				Arletta James					
Employee Name.		Charles and the second		Arietta James					
Run#	24	52	Bus#	631	.40	Tag#	LG81824		
	- Lance	that as she was dr							
What happened	there on the scene	e and an ambulance	e was called. A s	supervisor was dis board.	spatched to the	location. Ther	e were 6 patrons on		
(Be Specific and				роага.					
Brief):									
Injuries (if any):				Seizure					
Vehicle Damage				None					
(Check all t	hat apply)	Police	Y	Ambulance	У	Tow	N		
Was the (	Operator sent for Di	rug/Alcohol Test ()	(/N):	HATTEN TANK		N			
		28/							
No	tified (Indicate nam	e and time) GM:			A.G.K.Jay	@ 2:35PM			
<u> </u>									
Supervisor	Ta	yo	OM	M. James@	y 2:35PW	Maint	Ray @ 2:39PM		
Safety N	lanager	S.Ford@2	:38PM		Dispatcher R.Campbell				
	THE STATE ST								
County Nam	e and Time:			M. Wilson	@ 2:37PM				
(Check	neck one) Telephone X In Person (Must be done					done within 1 hour)			
Please note the									
details of this incident									
will change when the Supervisor Arrives									

Operator Indident Report
Today's Date: 4/9/9 Time: 224P  Operator Name: 4/9/9 Vehicle # 140 Route # 2450
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle 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 Yes (SQM Name)  Date Incident Occurred: Time Occurred: Do not have actual date or time  Date Reported: Time Reported: This is a late report
Location of Incident S1 DEV HTTLL & MAY POYO PICE  Complete a separate Incident Report for each passenger affected by this event.
Explain what happened: Passenger had Serzure, Police  was flagged down by another passenger  then, I called Ambulance and they came  and took passenger to hosiptal
Operator Signature: Date Submitted: 5PP F.8 Rev 5/2015



Safety & Training Department

(Check one)	Accident		Incident	X Time Supervisor		r Arrived: 12:08 PM			
Date of Occurrence:			4/18/2019	Time of Occ		currence: 11:55 AM			
Weather:	Clear	Day of the	• Week:	Thur	sday	DHD (Y/N):	N		
		and the state of the state of							
Location (Cross Stre	et and Town)		Temple H	lill Road @ Farme	er Drive - Temple	Hills, MD			
Route Impact:		<u> </u>	4	45 Minute Delay					
Employee Name:				Bonita Curry					
Run#	350	02	Bus#	r 632	09	Tag#	LG92102		
What happened (Be Specific and Brief):	_	lass of the front do	d, police detains		us 63209 return				
Injuries (if any):		51401 544 14 64 14 February 1975 14 44 14 1		None		remane grane standers en			
Vehicle Damage			Glass of t	front door is shat	tered				
(Check all th	nat apply)	Police	l n I	Ambulance	Y	Tow	N		
	perator sent for Dr	to de la companya de	//N):			N			
Supervisor	K. Als	ston	AGM	R. Bandak @	) 11:59 AM	Maint	Ray @ 12:09 PM		
Safety	Mgr.	B. Dunham @	) 12:03 PM		Dispatcher	V. Taylor			
County Name and Time:			ı <b>1</b>	M. Wilson @ 12:04 PM					
(Check one) Telephone X			Х	In Person		(Must be	done within 1 hour)		
Please note the details of this incident will change when the Supervisor Arrives									

Operation in Gladen is Report
Today's Date: 418 2019 Time: 12:24  Operator Name: Bon 1 2 5. Cuvyy Vehicle # 63209 Route # 35
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Darmage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the incident reported immediately? Reported to Command: (Name)
Did a SOM respond to this incident? No Yes (SOM Name)  Date Incident Occurred: 4/18/2019 Time Occurred: 11:45  Date Reported: 4/18/2019 Time Reported: 11:50  Date Reported: 4/18/2019 Time Reported: 11:50  Location of Incident Temple Hill Rd. Williams Rd (Cross Land High School)
Complete a separate Incident Report for each passenger affected by this event.  Passenger Name:
waiting for the bus for a long time. He stepped on to the bus
Just the music down he want and sat in the rear of the bise. I would to him to turn the misic down. He got upset started ranting again and Kicked the Glass. Police apprehended the Subject for Arrest. Supervisor Alston Responded to the Scene. Northing further ensued

Operator Signature:

Date Submitted:

Ttransdew	
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## SUPERVISOR'S INCIDENT REPORT

Date#: 4/18/19 Time: 11:45 AM Run: 3502
Operator #: Bonita Curry Division: 0124 Vehicle: 63209
Supervisor: Alston
Location: Temple Hill Rd @ Farmer Dr Temple Hills MD  Address or Cross Street, City & State
Description of Event: When I arrived at bus 63209 the front door
Lower glass was Cracked: after speaking with operator Curry
She stated that a male patron got on her bus playing
loud music she then ask the patron to turn the music
down as he was walking to the rear of the bus. The
patron then walked back to the front of the bus and
exchanged words with operator curry and after exiting the
bus Kicked the front door causing the glass to Shatter.
Police detained the patron at padgetts corner
· · · · · · · · · · · · · · · · · · ·
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The state of the s

#### Operator incident Report



Today's Date: 4/22/19	Time: // 15 Am
Operator Name: M. Wolf-e	
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? 188	Reported to Command: (Name) OM / GM
I did not report the incident immediately because:	N/H
Did a SQM respond to this incident? No Yes	(SQM Name)
Date Incident Occurred: 14/22/19 Time Occur	red: 11.15Am Do not have actual date or time
Date Reported: 4/22/19 Time Reported: 1	This is a late report
Location of Incident Denise T	rive
Complete a separate Incident Report for each passen	ger affected by this event.
Passenger Name: UWCWWW	Passenger ID/Seat# www.
Explain what happened:	•
Explain what happened. PASSengh is	uns past by today
due to her threater	
Sia Fety is fivet .	
	with this prosengire.
	If she wonds to vide
	c transportation,
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	NOTHICATION
- CIVIO	THECHILO
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	When the state of
	62/10
Operator Signature: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	124101

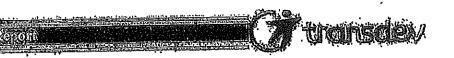
#### **Operator Incident Report**



Today's Date: 2 22/19 Time: 1/-45c  Operator Name: MACOIF 1)else 2 Ovehicle # (03)19   Route # 1302
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? Tes 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: 2/22/19 Time Reported: 11-45 This is a late report
Location of Incident P. C. Male
Complete a separate Incident Report for each passenger affected by this event.
Passenger Name: Passenger ID/Seat #
rassenger Name.
Explain what happened:  Fair and She refuse to pay I  didn't ash her to Get or the bys  but the She Start arguing  Therefore  Therefore  Invided
Operator Signature: May Date Submitted: 4-22-20/8

	Transder Superry Sors INCIDENT REPORT  Time: 11-95a Run: 1362.  Specific Helgardi Maggre Division: 1124 Vehicle: 65171  Specifor: Bob John Djulent  City & State  Address or Cross Street  City & State  Perry Constant  Du Monday April 22nd 2019  Perry Constant  Perry Constant  Per a greatent on Paus 65191 dans to a little  for a greatent on Paus 65191 dans to a little  tangian about Purture Sagar Super 1500'S  arrival the Patrin Sagar Super 1500'S  arrival the Patrin or greaten almost					
Or tu	ansdev	Super	rvisor's	incide	ent repoi	RT
Date#:	1/29/19	Time:	11:45		·	Run: 1302
Operator#:	Jel	Jacki Mag	gre Divisi	on: <u>0124</u>	Vehicle:	6319/
	; A .	2.500	Dh \$ . 1 . 1	gy.		
Location: _	East 1	W-et () ess or Cross St	reet .	7 P. a	City & State	Millerille
Description	of Event:	· 0 u ·	Morelay	. Apri	22 mg 3	0 910
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· Supervisor Signafure:



Operators CDL#1	Exp Date		Valid DOT □ Yes □		Y Exb r	late		Addition	r izehn) ra	·		
Accident Date	Day of Week	Time c	f Accident	# of Vehi	cles	SmartiDriye	é Trigi	jered	Scen	e Photos	Substance	Abuse Tested
Month Day Year	1					DZ Yes	口	Na	I Yes	□ No	VZ YE	es 🗆 No
4/19	MONDAY	-619/5	102 Mm	1		gaz estare -		- इस्ट्रमान्	ATUED	PARTY	राष्ट्रा । सन्दर्भ भा	न प्रस्तुवारस्य अस्ट
Operator Name (Exactly A	COMPAT As Printed On License)	MX 5.	<b>УЕНЮШ</b>		1, 111	iz Vehicie	ا و				k <b>éd Ó</b> bject	ElPair Fall
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Address (Include Humber	. ZE 11	St	npı» .			MA	rak	' 6 t	TRUE	$\nu$		
City or Town		State	Zip	٠, ۵		Address (Include No	imber & OD Y		n Call	Apl	₹	
Employee D#	Dale of Hire ,	MD	Student Drive	20 27 YIN		Client Town		State	y resu	Zip	20787	
	2/21/99		l trate the	•		Dala of Birth	<u> </u>	<u> </u>	Driver's Lid		Slate	#of Occupants
#of Cards #c	of Occupants 1 #Seele	d .	#Standing			10 SL		ПF		EINo	MD	
· Bus D# Plaks#	Sia(a	Vehicle	Year / Make	//		Imprança Co	<b>J</b>	olicy#&Exp!	)ale	/	- <del>''</del>	
K2637 LG		& Run#	211 611	119		Name (Exactly As I	Printed F	egistration)	M IX		51	•
Vehicle Type	[	703.		<i>'</i>		Dr	T) n	sastm	Mon	12 HM	1957 V	<del>, .</del>
VIN	FB2715	RII	798	18	•	Address (Include N		(Sircel)	1/18	, lab	1#	
Insurance Co	Policy#	& Expiratio		·1/		City or Town		State	<u> </u>	Zij	1	
old Keps	blic Mu	1B Accident	21268		4_	Protest St	nto	Year&M	ake of Vehicle	i Veh	de Type	Color
AddresalStreet on Vibioh	accident occurred Bo	Ho A	VES KA	rie Ro	<u>,                                    </u>	1001						<u> </u>
Atinjersection with					-	VIN 544	08	4B	MF	604	7/46	<u> </u>
☐ Not at Injersection	Feet (5)	FW of				Telephone #						
☐ On Roadway	☐ Off Roadway											
At Bus Stop? Zi Yes	□No (fyes) □N	lear Stop.	□ FarStop									
107 Abany	Surace .		Traffic Con	-		nental Conditions		Rondway-1	ofLanes	Roadway	Characteristic	<u>.</u>
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☐ ☐ Making U Tum Vehicle Lights	Tum Signals	TYDIADA C.	Posted Spe	ed Limit	Estin	nated Speed Lami	ţ	Direction o	Travel	Æ	cident/Collisi	on With
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☐ Crossing With Signal			旦	Riding / Walk	ing Along	Highway With Tra	iffic Foffier				hing/Worlding	
☐ Crossing - No Signal o				m in Fro	inst Highway With Traffic ont of or Behind Parked Care			口 Working In Roadway 口 Not in: Roadway				
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ra Going To / From Stopp	g To / From Stopped Bus 🔲 Getting On / Off Ve				VII ADUIRI	ADIC ORIGE THEIR DRG				9DD F 20 7/2015		

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Véhicle Accide	it Report			wansdew .
NAME OF THE PARTY		ARIF		
Backing     Passing     Sideawipe     Merging     Head On     Head On     Bus Right Minor     Bus Right Minor     Bus Rear Ends Vehicle     Bus Door Operation     Vehicle Rear Ends Bus	II Raikoad Crossing II Hit Fixed Object II Hit Pedestrian II Hit Animal	Police Investigated? If Ye Police Department Responding Officer Name (Badge / ID#) Precinct# Citations / Arrests IT Open	19 PE Kendall Report# 1904	3444 Holy Doods 51
With Pax Without Pax I Business Trip II Fixed Roule II Fixed Roule II Errand II Charter II Charter II Non Rev move II Para Transit II Para Transit II Maintenance	Vehicle 1 Towed By:  Vehicle 2 Towed By:	165 165	To	
Acoident Description (RANSOCK B)  Personal When  Black 62-637	6 62637 A media	Bus ra	Sus Step ends the	Bruto 3
7				
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		1	•	
escription of Damage Company Vehicle	□ Minimal	□ Major Other V	ehicle 🗆 Minimal	□ Moderate □ Mejor
Afficulated Bus Shuttle Vehicle  Name of Witness / Injured Age Claim	Place on X on the exact point of Bus 1  Type of Injury Clair	of first impact on your vehicle an Bus 2  bus 2  colored Transported To	d the other vehicle. Circl Truck    Other Transported T	Çar
				·
			<u> </u>	1
	upervisor Name (Print): _/		Reviewing By	1 Dula

	1
Today's Date: 4-1-2019 Time: PAZ HM	
Operator Name: TRAN TOSEPH Vehicle # 68 63 P Route # 17	
Report Submitted to: Supervisor Dispatch Safety Dept.	
Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Darnage	
Passenger Complaint No Damage Vehicle Incident Report Other	•
Was the incident reported immediately? 46 Reported to Command: (Name)	•
l did not report the incident immediately because:	
Did a SQM respond to this incident? No Yes (SQM Name)	
Date Incident Occurred: 4-1-19 Time Occurred: 702 Not Do not have actual date or time	
Date Reported: 4: 1 19 Time Reported: 7:02 RM This is a late report	
Location of Incident BACTIMORE - RUE / KNOX BORD	•
Complete a separate Incident Report for each passenger affected by this event.	•
Passenger Name: HELVIN 3RQDA Passenger ID/Seat # Doctr Seat	
PANTOINE PETERSON	
Explain what happened:	- 0
I WAS GOING TO THEA FROM MT ADINER ON 1703 B	EHO を ノ
QRASSANCIERS WERE ON The BOARD PULL THE BELL	ź
DEGISELEN HORITAL STATE OF THE	<del>-</del>
TAVE & MANUEL STARDED BY USUAL TO / FT THEI	ey
DOWN THEY DID NOT GO	
OFF VET WHEN A MEIBOBUS # TAG 46736 DOES	R38
HIT THE BUS ON MY BACK AND RUSH THE BUS	FOR
ADOUT 5 to 8 10 TRET TROM THE BUS STOP	
ONE OF THE PASANGER'S NAME, 19:	5 · C
MELVIN BROWN BHNIOINE LEIGHSO	) AV
PhONE # 202) 658-6552 / Ph #202-604-4686	
The state of the s	
Ja Sight 200	
Operator Signature: Date Submitted: 4/1/19 SPP F.8 Rev 5/2015	

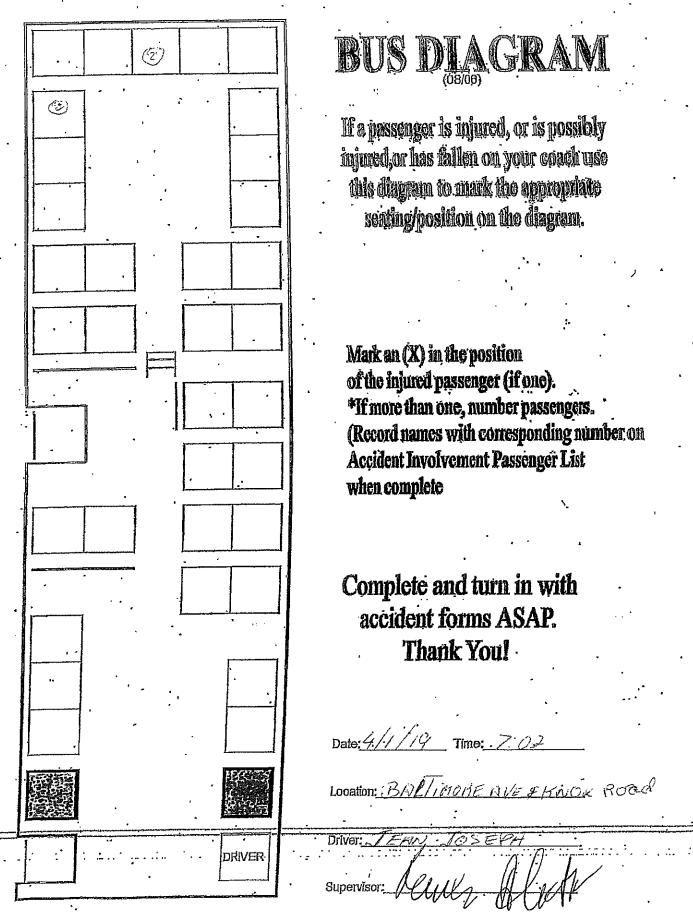
Operator Incidenti Report ((Continuation Report)	
Discussion for the control of the co	i



