

Operator Incident Report



Today's Date: _____ Time: _____
Operator Name: _____ Vehicle # _____ Route # _____

Report Submitted to: Supervisor Dispatch Safety Dept.

Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage

Passenger Complaint No Damage Vehicle Incident Report Other _____

Was the incident reported immediately? _ 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:

Operator Signature: _____ Date Submitted: