

Reportable Incident Report form (S&S-40)

Overview

The Reportable Incident Report form (S&S-40) is designed to capture detailed information on the most severe safety and security incidents occurring in the transit environment. Detailed data, available from sources such as accident, incident, or police reports, are used to complete the Reportable Incident Report form (S&S-40). The information required on the form is intended to be of a level that can be collected at or near the time of the incident occurrence.

If your agency has had no reportable incidents for the reporting period for a particular [mode](#) and [type of service](#) (TOS), create a **Report Setup** screen for that mode and type of service (TOS) and check the **No Reportable Incidents to Certify** box.

Reporting Requirement and Thresholds

Agencies must complete one Reportable Incident Report form (S&S-40) for each [reportable incident](#) (safety or security incident) occurring during the reporting period. However, commuter rail (CR) operators are only required to report security incidents to NTD. Commuter rail (CR) operators are currently required to report safety incidents to the Federal Railroad Administration.

Reportable Incident Report forms (S&S-40) are due thirty days after the reportable incident occurred.

What Has Changed from Prior Year

Major Incident is now referred to as a Reportable Incident.

Reporting thresholds for a reportable incident now include injuries for one person and suicides.

Hazardous Material Spill and Acts of God have been added as reportable incidences.

New reporting format for the Reportable Incident Report form (S&S-40).

Approach

Both safety and security occurrences are reported on the Reportable Incident Report form (S&S-40). For an incident to be reportable on this form, it must meet the reportable incident thresholds, listed below.

Reportable Incident

A [reportable incident](#) is an event that involves a transit vehicle or occurs on transit-controlled property and meets one or more of the following conditions:

- A fatality (including a suicide or deaths resulting from Other Safety Occurrences not Otherwise Classified), and / or
- Injuries requiring immediate medical attention away from the scene for one or more persons, and / or
- Property damage equal to or exceeding \$25,000, and / or
- An evacuation for life safety reasons.

Only one form is completed per incident regardless of how many of the reportable incident thresholds are met. If, for example, an incident results in a fatality, and property damage is equal to or exceeds \$25,000, only one Reportable Incident Report form (S&S-40) is completed, even though two of the above criteria have been met. If an incident is being reported based upon injuries or fatalities, the property damage may be reported if it is less than \$25,000.

The following paragraphs highlight the important aspects of each reportable incident threshold.

Fatality

Safety and security incidents resulting in fatalities are reported on the Reportable Incident Report form (S&S-40).

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For NTD purposes a [fatality](#) is a transit-caused death, confirmed within thirty days of a transit incident, which occurs because of a collision, derailment, fire, hazardous material spill, Act of God, evacuation, security incident or other incident. A fatality now includes transit-related suicides.

There is one exception to this rule:

1. Deaths resulting from illnesses or other natural causes, or otherwise not associated with an incident, are not reported on either incident form. For example, if a person in a rail facility sustains a fatal heart attack, this event would not be reported to NTD.

Example 5 — Fatality Reporting

Example: A passenger fires a weapon on a transit vehicle, killing one passenger.

Solution:

Number of Reportable Injuries

Number of Reportable Fatalities

Property Damage Amount

0

1

\$0

Complete a Reportable Incident Report form (S&S-40).

One or More Injuries Requiring Medical Attention

For NTD reporting purposes an [injury](#) requires immediate medical attention away from the scene of the incident. Immediate medical attention includes transport to the hospital by ambulance. It also includes transport immediately from the incident scene to a hospital or physician's office by another type of emergency vehicle, by passenger vehicle, or through other means of transport.

Immediate medical attention means that medical attention was sought without delay after the incident occurred. An individual seeking medical care several hours after an incident or in the days following an incident is not considered to have received immediate medical attention.

The medical attention received must be at a location other than the location at which the incident occurred. The intent of this distinction is to exclude incidents that only require minor first aid or other assistance received at the scene.

This distinction is not, however, intended to be burdensome for the transit agency. It is not a requirement that an agency follow-up on each person transported by ambulance, for example, to ensure that they actually received medical attention at the hospital. It is acceptable to count each person immediately transported by ambulance as an injury.

Both safety and security incidents (the results of accidents and [homicides](#), for example) resulting in one or more [injuries](#) and fatalities are reported using the Reportable Incident Report form (S&S-40). As with [fatalities](#), however, injuries resulting from illnesses should not be reported. For example, if a passenger on a [demand response](#) (DR) vehicle is transported to the hospital following a seizure on the vehicle this is not a reportable incident.

Example 6 — One or More Injuries – Is it Reportable?		
Example: Transported by Ambulance		
An ambulance transports two passengers who were injured in a collision from the site of the accident.		
Solution: Yes		
Number of Reportable Injuries 2	Number of Reportable Fatalities 0	Property Damage Amount \$0
Complete a Reportable Incident Report form (S&S-40) since one or more passengers required immediate medical attention away from the scene.		
Example: Transported by Alternate Means		
Three passengers are hurt in a collision. Rather than wait for an ambulance to arrive, a security guard drives them to a nearby hospital.		
Solution: Yes		
Number of Reportable Injuries 3	Number of Reportable Fatalities 0	Property Damage Amount \$0
Complete a Reportable Incident Report form (S&S-40) since one or more passengers required immediate medical attention away from the scene.		
Example: Incidents not Qualifying as an Injury		
Three passengers are hurt in a collision. Each sees a physician the next day and subsequently submits a claim to the transit agency.		
Solution: No		
Number of Reportable Injuries 0	Number of Reportable Fatalities 0	Property Damage Amount \$0
Do not report the incident because none of the passengers sought immediate medical attention away from the scene.		

Property Damage

Incidents involving [property damage](#) equal to or exceeding \$25,000 require the completion of a Reportable Incident Report form (S&S-40). Property damage includes but is not limited to the following:

- Transit and non-transit vehicle damage
- Stations as well as non-transit facilities
- Rights-of-way (ROW) and items surrounding rights-of-way (ROW), such as utility poles.

The key points regarding estimated property damage are:

- Estimated damage does not only include transit property damage, but also damage to other vehicles and property (other than personal property) involved in the incident and not owned by the transit agency.
- The amount paid (or an estimate made for insurance purposes) is reported for property damage. In the case where replacement is necessary, the depreciated replacement cost is reported.
- The cost of clearing wreckage or damage to non-transit agency property is also included in the property damage value.
- The cost of an accident or a criminal investigation is not included in the estimated property damage.
- Damage to personal property, such as the value of laptops, cell phones, or other personal property items damaged or destroyed in an incident are not included in the estimated property damage.

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Example 7 — Calculating Property Damage

Example: A bus collides with a passenger car. The passenger car is totaled; the bus incurred body damage. The car has an estimated value of \$15,000 (transit agency uses the car's blue book value or other reasonable estimate of present value). The cost of the body damage is estimated at \$12,000.

Solution:

Number of Reportable Injuries	Number of Reportable Fatalities	Property Damage Amount
0	0	\$27,000.00

Property damage = \$27,000 (\$15,000 + \$12,000).

Detailed Instructions

This section describes in detail how to complete each element of the Reportable Incident Report form (S&S-40).

To generate a new Reportable Incident Report form (S&S-40), click on the **File New Report** link to access **Report Set Up** screens. As each screen is completed, click the **Next** button at the bottom of the screen and the system will bring up the next applicable screen. Based on the information entered on the first two screens, Internet reporting will determine if the incident qualifies as a reportable incident. If the incident meets the criteria for a reportable incident, the user is taken to the Basic Information screen. From this point forward, each click on the Next button will save the data entered.

When all data have been entered for all applicable screens generated by Internet reporting, the user will be directed to the Background form, from here the users should click on the Save button at the bottom of the form.

After saving the Background form several buttons will appear on the form (Edit, Delete, etc.) allowing the user to review and edit data. After verifying for accuracy, click the **Submit Report** button to submit the form to the NTD To close the form, click the **Close** button. Saved reports that are saved will be listed under the **Safety and Security** tab for access at any time in the future. To delete a form click the **Delete Report** button.

If further data is obtained after form submission or the agency discovers an error in form content, from the Safety and Security tab, open the applicable Reportable Incident Report form (S&S-40), make changes to the form needed, save the form and click on the **Submit Report** button. The revised form will be designated as Revision 1. Further revisions will be designated as 2, 3, 4, etc.

Reporting an Incident

To generate a new Reportable Incident Report form (S&S-40), click on the **File New Report** link to access the Report Set Up screens.

Report Set Up Screen 1

Please select the Mode / Type of Service being reported for this Incident.

Reporting Period (Month)

No Reportable Incidents to Certify (for current reporting period)

Tell us what type of incident is being reported.

Check the applicable item(s) listed below to describe this incident.

- A collision
- A mainline derailment (not involving a collision)
- A fire
- A hazardous material spill
- An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- A bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / cyber security event
- A aggravated assault / robbery / rape / burglary / suicide / attempted suicide / larceny or theft (including motor vehicle theft from a parking lot) / vandalism / homicide
- An arrest or citation for assault (non-aggravated) / fare evasion / trespassing / nonviolent civil disturbance
- Other Safety Occurrences not Otherwise Classified (e.g., slip and fall / electric shock / other)

[Continue / Next >>](#)

Report Set Up Screen 1

The first Report Set Up screen lists the types of incidents that the agency might need to report. After selecting the mode and type of service, please select the reporting period (month) in which you are reporting. Click the **Check-Box** for as many related incidents that apply (i.e., if there was a fire that resulted in an evacuation, click both fire and evacuation). If none of the listed incidents occurred during the period, click the **No Reportable Incidents to Certify (for current reporting period)** check-box.

A brief description of each type of incident is listed below. More detail about these incidents can be found in the individual sections for each type of incident.

A Collision

All [collisions](#) involving at least one transit vehicle, or taking place on transit property, are reported using the Reportable Incident Report form (S&S-40). Collisions are subject to the thresholds for a reportable incident.

A Mainline Derailment

All [derailments](#) occurring on [mainline](#) track are reported using the Reportable Incident Report form (S&S-40). The mainline track is the primary rail over which rail transit vehicles travel between stations. It does not include yard and siding track. This threshold applies only to rail incidents (other than commuter rail (CR)). Derailments are reported solely upon occurrence.

A Fire

[Fire](#) incident types include fires caused by fuel, battery, other electrical, cable, and smoking material. To constitute as a reportable incident, the fire will require the act of suppression to occur at the time of the incident. If the incident types listed do not include the needed incident type, please select Other to provide a description of the incident type. If the material type is not relevant to the event, select Not Applicable.

Fires occurring on or in transit property must meet the thresholds for a reportable incident to be reported on the Reportable Incident form (S&S-40). Those fires not meeting the Reportable Incident threshold are reported on the Safety and Security Monthly Summary Report form (S&S-50).

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A Hazardous Material Spill

Hazardous material spill types include bunker fuel, diesel, electric battery, ethanol, hybrid diesel, grain additive, liquefied natural gas, methanol, bio-diesel, compressed natural gas, dual fuel, electric propulsion, gasoline, hybrid gasoline, kerosene, and liquefied petroleum gas. To constitute as a reportable incident, the hazardous material spill must have caused an imminent danger to life, health, or the environment, and had special attention given at the time of the incident. If the hazardous material spill types listed do not include the needed material type, please select Other to provide a description of the material. If the material type is not relevant to the event, select Not Applicable.

All hazardous material spill incidents that occur on or in transit property are reported using the Reportable Incident form (S&S-40) and are reported solely upon occurrence.

An Act of God

An Act of God is a natural and unavoidable catastrophe that interrupts the expected course of events, such as earthquakes, floods, hurricanes, tornados, other high winds, lightning, snow and ice storms. If the Act of God incident type list does not include the needed incident type, select Other to provide a description of the incident type.

Act of God incidents are reported using the Reportable Incident form (S&S-40) and must meet the thresholds for a reportable incident.

A Bomb Threat, Bombing, Chemical, Biological, Nuclear / Radiological Releases, etc.

Security incidents include all terrorism-related events such as bomb threats, bombings, chemical, biological, nuclear / radiological releases. Security incidents also include other system security events, such as arson, sabotage, hijacking and cyber security events. If the incident type being reported is not listed, please select Other to provide a description of the incident type.

Security incidents that occur on or in transit property and meet the reporting thresholds for a reportable incident are reported as a Reportable Incident Report form (S&S-40). For NTD reporting purposes, the victim of a rape is always reported as an injury.

An Aggravated Assault, Robbery, Rape, Burglary, Suicide or Larceny / Theft, Vandalism, etc.

Robberies, burglaries, larcenies / thefts or vandalism, as well as other personal events like aggravated assault, rape, suicide, attempted suicide and homicide are reported using either the Reportable Incident form (S&S-40) or the Safety and Security Monthly Summary Incident Report form (S&S-50). Because each of these incidents has the potential to be either a reportable incident or a Safety and Security Monthly Summary incident, only the incidents meeting the thresholds are reported on the Reportable Incident form (S&S-40). All other occurrences of these incidents; those that do not meet the reporting thresholds for an S&S-40, are reported on the Safety and Security Monthly Summary Incident Report form (S&S-50).

An Arrest or Citation for Other Assault, Trespassing, Non-Violent Civil Disturbance, or Fare Evasion

All arrests or citations for other assault, trespassing, non-violent civil disturbance, vandalism or fare evasion are reported on the Safety and Security Monthly Summary Incident Report form (S&S-50). An arrest or citation is required to report any of above incidents.

Other Safety Occurrences not Otherwise Classified Incidents (Slip and Fall, Electric Shock, etc.)