Operator Name: JEAN JOSEPH Vehicle #62637 Route # 17  BOTH PASSANGERS ARE TAKEN TO THE HOS  WASHINGTON ADVANTIST HOSPITAL.  IMMEDIATELY WHEN THAT APPENED, I CALL THE  DISPATCH EXCHINED AND HE TOLD HE TO  CALL 911. AND I DID, AND FEW HINGTES AFTER  THE AMBULANCE CAME.  TO D NOT KNOW WHAT HAPPENED TO THE MERRY  SUR DRIVER BUT I ASKED HIM WHAT HAPPENED.  ED? HE AMSWESER ME, HE DONT KNOW HE		Today's Date: 4-1-19 Time: 1:00 FIM	
BOTH PASSANGERS ARE TAKEN TO THE HOS  WASHINGTON ADVANTIST HOSPITAL.  IMMEDIATELY WHEN THAT APPENED, I CALL THE  DISPATCH EXCHINED AND HE TOLD HE TO  CALL PIL. AND I DID, AND TAN HINUTES AFTER  THE AMSULANCE CAME.  JOD NOT KNOW WHAT MAPPENED TO THE HAPPENED HE AND WHAT HAPPENED HE AND WERE  ENTER ANSWERED HE HE DON'T KNOW HE  TUST SCARCE OUT THAT WAS HIS ANDWER.  FOR MYDELF I DON'T KNOW FOR LATER, I FEEL  OK, I WAS CHARING BUT NOW I FEEL BETTER  THAT'S ALL I CAN SAY HOR THIS ACCIDENT.		Operator Name: TERN JOSEPH Vehicle#62637 Route# 17	
WASHINGTON ADVANTIST FOSTING.  IMMEDIATELY WHEN THAT APPENED I CALL THE  DISTATCH EXCLAINED AND HE TOLD HE TO  CALL 911, AND I DID, AND TEN HINUTES AFTER  THE AMBULANCE CAME.  TOID NOT KNOW WHAT HAPPENED TO THE HETR  BUT DRIVER BUT I ASKED HIM WHAT MAPPENEDS HE ANSWERED HE HE DON'T KNOW HE  LOS HE ANSWERED HE HE DON'T KNOW HE  TUST BLACK OUTSTHAT WAS HIS ANSWER.  FOR MYDELT I DON'T KNOW FOR LATER, I FEEL  OK, I WAS SHAKING BUT NOW I FEEL BETTER  THAT'S ALL I CAN SAY HOR THIS ACCIDENT.		And the second s	
WASHINGTON ADVANTIST FORTING.  IMMEDIATELY WHEN THAT APPENED I CALL THE DISTATCH EXCLAINED AND HE TOLD HE TO CALL GIL, AND I DID, AND FEW MINUTES AFTER THE AMBULANCE CAME.  TOD NOT KNOW WHAT HAPPENED TO THE METRIC BUT DRIVER BUT I ASKED HIM WHAT MAPPENED? HE ANSWERED HE HE DON'T KNOW HE WIGHT SCACK OUTSTHAT WAS HIS ANSWER.  FOR MYDELT I DON'T KNOW FOR LATER, I FEEL OK, I WAS CHARING BUT NOW I FEEL BETTER THAT'S ALL I CAN SAY HOR THIS ACCIDENT.		3 STH PASCONAGES ARE TAKEN TO THE HOS	ì
THMEDIATELY WHEN THAT HAVENED, I CALL TO DISPATCH EXCLAINED AND HE TOLD HE TO CALL GILL, AND I DID, AND TEN MINUTES AFTER THE AMBULANCE CAME.  TOD NOT KNOW WHAT MARRENED TO THE HERRY DID NOT KNOW WHAT MARRENED TO THE HERRY DID NOW HE ED? HE ANSWERD HE, HE DON'T KNOW HE LIGHT GALL TO DON'T KNOW TOR LATER, I TREEL OK, I WAS SHAKING BUT NOW I KEEL BETTER THAT'S ALL T CAN SAY TOR THIS ACCIDENT.		MODILING TON ASMANIST HOSTING	
DISPATCH EXCLAINED AND HE TOLD HE TO CALL GIL, AND I DID, AND TEN HINUTES AFTER THE AMBULANCE CAME. TOID NOT KNOW WHAT MARRENES TO THE HER BUR DRIVER BUT I ASKED HIM WHAT MARRENE ED? HE AMSWEBED ME, HE DON'T MNOW HE WIGHT SCHOK OUTSTHAT WAS HIS ANDWER. FOR MYSELF I DON'T KNOW FOR LATER I THELL OK: I WAS SHAKING BUT NOW I REEL BETTER THAT'S ALL T CAN SAY HOR THIS ACCIDENT.		THAT THAT THAT THAT THEY CALL	
CALL 911, AND I DID, AND THE HINGER THE THE AMDULANCE CAME.  THE AMDULANCE CAME.  TOID NOT KNOW WHAT MARRENED TO THE HIR BURN DID NOT KNOW HE BO? HE ANSWERED HE, HE DON'T MNOW HE FOR MYDELT I DON'T KNOW FOR LATER, I THELL OK, I WAS SHAKING BUT NOW I TEEL BETTER THAT'S ALL T CAN SAY HOR THIS ACCIDENT.		PATCH FOR AINED AND HE 10LD HE 10	~
THE AMDULANCE CAME TO DID NOT KNOW WHAT MARRA SUL DRIVER BUT I ASKED HIM WHAT MARRA ES? HE ANSWERED ME, HE DON'T KNOW HE  TUST BLACK OUTSTHAT WAS HIS ANSWER.  THOR MYSELF T. DON'T KNOW FOR LATER, I FEEL OK, I WAS SHAKING BUT NOW I FEEL BETTER THAT'S ALL T CAN SAY HOR THIS ACCIDENT.	Ì	CALL GIL. BND I DID, AND YEN MINUTES HAVE	<u> </u>
BUR DRIVER SUI I NORTH WAN THE TON THE ANSWERS THE ANSWERS HE DON'T KNOW HE LIST GLACK OUTSTANT WAS HIS ANDWER.  FOR MYSELF T. DON'T KNOW FOR LATER, I FEEL OK, I WAS SHAKING BUT NOW I WEEL BETTER THAT'S ALL T CAN SAY HOR THIS ACCIDENT.		TU- A-DUINNE / AME	
ES? HE ANSWERED ME, HE DONN MNOW ME "JUST BLACK OUTSTART WAS HIS ANDWER."  FOR MYSELF T. DON'T KNOW FOR LATER, I FEEL OK, I WAS SHAKING BUT NOW I REEL BETTER THAT'S ALL T CAN SAY HOR THIS ACCIDENT.	~	TOD NOT KNOW WHAT HAPPENED 10 THE MEL	L L
TUST SLACK OUTS / HAT WAS HIS TUDER.  FOR MYSELF T. DON'T KNOW! FOR LATER, I HEEL OK; I WAS SHAKING BUT NOW I FEEL BETTER  THAT'S ALL T CAN SAY HOR THIS ACCIDENT.		BUR DRIVER SUIL NAMED ATH WHAT THAT	∟V
FOR MUSELF T. DON'T KNOW POR CRIER I THEEL OH, I WAS SHAKING BOT NOW I REEL BETTER THAT'S ALL T CAN SAY HOR THIS ACCIDENT.		EST HE MUSUEBER ME ME DON'THOUGH	•
OK, IWAS SHAKING BUT NOW LITER DETTER THAT'S ALL T CAN SAY HOR THIS ACCIDENT.	4	JUST BLACK CUISTANT WAS THE LITTER	1
THAT'S ALL TEAN SAY HOR THIS NECESTENT.		MY THING SHARKING SOUT NOW LAKEL DEVIE	7
		THAT'S ALL T CAN SAY FOR THIS ACCIDENT	ے وہ
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	<del></del>		