Other safety occurrences not otherwise classified may include slip and fall accidents and electric shock incidents. Other safety occurrence not otherwise classified resulting in one or more injuries are reported using the Safety and Security Monthly Summary Report form (S&S-50) as Other Safety Occurrences not Otherwise Classified while incidents resulting in one or more fatalities are reported using the Reportable Incident form (S&S-40).

Example 8 — Other Incidents

Example: A Demand Response (DR) vehicle is crushed by a falling tree which resulted in the death of 1 transit employee, 2 transit passengers requiring immediate medical attention away from the scene, and \$20,000.00 in estimated property damage.

Solution:

Number of Reportable Injuries
2

Number of Reportable Fatalities
1

Property Damage Amount
\$20,000

Complete a Reportable Incident Report form (S&S-40), choosing Other, because a fatality related to the incident occurred – the death of the transit employee.

Report Set Up Screen 2

Were there Fatalities or Injuries involved with the incident being reported?

Please check the applicable item(s) listed below for this incident.

- One or more fatalities
Enter the number of fatalities:
- One or more injuries (immediate medical transport away from scene)
Enter the number of injuries:
- No fatalities or injuries to report

Were there Property Damages associated with the incident being reported?

Please check the applicable item listed below for this incident.

- Property damages equal to, or greater than, \$25,000.
Enter the dollar amount of estimated property damage: \$
- No property damages to report or total property damage is less than \$25,000.
If applicable, enter the dollar amount of estimated property damage: \$

Did this incident involve an Evacuation for Life Safety reasons? Yes No

Were Transit Vehicles involved in this incident? Yes No

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Report Set Up Screen 2

The second Report Set Up screen asks the reporter to indicate the number of injuries and/or fatalities, and the amount of property damage associated with the event(s) indicated on the Report Set Up Screen 1. For all events, excluding Hazardous Material Spills and Derailments, if the user indicates “No” to fatalities / injuries or property damages, they need not report the incident.

A brief description of each type of consequence is listed below.

Fatalities

Enter the total number of those [transit passengers](#), [transit facility occupants](#), [transit employees](#), [other workers](#), [trespassers](#), and [others](#) who were killed due to the incident(s) being reported.

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Injuries

Enter the total number of those [transit passengers](#), [transit facility occupants](#), [transit employees](#), [other workers](#), [trespassers](#), and [others](#) who received [injuries](#) due to the incident(s) being reported.

Example 9 — Injury Reporting

Example: A motor vehicle rear-ends a transit bus which results in 2 transit passengers and 1 motor vehicle operator requiring immediate medical attention away from the scene. The estimated property damage is \$2,000.00.

Solution:

Number of Reportable Injuries	Number of Reportable Fatalities	Property Damage Amount
3	0	\$2,000.00

This incident is reported on the Reportable Incident Report form (S&S-40) because of the number of injuries that resulted from the incident.

Estimated Property Damage

Enter the estimated dollar amount required to repair or replace all vehicles (including transit revenue and non-revenue and non-transit vehicles) or public or private property / facilities (including track, signals, buildings, and private facilities damaged) involved in the incident to a state equivalent to that which existed prior to the incident.

[Property damage](#) includes but is not limited to the following:

- Transit and non-transit vehicle damage
- Stations as well as non-transit facilities
- Rights-of-way (ROW) and items surrounding rights-of-way (ROW), such as utility poles
- Bus stops
- Maintenance facilities and other private property.

The key points regarding estimated property damage are:

- Estimated damage does not only include transit property damage but also damage to other vehicles and property (other than personal property) involved in the incident and not owned by the transit agency.
- The amount paid (or an estimate made for insurance purposes) is reported for property damage. In the case where replacement is necessary, the depreciated replacement cost is reported.
- The cost of clearing wreckage or damage to non-transit agency property is also included in the property damage value.
- The cost of an accident investigation is not included in the estimated property damage.
- Damage to personal property, such as the value of laptops, cell phones, or other personal property items damaged or destroyed in an incident are not included in the estimated property damage.

Example 10 — Collision Property Damage

Example: A heavy rail (HR) vehicle collides with a passenger car at a grade crossing. The passenger car is totaled; the train will require a new coupler and some bodywork. The car has an estimated value of \$8,000 (transit agency uses the car's blue book value or other reasonable estimate of present value). The cost of the coupler is \$30,000; other bodywork to the train is estimated at \$10,000.

Solution:

Number of Reportable Injuries	Number of Reportable Fatalities	Property Damage Amount
0	0	\$48,000.00

This incident is reported on the Reportable Incident Report form (S&S-40) because it is a grade crossing collision. Enter **\$48,000** (\$8,000 + \$30,000 + \$10,000) for the total property damage.

Example 11 — Non - Reportable Collision

Example: A transit passenger alights a transit bus, crosses the street in front of the bus, and is struck and killed by a passing motor vehicle.