Operator Signature: Van Abgbh

Date Submitted: 4/1/2019 SPP F.8 Rev 5/2015



# EMPLOYEE INFORMATION

The American Committee of the Committee	(Workers Comp#Issued by Sedgwick)
Name ph Jenn Edm	Birth Date Hire Date    12   3     1956   2   2     1999
Employee Number	385-178-996 If no, please explain why):
HOME ADDRESS:	BellevE St
Q II W	STATE MD ZIP CODE 20705
CITY BELFSVILLE HOMEPHONENUMBER	STATE MD ZIP CODE 20705  DAY TIME NUMBER EMPLOYEE STATUS (please circle)
CITY BELFSVILLE HOME PHONE NUMBER  STHE OPERATOR ON OVER TIME?	DAY TIME NUMBER  EMPLOYEE STATUS (please circle full time or part time of dependents)  Gender Martial Status Number of dependents  M of F M S W D

( Ttrans	dev
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#### SUPERVISOR'S INCIDENT REPORT

Date#: 4/1/19 Time: 7.02 AM . Run: 1703
Operator #: Jean Joseph Division: 0124 Vehicle: 62637
Supervisor: Alston
Location: Route 1 @ Knox Rd College Park MD  Address or Gross Street City & State
Description of Event: When I arrived at bus 62637 the first
thing I saw was a metro bus smashed into the rear of bus
62637, after talking to operator Joseph I was told there.
was to make passengers that had to be transported to the
hospital. Operator also stated he was at the bus letting
passengers off the bus when the metro bus made Contact
with the rear of bus 62637. I also spoke to the metro bus
Operator for a brief moment and he couldn't remember what
happenend. Metrobus had to be towed and the metro bus
operator also was transported to the hospital
,
·
Supervisor Signature: Aun Alston

Prince George's County Police

Case #: 1919 0401 0,000 551

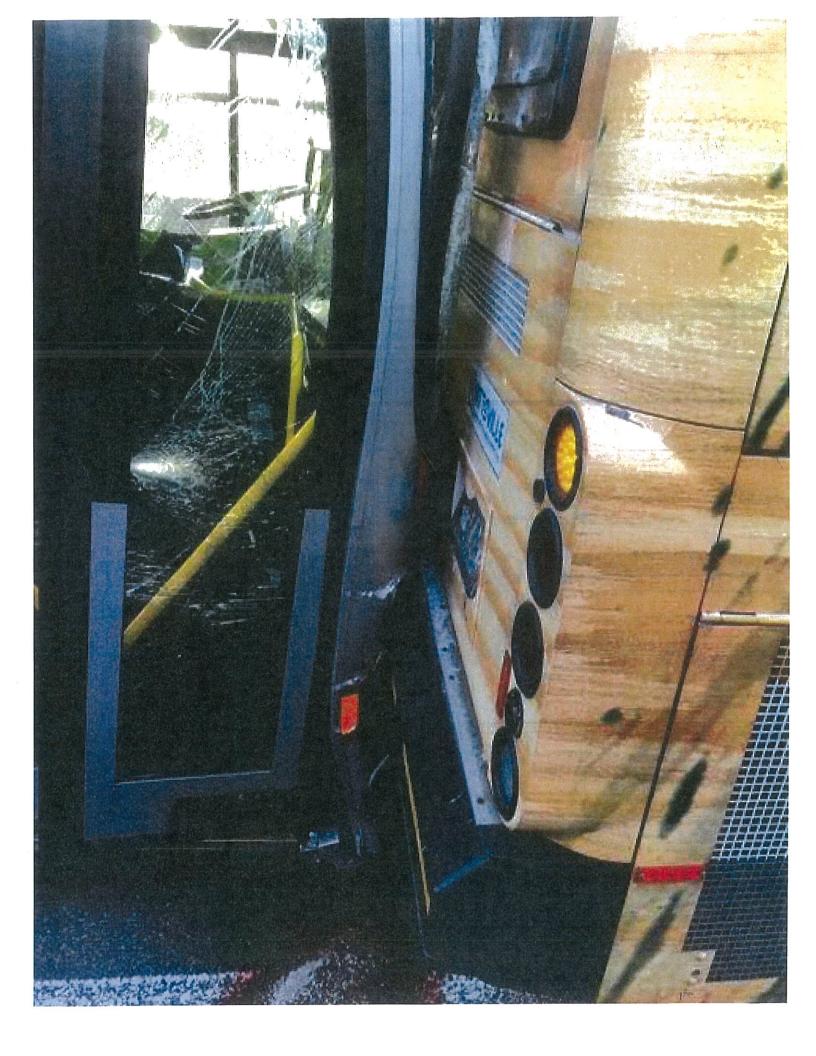
Officer/Employee: Gol Kendun Sauge

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

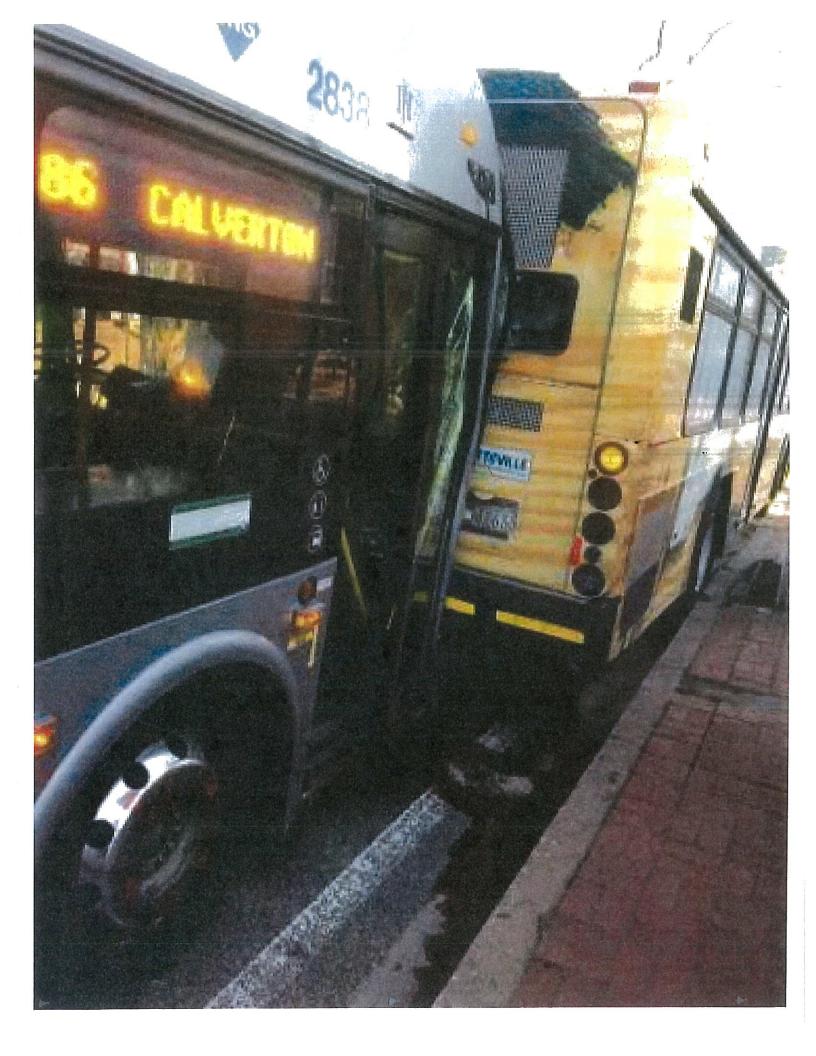
www.princegeorgescountymd.gov

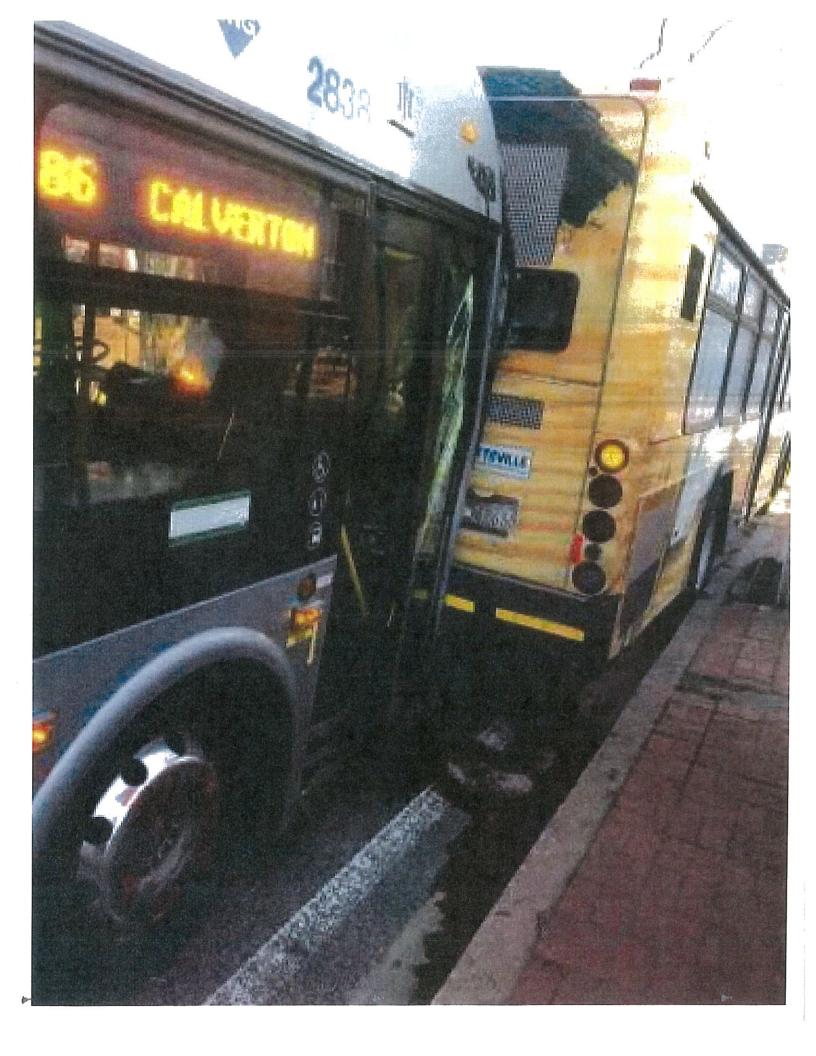
Emergency – 911 Non-Emergency – 301-352-1200 press #5













Safety & Training Department

(Check one)	Accident	X	Incident		Time Supervis	or Arrived: 1:34	L:34 PM	
Date of Occurrence:			4/10/2019		Time of Occurrence: 1:08 PM			
Weather:	Clear	Day of the	e Week:	Wedn	esday	DHD (Y/N):	N	
			S. C. Daniello (S. )		SMA EL GLESS		10 8 P W S 3 P	
Location (Cross Stre	et and Town)		G St	reet and Southern Ave Washington DC				
Route impact:	i.			1 - Missed Pull	e de to en e			
Route Impact.			TV 10 GEOGRAPH	1 - Wissed Pull		tigade austral est est	VALES OF ACTION OF STREET	
Employee Name:	are Maria a de aribidos paras paras de aribidos			Stafford Owens	CO CON GOVERNMENT			
Run#	2:	501	Bus#	626	31	Tag#	LG 94260	
What happened (Be Specific and Brief):		accident occurred. ( ons on board. No ir						
njuries (if any):				None				
Vehicle Damage			15	Minor				
(Check all t)	nat apply)	Police	Y [	Ambulance	N	Tow	N	
							in and the	
Was the O	perator sent for D	rug/Alcohol Test (Y	(/N): [		Barra ang panggang kanalan ang p	N		
Not	ified (Indicate nam	ne and time) GM:			J. Modiin	@ 1:30 PM	verte i (include a constant	
Supervisor	D. B	utler	ОМ	M. Ja	mes	Maint	Ray @ 1:36 PM	
				valor aveca, e				
Safety Manager G. Belling		nger	er Dispatcher		D. Butler			
County Name	and Time:		an palabor sonali, sage sigeration of the side	M. Wilson @	⊋ 1:23 PM	Contra Table		
(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								



Operators CDL#/	Exp Date / 01/2022	Valid DOT Med Card ☑ Yes ☐ No 2	/聚	Date 20	<del></del>	Accider	nt Report#	906	0674	*,
3142413 Accident Date	Day of Week Time	of Accident # of Velli		Smarti	Tive T	riggered	Scene	e Pinotos	s Substan	ce Abuse Tested
Month Day Year	1 7 7	08pm 2		ДΥ		□ No	DYYes	П		res LET No
	COMPANY	VEHICLE T	(** 23.5 1.3.5.5	स्पित् रहमार र		11 11 15	OTHER	PART		and the life of the second
Operator Name (Exactly A	DIONUSIUS OI	dens <u>.</u>		<b>Li V</b> eh	iciė 2	io Bicýcisi	🖸 Pede	sidan	디 Fixed Object	<b>D</b> Pax Pall
Address Castuda Number	R Street, 1	Apt# .		Name (Exactly)	Ao Prints		Λ			::::::::::::::::::::::::::::::::::::::
340 Mad180	JU 94 N·M			Address (Includ	le Numb		<u>H</u>	- 1	Ap!#	
Gily pr Town 1	on State.		_		io reasilo				•	•
310年3	Dale of Hire 05 (21) 75	Sludent Driver? Y(N)		City or Town		Slaje			Żρ	
	f Occupania   # Sentent	#Standlety		Date of Birth	Sex		Driver's Lice	เกรอ	Lio.Siate	#of Occupanis
	2 2.				r	IM DF Policy#&Exp	□Yes 1	⊒No	·	<u> </u>
Bus 10#   Plaja# 0	426.0 MD. 20	a Year / Maka		Іпациялов Со			i/aui			
Vehicle Type	Doula# R Rug#	2501		Name (Exactly	As Prini	ed Registration)				
YEGGE 271	8B1092278			Address (inclu	de Numb	er & Street)			Apl#	
Insurance Co	Policy#& Expired	ion Dale 7/1/2019		City or Town		State	!	<u></u>	Zip	
OID Kepub			-	\Plate#	शंबोह	Year & N	lake of Vehicle		Volticia Type	Color .
Address/Street on which	accident occurred SOU THE	MY HVEIVE	-	ViN		i				
Attribusedion will				Telephone#						
1	Feet NSEW o	·	-		JIA	-				
M On Roadway  At Bus Stop? II Yes	INO (If yes) IN Near Slop	. II Far Stop II Mid-Block	quia		ارالا			•		
				nental Gonditi	ons					
Weather	<u>Surface</u> DV Dry	Traffic Control Lig	<u>ir<b>t</b></u> Daylight			Roadway - i El Divided	ofLanes	Road IE St	<u>iyay Characteristi</u> raightand Level	<u>03</u>
O'Clear Cloudy	<b>□Wet</b>	☐ Yield Sign ☐ ☐	Dawn Dusk			□ Undivide: □ Asphalt	i		reightend Grade reightet Hillorest	
☐ Raining ☐ Snowing	□ loy □ Snow	□ Flagman □ I	Jark Ro	ad-Unlighted		☐ Concrete		□ C:	rve and Level	
□ Foggy □ Other .	☐ Other	™Uncontrolled □1 □ Other	Dark Ro	ad - Lighted		□ Grevel □ Other			rve end Grade rve at Hillcrest	
I DAME	Pre Accide	ent Moyement .			•	UnusualRoa				
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fi ロ Going Straight ロ 成 Making right to	Ahead 🔲 🗆 Exting B		, <u> </u>	henging Lenes		ii Obstriction	n in road	10		
ロロ Making right or	n reci 🔲 🗆 Slowing o	orstopping in inallic 🖂	DA V	lassing lerging	•	☐ Loosemale	eñal on road	,		
口 口 Making left iun 口 口 making left on :	red 🗆 🗆 Parked	·		acking Iher		☐ Reduced r ☐ Other	oad widili			
☐ ☐ Making U Turn	☐ ☐ Avoided (	bject in road Posted Speed Limit		nafed Speed L	lmit	Direction o	f Travel		Accident/Collis	sion With
Vehicle Lights	Tum Signals	Vehicle 1 25 mph	Vehici	27	ıplı	Vehicle		IVI Olho	r Motor Vehicle	
No 1 Id On □ Off	No 1 II Left Turn On No 1 III Right Turn On	25		·	·			□ Bicyc	liat	•
No 2 🗆 On 🗆 Off	No 1 LT Four Ways On	Vehicle 2mph	Vehich	3ZI	iph	Vehicle	2_	☐ Fixed	Object	_
	No 2   Left Turn On No 2   El Right Turn On				===	<u> </u>	7	□ Peder -El-Anima		· · · · · · · · · · · · · · · · · · ·
	No 2 D Four Ways On	1	inaseri	Bicyclist Actio						*** - **!** ******* -* **
☐ Crossing With Signal		☐ Riding / Walk	ing Alon	g Highway With	Traffic	•		. r	i Pushing / Workin	u On Vehicle
☐ Crossing - No Signal o	er Grosswalk	☐ Riding / Walk ☐ Emerging Fro	ing Aoal	nst Hlohway Wi	ih Traffi	C C		Ē	I Working In Road	
☐ Crossing Against Sign: ☐ Crossing - No Signel/N	fleifced Crosswalk	El Playing in Ro	ad			Y			I Not in Roadway I Olher	
Coing To / From Stopp	ed Bus	☐ Gelling On / C	nt venic	e wher man b	พร				SPP F.20 7	