Solution:

Number of Reportable Injuries	Number of Reportable Fatalities	Property Damage Amount
0	0	\$0

This incident is not reportable because the transit passenger had left transit property and was struck in the right-of-way.

An Evacuation Due to Life Safety Reasons

All [evacuations](#) of transit property related to [life safety reasons](#) require the completion of a Reportable Incident Report form (S&S-40). A life safety event is an imminent danger to people in or on transit property. Examples of life safety events include [fires](#), the presence of smoke, hazardous material spills and electrical hazards. Evacuations due to operational issues are not reportable.

Example 12 — Evacuation

Example: A Bus (BU) is evacuated because of a compressed natural gas (CNG) leak on the vehicle. No one is injured.

Solution: Complete a Reportable Incident Report form (S&S-40) because the evacuation was due to a life safety event — the CNG leak.

The requirement that a reportable incident involves a life safety event is intended to capture events that pose serious threats to those in the transit environment, rather than operations related events. For example, a situation requiring that transit passengers leave a vehicle due to a flammable fuel leak or due to a passenger firing a weapon on a vehicle is reported on Reportable Incident Report form (S&S-40). A situation requiring that passengers be transferred from one transit vehicle to another due to a service breakdown is not reported on the Reportable Incident Report form (S&S-40).

If an evacuation for life safety reasons occurred, please indicate on **Report Set-up Screen 2**.

Transit Vehicles Involved

If transit vehicles were involved, please indicate on **Report Set-up Screen 2**.

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Basic Information

Incident Number: _____ **Mode / Type of Service:** _____

Contact Person: _____ **Contact Number:** _____

Date of incident: Month Date Year

Time of incident: Hour Minutes Select AM / PM

Approximate address of incident:

Incident description:

Is there another person to contact for more detailed information regarding this incident? Yes No

First name: Last name:

Contact number: - -

[View form](#) [Continue / Next >>](#)

Basic Information Screen

If the information entered on the Report Set Up screens indicate that the incident(s) meet the criteria for reportable incidents, you will be taken to Basic Information screen. This screen asks the reporter for specific information about the date, time, and location of the incident(s).

Date and Time of Incident

Report the date and time the incident occurred using the **Drop-Down** menus.

Address of Incident

Describe where the incident occurred, including sufficient information to identify the incident location.

Incident Description

Describe how the incident occurred.

Contact Person Information

FTA may need to contact the individual completing the form or another agency-designated contact concerning details that may not be clear, or to further clarify data. Provide the following information for the Safety and Security contact on the Reportable Incident Report form (S&S-40): first name, last name, and phone number.

Collision Screens

Collision screens vary slightly depending on the mode being operated at the time of the collision. Detailed information is below.

Rail Collision

The rail transit collision screens ask the reporter to provide information about the number of rail transit and other motor vehicles involved, with what the collision occurred, as well as other collision information. Detailed information is below.

Rail Collision Event Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Collision Event details.

Number of Rail Transit Trains Involved:

Location:

- Revenue facility: transit station
- Non-revenue facility
- Right-of-way: grade crossing
- Right-of-way: not a grade crossing
- Other ▶ Please describe

Collision with:

- Motor vehicle
- Person
- Animal
- Fixed object ▶ Please describe (e.g. curb / tree / ditch, etc.)
- Rail vehicle
- Other ▶ Please describe

Number of Other Motor Vehicles Involved:

[View form](#) [Continue / Next >>](#)

Rail Collision Event Information Screen

This screen asks the reporter for specific information about the number of rail transit trains and/or other motor vehicles involved in the collision, as well as what the collision was with.

Number of Rail Transit Trains Involved

Enter the number of rail transit trains involved in the collision.

Location

Select the location (i.e., revenue facility, grade crossing) at which the collision occurred. If the needed location is not listed, select Other and use the **Describe** box to provide a description of the location.

Collision With

Select the vehicle, object or person (other than the transit vehicle) that was involved in the collision. If the needed item is not listed, select Other. For Fixed Object or Other, use the **Describe** box to provide a description of the item.

Number of Other Motor Vehicles Involved

Enter the number of other motor vehicles (i.e., automobiles, buses) involved in the collision.

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Rail Collision Rail Transit Train Involved

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Rail Transit Trains Involved details.

Number of Cars in Rail Transit Train:

Number of Cars Derailed:

Train action:

- Going straight
- Making a stop
- Leaving a stop
- Negotiating a curve
- Proceeding through a switch
- Parked
- Other ▶ Please describe

Collision type:

- Head-on
- Rear-ended
- Rear-ending
- Other front impact
- Angle
- Sideswipe
- Other ▶ Please describe

Train speed: /mph

Vehicle manufacturer:

Other ▶ Please describe

[View form](#) [Continue / Next >>](#)

Rail Collision Rail Transit Train Involved Screen

This screen will need to be completed for each rail transit train involved in the collision (indicated on the Rail Collision Event Information screen). The screen asks the reporter for specific information about the number of cars in rail transit train, how many were derailed, train speed, vehicle manufacturer, collision type and train action.