1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
۲	Venide Accident Report
	Passing
,	Type of Trip Violations
,	With Pax Without Pax II Business Trip M Fixed Roule II Round Rev move II Para Transit II Para Transit II Maintenance Vehicle 2 Towed By:  Vehicle 3 Towed By:  Vehicle 2 Towed By:  Vehicle 3 Towed By:  Vehicle 4 Towed By:  Vehicle 4 Towed By:  Vehicle 4 Towed By:  Vehicle 5 Towed By:  Vehicle 6 Towed By:  Vehicle 6 Towed By:  Vehicle 7 Towed By:  Vehicle 7 Towed By:  Vehicle 7 Towed By:  Vehicle 8 Towed By:  Vehicle 8 Towed By:  Vehicle 9
	Operator stated that as he proceeded to pass vehicle #2 on C street South East. Vehicle #2 did not estimated the bus clearance and made contact with vehicle #1 right side rear panel and bumper. Vehicle #2 left the scene of the accident. Police were called and did arrive on the scene.
	Description of Damage Company Vehicle II Minimal II Moderate II Major Other Vehicle II Minimal II Moderate II Major  Vehicle 1 is ALWAYS Your Vehicle.  Articulated Bus Shuttle Vehicle  Bus 1  Bus 2  Truck  Car  Name of Witness I Injured  Age Citating Injury? Type of Injury Claimed Injured Transported To Other Transported To Transported By Unit #
A TO	Supervisor on Scene? Place: In No Supervisor Name (Print): Pound. Campbell.  Supervisor's Signature Anda Campbell Supervisor Manager Reviewing Buff Julius

SPP F.20 7/2016

operator/indidentiRepolition & Committee of the Committee
Today's Date: 4:10:19  Operator Name: 877 Hund Owen 39043  Vehicle # 10:1631 Route # 2501:
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)
Date Incident Occurred: 4/0/19 Time Occurred: 13/5 Do not have actual date or time  Date Reported: 4/0/19 Time Reported: 13/5 DT 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: US Stacking my foute doing 16 25 Westbound
Spread on my way making a left turn off of old Control AVE on to Southeau Are, while going up The hill a Patrict rung to
bell for the stop a found to the Second bushop sufly
A. CAN Was Coming out on CST Ste dialit strp until I blew The horn ste dout to wait until i was clear from her vicinite
De proced to more toward and hit the side of he bot lear of bus  I hail stop she pulled beside me ask me dof she hot The bus

Operator Signature:

Date Submitted:

SPP F.8 Rev 5/2015

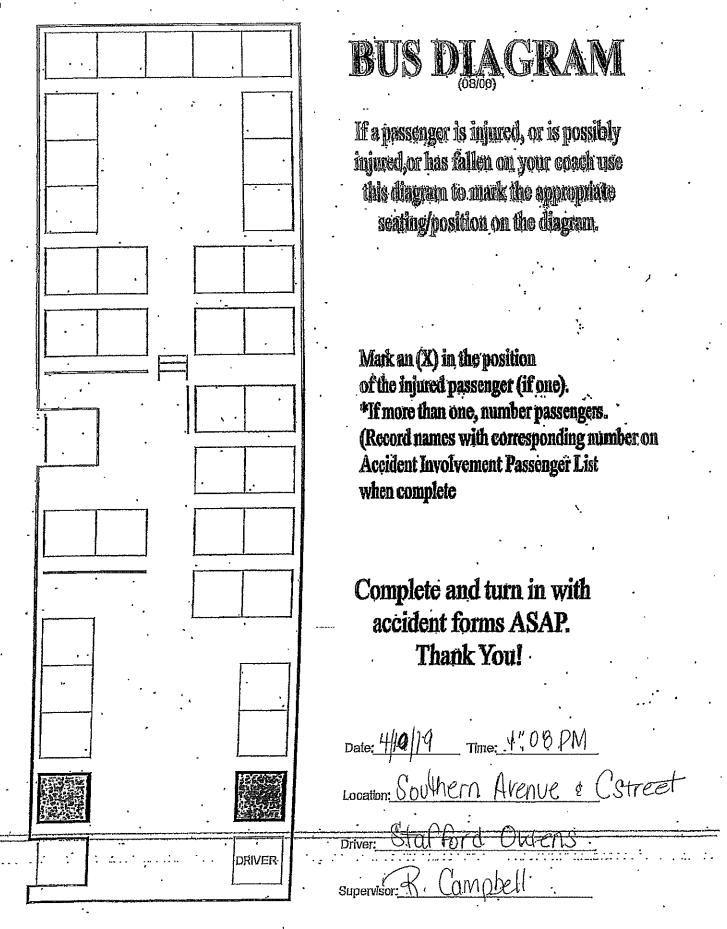
Openation in distance of the second of the s
Today's Date: 4 10 19 Time: 1:08 PM  Operator Name: Stafford Oldens Vehicle # 62631 Route # 2501
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report Other  Was the Incident reported immediately? Reported to Command: (Name)
I did not report the incident immediately because:  Did a SQM respond to this incident?  No Yes (SQM Name)
Date Incident Occurred: Time Occurred: Do not have actual date or time  Date Reported: Time Reported: This is a late report  Location of Incident:
Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat#
Explain what happened: I Stated that she did she pulled are
got out i scrime the blu robbut assigned bothe to Shatter
explaise to her what hoppined be achine I get into
From lacky I menter I readed ber 1sto Ste said ok
Kin sele som ore clos juled ap ste knes kill ten what happel 86 got is her truck And pulled off I had git of
The Laws S. Compressed has copying of picher no injune

Operator Signature:

Date Submitted:

SPP F.8 Rev 5/2015

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## Contransder EMPLOYEE INFORMATION

Name   Workers Comp # issued by Sedgwick)  Name   Workers Comp # issued by Sedgwick)  Birth Date   Hire Date   12:10:18  Driver's License# 314243			·	Accident/Incident/Workers Comp#:
2747 473 05/21/75 12:1018			orkers Comp # Issued by Sedgwick)	
2714 472		Hire Date	Birth Date	Name I M A M
Driver's License#_3142433		12:10:18	05/21/75	Thital Cloud
Driver's License# 3747473		•		,
6				Driver's License# 3742473
Employee Number 31043				and2
DOT CARD VALID? (Yes)or NO (IF NO, PLEASE EXPLAIN WHY):		•	EXPLAIN WHY):	
				but change and a second
	<del>-</del>			
		•	•	•
HOME ADDRESS: 340 Madison St. NW	•		/a )	HOME ADDRESS 3HD Madica
			<i>V</i> ().	,
CITY - Washington- O.C STATE Detrict of Columbia ZIP CODE 20011		cope 20011	STATE Detrict of Columb	- Machinetra O.C
CITY - 17 OND THE DOTTION COMPANY ZIN CODE	-	CODE	STATE DOTTION LOWING	CITY - TY OND ITM TO IT TO IT
DANTINATIAN AND BRADEOVER COATISCA A CAN		IDI CALIFE COLUMN ICO I I I I I I I I I I I I I I I I I I	AT ALL IN ADUTO	
HOME PHONE NUMBER DAY TIME NUMBER EMPLOYEE STATUS (please circle)	•			HOWE PHONE NOWBER
72758.6968 FULLTIME OR PART TIME		LIME OR PARTHME	130 010	
IS THE OPERATOR ON OVER TIME? GENDER MARTIAL STATUS NUMBER OF DEPENDANTS		_	$\mathcal{O}$	IS THE OPERATOR ON OVER TIME?
Yes / (No) / Unknown (Mo) F M (S/W D	•		M S/W D	Yes /(No)/Unknown
		•		
*SHIFT START TIME / END SHIFT TIME*			•	
5:35 AMor PM / 2:29. AM or PM	*		AM or PM	5:35 AMOO PM/ 2:2

**************************************				
(Ftransdew	Superv	isor's incid	DENIT REPO	DRT
Date#: 410 19	Time: _	1:08 PM	- 	Run: 2501
Operator # Stafford	Owens	Division: <u>0124</u>	Vehic	le: 62631
Supervisor: R. Cam	bell.	J	, , , ,	
Location Southern'	AVENUE & C	.Street	LL ashing	on, D.C.
Description of Event:	es or cross sueer	ted that a	s he proc	reported to
Dass vehicle #	2 60 C. S	treet souther	ost Vehich	e#a did
not estimate:	vehicle #1	Clearance	and made	e contact
WHA Vehicle #1	maht side	e rear nane	land bur	per. Nehicle
#2 left the s	cene of 4	he accident.	- Police h	ibre called
and did arriv				
		,		
witnesses tele	phone #-	Vernon-Li	ight Foot	202-441-562
witnesses tele		Rodney Be	verly 20	02-905-1040
		J	J	
••	· •	-		
	······	,		
•				
	·			
<del></del>				

Supervisor Signature: Rinda Camplell



Safety & Training Department

(Check one)	Accident	χ	Incident	ent Time Supervisor Arrived: 2:37 PM						
Date of Oc	currence:		4/26/2019		Time of Oc	currence:	2:23 PM			
Weather:	Cloudy	Day of the	e Week:	Friday		DHD (Y/N):	N			
						e de la composition della comp	Ballanda Series (Series) Ballanda Series (Series)			
Location (Cross Stre	et and Town)	Silver H	lill Road @ Suitl	and Parkway (Sui	tland Metro Stat	tion), Suitland	, Maryland			
Route Impact:	1 - Missed Pull									
Employee Name:				Afredo O'Neal						
					() (-21-12) (60 ()2) (2)	a (n di en a	v svár is na Élepha			
Run#	34	01	Bus#	626	21	Tag#	LG 94270			
What happened (Be Specific and Brief):		o the lane of Vehlo e location. There w					Plsor and Police was rator continued on .			
Injuries (if any):				None		yangs spirit galanger a sa i E				
Vehicle Damage	Vel	nicle (1) minor scra	tches on left sid	le: Vehicle (2) maj	or damages on	right front bui	mper			
	1.1	Police	1 γ Ί	Ambulance	N	Tow .	N N			
(Check all ti	тат арріу)	Police		Athunance	IN Section 10 and Section 1	TOW .				
Was the C	perator sent for Di	rug/Alcohol Test (\	//N):	age Bata Tamakan, Takan na Talanan	asama samat dasa ulasa atamat 1971-1964 a	N				
Not	ified (Indicate nam	e and time) GM:			J. Modiin	@ 2:32 PM	5. 10. 5. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.			
Supervisor	D. Be	ıtler	OPM	M. Ja	mes	Maint	Ray @ 2:40 PM			
Safety M	anager	G. Belli	nger		Dispatcher	D	. Boykin			
	2 m 0 m m			A						
County Name	Control of the Contro	Telephone	x	M. Wilson ( In Person	@ 2;29 PIVI	(Must be	done within 1 hour)			
(Check	yne)	reiebnoue		A) I GISUII						
Please note the details of this incident will change when the Supervisor Arrives				n vinter en	e en	n mga saka tan tan tan 1851 na 1868 ng	agen ag aggregat ar ag ag ar ag			