Number of Cars in Rail Transit Train

Enter the total number of cars in the rail transit train.

Number of Cars Derailed

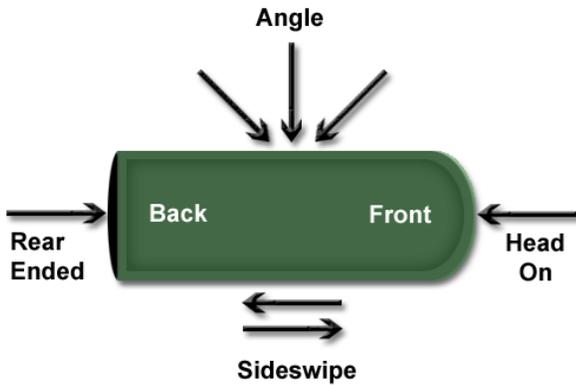
Of the total number of cars in the rail transit train, enter the number of cars that derailed as a result of the collision.

Train Action

Select the action that the train was involved in when the collision occurred (i.e., going straight, making a stop). If the needed action is not listed, select Other and use the **Describe** box to provide a description of the action.

Collision Type

Select the orientation of the vehicle(s) when the collision occurred (i.e., rear-ended, angle, sideswipe). Each choice is from the point of view of the transit vehicle. That is, rear-ended means that another vehicle hit the back of the rail transit train, while rear-ending means the rail transit train hit the back of another vehicle.



Example 13 — Collision Impact Type Reporting

Example: Rear-End Collision

A transit vehicle is rear-ended.

Solution: Select **Rear-ended**

Example: Rear-End Collision

A transit vehicle strikes a motor vehicle from behind.

Solution: Select **Rear-ending** because the transit vehicle rear-ended the other motor vehicle.

Train Speed

Enter the speed (in miles per hour) at which the rail transit train was traveling when the collision occurred. If you do not know the exact speed, you may estimate.

Vehicle Manufacturer

Use the **Vehicle manufacturer** drop-down to select the manufacturer of the rail transit train. If the needed manufacturer is not listed, select Other and use the **Describe** box to provide the name of the manufacturer.

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Rail Collision Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Collision Right-of-way details.

Rail Collision Event Details

Weather:

<input type="radio"/> Clear	<input type="radio"/> Cloudy
<input type="radio"/> Foggy / misting	<input type="radio"/> Raining
<input type="radio"/> Snowing / sleet	<input type="radio"/> Other ▶ Please describe <input type="text"/>

Lighting:

<input type="radio"/> Daylight	<input type="radio"/> Sun in eyes of transit vehicle operator
<input type="radio"/> Twilight	<input type="radio"/> Sun in eyes of other vehicle operator
<input type="radio"/> Night	<input type="radio"/> Other ▶ Please describe <input type="text"/>

Rail Collision Right-of-Way Information

Rail alignment:

- Exclusive right-of-way: tunnel
- Exclusive right-of-way: elevated track
- Exclusive right-of-way: at grade
- Exclusive right-of-way: sidings / rail yard / other non-revenue track
- Shared with other rail vehicles (controlled access to other non-rail vehicles)
- Non-exclusive right-of-way: shared with vehicles or pedestrians
- Other ▶ Please describe

Grade crossing control (if applicable):

<input type="radio"/> Active devices: crossing gates	<input type="radio"/> Active devices: quad gates
<input type="radio"/> Active devices: flashing lights only	<input type="radio"/> Active devices: train approaching sign
<input type="radio"/> Active devices: traffic signal	<input type="radio"/> Passive devices: stop sign
<input type="radio"/> Passive devices: cross bucks	<input type="radio"/> No control device
<input type="radio"/> Other ▶ Please describe <input type="text"/>	

Right-of-way conditions:

<input type="radio"/> Dry	<input type="radio"/> Wet
<input type="radio"/> Snow / slush	<input type="radio"/> Ice
<input type="radio"/> Debris	<input type="radio"/> Other ▶ Please describe <input type="text"/>

[View form](#) [Continue / Next >>](#)

Rail Collision Information Screen

This screen asks the reporter for specific information about the surroundings of the collision, including location, rail alignment, grade crossing control, right-of-way conditions, weather and lighting.

The non-rail transit collision screens ask the reporter to provide information about the number of rail transit and other motor vehicles involved, with what the collision occurred, as well as other collision information. Detailed information is below.

Weather

Select the weather conditions at the time of the collision. If the needed weather condition is not listed, or if the incident occurred indoors, select Other and use the **Describe** box to provide a description of the weather condition, or explain that the incident occurred indoors.

Example 14 — Weather Condition Reporting

Example: Fog / Safety Incident

A monorail vehicle (MO) leaves the station in foggy conditions.

Solution: Select **Foggy / Misting**

Example: Indoors Safety Incident

A passenger is killed as a result of an incident involving an elevator in a station.

Solution: Select **Other** and state that the incident happened indoors.

Lighting

Select the lighting condition that best describes the lighting (i.e., daylight, night) under which the collision occurred. If the needed lighting is not listed, select Other and use the **Describe** box to provide a description of the lighting.

Rail Alignment

Select the rail alignment of the right-of-way (ROW) on which the collision occurred. If the needed alignment is not listed, select Other and use the **Describe** box to provide a description of the alignment.

Grade Crossing Control

Select the grade crossing control that most closely describes the traffic control or other devices present during the collision. Complete only if collision occurred at a grade crossing. If the needed grade crossing control is not listed, select Other and use the **Describe** box to provide a description of the grade crossing control.

Right-of-Way Conditions

Select the condition of the right-of-way (ROW) surface (i.e., dry, wet) on which the collision occurred. If the needed condition is not listed, select Other and use the **Describe** box to provide a description of the condition.

Collision Non-Transit Vehicle Involved

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Collision Event details.

Location:

Parking facility

Other ▶ Please describe

Collision type:

Private vehicle(s)

Private vehicle with a person

Private vehicle with fixed object

Other ▶ Please describe

Number of Other Motor Vehicles involved:

[View form](#)
[Continue / Next >>](#)

Collision Non-Transit Vehicle Involved Screen

This screen asks the reporter for basic information regarding collisions involving non-transit vehicles.

Location

Select the location (i.e., parking facility, other) at which the collision occurred. If Other is selected, use the **Describe** box to provide a description of the location.

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Number of Other Motor Vehicles Involved

Enter the number of other motor vehicles involved in the collision.

Collision Type

Select the type of collision that is being reported.

Rail Collision Other Motor Vehicle Involved

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Other Motor Vehicle Involved details.

Other Motor Vehicle type:

<input type="radio"/> Automobile	<input type="radio"/> Light truck or SUV
<input type="radio"/> Motorcycle	<input type="radio"/> Tractor trailer
<input type="radio"/> Commercial rail or Amtrak	<input type="radio"/> Other ▶ Please describe <input type="text"/>

Other Motor Vehicle action:

<input type="radio"/> Going straight	<input type="radio"/> Making a turn
<input type="radio"/> Going backwards	<input type="radio"/> Stopped
<input type="radio"/> Other ▶ Please describe <input type="text"/>	

Collision type:

<input type="radio"/> Head-on	<input type="radio"/> Rear-ended
<input type="radio"/> Rear-ending	<input type="radio"/> Other front impact
<input type="radio"/> Angle	<input type="radio"/> Sideswipe
<input type="radio"/> Other ▶ Please describe <input type="text"/>	

[View form](#) [Continue / Next >>](#)

Rail Collision Other Motor Vehicle Involved Screen

This screen will need to be completed for each other motor vehicle involved in the collision (indicated on the Rail Collision Event Information screen). The screen asks the reporter for specific information about the vehicle type, vehicle action and collision type.

Other Motor Vehicle Type

Select the type of other motor vehicle (i.e., automobile, motorcycle) that was involved in the collision. If the needed vehicle type is not listed, select Other and use the **Describe** box to describe the vehicle type.

Other Motor Vehicle Action

Select the action that the other motor vehicle was involved in when the collision occurred (i.e., going straight, making a turn). If the needed action is not listed, select Other and use the **Describe** box to provide a description of the action.

Collision Type

Select the orientation of the vehicle(s) when the collision occurred (i.e., rear-ended, angle, sideswipe). Each choice is from the point of view of the motor vehicle. That is, rear-ended means that another vehicle hit the back of the motor vehicle, while rear-ending means the motor vehicle hit the back of another vehicle.

Non-Rail Collision

The non-rail transit collision screens ask the reporter to provide information about the number of transit vehicles and other motor vehicles involved, with what the collision occurred, as well as other collision information. Detailed information is below.

Non-Rail Collision Event Information

Incident Number: **Mode / Type of Service:**

Using the lists below, please provide the following Collision Event details.