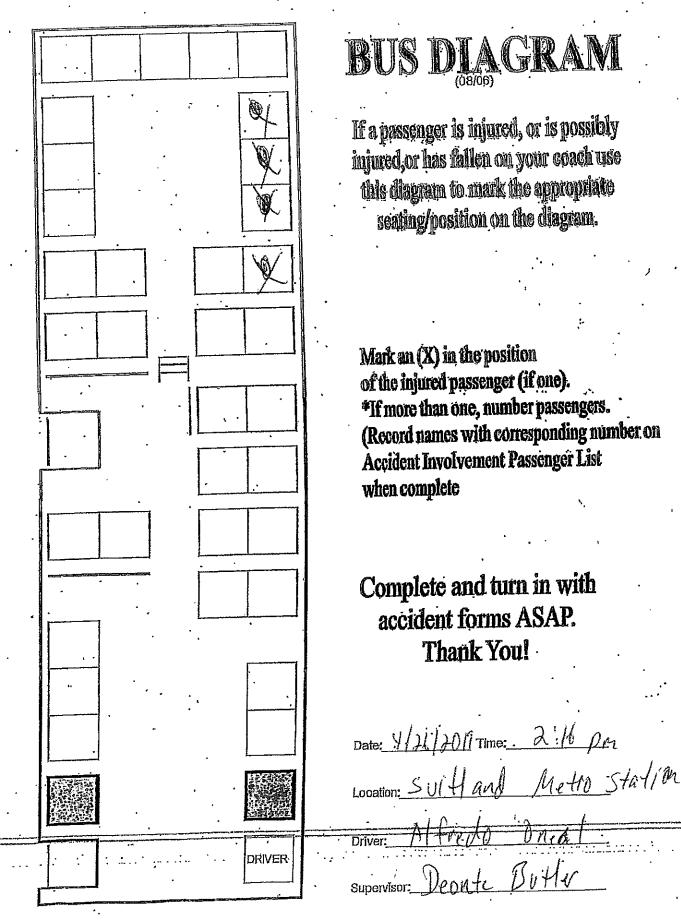


r .	Operators CDL#/E	vo Dafe.	Valid DOT Med Card LE	хр D	ate / 2021	1	Accide	ent Report# ハリン人 ハ	ann I	25 7	Ι .
1	•	(111 2021)	Pares II No 9  Faccident # of Vehicle	<u>. 7</u>	/ /-UF		1	Scene 1	Photos	Substa	ince Abuse Tested.
	Accident Date Month Day Year	Day of Week Time o			ΠY		No	I Yes	□ No	E	Yes TNo
	4/76/19	Mary 2	16 PM J		<u>क्ट्रिस्ट स्ट</u>		de:	OTHER P	ARTY	<del> </del>	
1	Operator Name (Exectly As I		VEHICLE 1	<u> </u>	. Z	/\/			or waster to	ked Obis	ict OPaxFall
	Operator Name (executives	Rivera C	1 Neal	İ	tx(Veh)			31 - LO 10 - L			
}	Address (Gichide Number &	Street)	Apt# .		Name (Exactly)	la Printea C	TU (Ticetize)				
L	5112	Janile Lane	Zip	_	Address (includ	a Number &	& S(roet)		Apt	1	
	City or Town'	Mills MD	Student Driver? Y/N	_	City or Town		State		Z/p		<u></u>
	Employee ID#	Dale of Hire	· ·					13.5 and a Clann	100	Siale	#of Occupants
-		Docupanis #Sealed	#Standing		Date of Birth	Sex		Driver's Licen	_	ошо	
١		4 1 4.	<u> </u>	_	Іпентался Со	<u> </u>	M EIF Policy#&E	□Yes □ xpDala	NO }		
	Bus ID# Plate#	1/270 MN Centrole	Year/Make								
-	CAD AND Vehicle Type	Route#& Run#	<del>~UI</del>		Name (Exactly	As Printed	Registration)				
-	(Till	1340	17 4		Address (Inclu	de Number	&Street)	<u>, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Ap	1#	
	15666	27 3 D D 10 1 Policy#& Expiral	JJ 1	•	City or Tolyn		Si	ale .	Z	)	
	Ann Risk	SUN MUTE	21268 711/	204	· Plote#	Slate	Year	R Make of Vehicle	Veh	de Турв	Color
1		Location of Accident	land ms		_						
	Address/Street on which a Approx. At intersection with	generic occurred	rd		VIN .						
- 1		Feet NSEW 0			Telephone#				-		
-	☐ Not pt-intersection	☐ OffRoadway	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	At Bus Stop? 🖂 Yes 🗈		. 🗆 FarStop 🗆 Mid-Blockst	op	<u> </u>						
i			/		<u>nental Condi</u>	ions	Postiús	y-#oflanes	Rozzňya	y Characie	oristics
	Weather	Suprice Ed Div	Traffic Control Light	E∕ aylighi	ŧ	٠	<b>E</b> Divide	rd	12 Straig	htand Levi htand Gra	eĺ
	©∕Clear □ Cloudy	<b>□</b> Wet	口 Yield Sign   口 Di 口 Traffic Signal   口 Di				□ Undiv □ Aspha	ılt	LI Straig	htat Hillore and Level	esi '
1	☐ Raining ☐ Snowing	□ lcy □ Snow	ロFlagnian ロDa	ark Ro	ed Unlighted ad Lighted	Ī	☐ Concr ☐ Grave	ele I	☐ Curve	and Grade	1
	ロ Foggy ロ Other ・	□ Other	ロ Uncontrolled ロ Da ロ Other				☐ Other		☐ Curva	at Hillcres	
-		Pre Accid	ent <u>Movement</u>			•		Road Gondition			
	VOLEN, IV	V1 V2/OV	V1	V2/0	V	•	☐ Holes	ursual Conditions / Deep Rut	•		٠
	☑ ☐ Going Straight ☐ ☐ Making right to		lus Stop 디 Bus Stop 크		Changing Lan Passing	es ·	III Consti	iction in road uction / repair zo	ne en		
٠	□ □ Making right or	red I I Slowing	or stopping in traffic 🔲		Merging	•	□ Loose	malerial on road ced road width	•		
	☐ ☑ Making left iun ☐ ☐ making left on	red □□ Parked	17		Backing Olher		☐ Other				
-	☐ ☐ Making U Turn	☐ LI Avoided	object in road  Posted Speed Limit	Est	imafed Speed	i Limit	Directi	on of Travel	,	accident/	Collision With
	Vehicle Lights	Turn Signals	Vehicle 1mph	Vehi		dqm_	_ V	ehicle 1		lolor Vehic	le .
	Not Lion I off	No 1 II Left Turn On No 1 II Bight Turn On	7.	Vehic	سع ا	_mph	(N)	SEW	□ Bicyclis □ Reil Tra		
	No2 ☐ On ☑ Off	No 1 Ex Four Ways On	Vehicle 2 LC mph	veill	NGZ	-uhu		ehlote 2	☐ Fixed C ☐ Pedesir	bject	
_,_ ,		No 2   Left Turn On No 2   Er Right Turn On					NY		-El-Animal		
-		No 2 D Four Ways On		replace.	/ Bicyclist Ac	fiōri					wast but few at galax assumption was even
1	☐ Crossing With Signal		T Diding / Walk	inn Air	one Highway V	Vith Traffic	} n_		П	Pushing / \	Vorking On Vehicle
	rt Crossina - No Signal :	or Crosswalk	口 Riding / Waik 口 Emerging Fro	ina An	sainst Highway	win itan	IG.			Working In Not In Roa	
	☐ Crossing Against Sign ☐ Crossing - No Signal/	Marked Crosswalk	☐ Playing In Ro ☐ Getting On / (	ad			~	_		Other	
	☐ Going To / From Stop	ped Bus	그 어디에 이기가	A11 A12						SPP F.	20 7/2015

venilele Attenuen	f Report			A CAL PARK
resident from the control of the con		AR#		
Backing II Passing Sideswipe II Merging T-Bone II Head On Right Turn II Bus Right Mirror Left Turn II Bus Left Mirror Bus Rear Ends Vehicle II Bus Door Operation Vehicle Rear Ends Bus II Sudden Slop I Wheelchair Lift Operation II Roll Over I Roll Away (Not Secured) II Ran Off Roadway  Type of Trip  With Pax Without Pax II Business Trip Lefterd Route III Frized Route III Business Trip	☐ Railroad Crossing ☐ Hit Fixed Object ☐ Hit Pedestrian ☐ Hit Animal	Police Investigated? In Yes II N Police Department Responding P Officer Namo (Badge / ID#) P Precinct# Precinct Report Citations / Arrests II Operator 1	, 6 : Co + bank + 1904	26 0000/257 1 Bloyclist II Padestrian
Pfixed Route 日 Fixed Route 日 Errand I Charler 日 Charler 日 Non Rev move I Para Transit 日 Maintenance	Vehicle 2 Towed By:  Vehicle 2 Towed By:	*		
Vehicle 2 was ma and struck the rig damage to Vehicle Vehicle 2 has	dains a left that side of I on the major da	t turn trom f the bus: I right side mage to from in Vehicle	here in Il	up sign his mindfe he mindfe The which injuryes
There were y	passinger	On board the	- Dur ·	No Injulies
to report.	passinger	BA board the	le CI Minimal	No of Wites
Description of Damage Company Vehicle  Vehicle 1 is ALWAYS Your Vehicle,  Atticulated Bus Shuttle Vehicle	DaySug Co	· ->		cle areas of other damage.
Description of Damage Company Vehicle Vehicle 1 is ALWAYS Your Vehicle. Atticulated Bus Shuttle Vehicle	Place on X on the exact pole	nt of first impact on your vehicle and the  Bus 2  T	other vehicle. Cir nuck	cle areas of other damage.

SPP F.20 7/2015

Operator incluent Report
Today's Date: 4-10-19 Time: 5 AV  Operator Name: Attawn Onea Vehicle # 262 Route # 34
Report Submitted to: Supervisor Dispatch Safety Dept.  Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage  Passenger Complaint No Damage Vehicle Incident Report: Other  Was the incident reported immediately? Reported to Command: (Name)
Did a SQM respond to this incident? No Yes (SQM Name)  Date Incident Occurred: 4/6 pm Do not have actual date or time  Date Reported: 4/6 pm This is a late report.  Location of Incident Su, + (Sup State)
Complete a separate Incident Report for each passenger affected by this event.  Passenger Name: Passenger ID/Seat #
Explain what happened: Twis Leaving Suit hand State von  4/26/19 at 4/16 pm to my left I saw a Cav at  the Stop Sign Iwas in the far Left going  towards the light for Il silverhill up the car  Started to Co through the Stop Sign I  Saw if an is Started to more over in the  Next lane when the Car Struck the  Middle of the bus on the left side  I Called it in an waited for the superisor
operator Signature: Date Submitted: 5/0/9



Tronsden Supervisor's incident report
Date#: $\sqrt{\frac{340}{19}}$ Time: $2140$ PM Run: $340$
Operator #: 31018 Division: 0124 Vehicle: 0767
Supervisor Deante Bully
Location: 4500 Silver Hill Rd, Silver Hill MD
Addition of order
Description of Event: Vehicle I was travelling straight while
Vehicle 2 was making a left turn from the stop
sign. Vehicle & Struck Vehicle I on the Might
middle causing miner danigent to Vehicle 1. Vehicle
I was has major damage to the front of the
vehicle. Vehicle & had 2 passengers inside. Vehicle
I had 4 passengers on brand. No injuries to
reportat this time.
· · · · · · · · · · · · · · · · · · ·

Supervisor Signature: Dent Hutte

## EMPLOYEE INFORMATION

Accident/Incident/Workers Comp#: ACCIDENT
(Workers Comp # Issued by Sedgwick)
Name  Alfredo Onec Birth Date  3/4/1958 9/5/2018
Driver's License#
Employee Number 37018
DOT CARD VALID? (Yes) or NO (IF NO, PLEASE EXPLAIN WHY):
HOME ADDRESS: 57/2 Janice Lane
CITY Temple Hills STATE MD ZIP CODE 20748
HOME PHONE NUMBER  DAY TIME NUMBER  EMPLOYEE STATUS (please circle)  301-740-5807  TOLOTHER 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*
S://S (AM) or PM/AM or PM