Number of Non-rail Transit Vehicles involved:

Location:

Revenue facility: transit center Non-revenue facility
 Roadway: grade crossing Roadway: not grade crossing or intersection
 Roadway: intersection Other ▶ Please describe

Collision with:

Motor vehicle
 Person
 Animal
 Fixed object ▶ Please describe (e.g. curb / tree / ditch, etc.)
 Other ▶ Please describe

Number of Other Motor Vehicles involved:

[View form](#) [Continue / Next >>](#)

Non-Rail Collision Event Information Screen

This screen asks the reporter for specific information about the number of non-rail transit vehicles and/or other motor vehicles involved in the collision, as well as what the collision was with.

Number of Non-Rail Transit Trains Involved

Enter the number of non-rail transit vehicles involved in the collision.

Location

Select the location (i.e., revenue facility, grade crossing) at which the collision occurred. If the needed location is not listed, select Other and use the **Describe** box to provide a description of the location.

Collision With

Select the vehicle, object or person (other than the transit vehicle) that was involved in the collision. If the needed item is not listed, select Other. For Fixed Object or Other, use the **Describe** box to provide a description of the item.

Example 15 — Reporting Collision With

Example: Collision with a Fire Hydrant

A demand response (DR) vehicle hits a fire hydrant. As a result, the operator and two passengers are injured seriously enough as to require immediate transport to a nearby hospital.

Select **Fixed object** and note in the describe box that the object struck was a fire hydrant.

Example: Collision with a Motorcycle

A trolleybus (TB) strikes a motorcyclist, who dies three days after transport to hospital due to injuries sustained in this incident.

Select **Motor vehicle**.

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Number of Other Motor Vehicles Involved

Enter the number of other motor vehicles (i.e., automobiles, motorcycles) involved in the collision.

Non-Rail Collision Transit Vehicle Involved Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Transit Vehicle Involved details.

Transit vehicle type:

<input type="radio"/> Transit: bus - articulated	<input type="radio"/> Transit: bus
<input type="radio"/> Transit: bus - cutaway	<input type="radio"/> Transit: trolleybus
<input type="radio"/> Transit: demand response vehicle	<input type="radio"/> Transit: vanpool vehicle
<input type="radio"/> Transit: jitney or público vehicle	<input type="radio"/> Transit: non-revenue vehicle
<input type="radio"/> Other ▶ Please describe _____	

Vehicle action:

<input type="radio"/> Going straight	
<input type="radio"/> Making a stop	
<input type="radio"/> Leaving a stop	
<input type="radio"/> Negotiating a curve	
<input type="radio"/> Making a turn	
<input type="radio"/> Other ▶ Please describe _____	

Collision type:

<input type="radio"/> Head-on	<input type="radio"/> Rear-ended
<input type="radio"/> Rear-ending	<input type="radio"/> Other front impact
<input type="radio"/> Angle	<input type="radio"/> Sideswipe
<input type="radio"/> Other ▶ Please describe _____	

Vehicle speed: _____ /mph

Vehicle manufacturer:
Other ▶ Please describe _____

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Non-Rail Collision Transit Vehicle Involved Screen

This screen will need to be completed for each non-rail transit vehicle type involved the collision (indicated on the Non-Rail Collision Event Information screen). The screen asks the reporter for specific information about the type of transit vehicle involved, vehicle action, vehicle speed, vehicle manufacturer and collision type.

Transit Vehicle Type

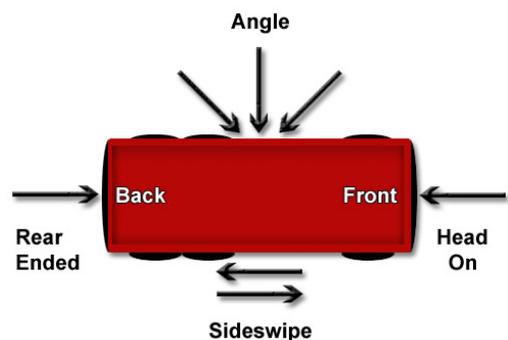
Select the type of transit vehicle involved in the collision. If the needed vehicle type is not listed, select Other and use the **Describe** box to provide a description of the transit vehicle type.

Vehicle Action

Select the action that the vehicle was involved in when the collision occurred (i.e., going straight, making a stop). If the needed action is not listed, select Other and use the **Describe** box to provide a description of the action.

Collision Type

Select the orientation of the vehicle(s) when the collision occurred (i.e., rear-ended, angle, sideswipe). Each choice is from the point of view of the transit vehicle. That is, rear-ended means that another vehicle hit the



back of the transit vehicle, while rear-ending means the transit vehicle hit the back of another vehicle.

Example 16 — Collision Impact Type Reporting

Example: Rear-End Collision

A trolleybus (TB) is rear-ended.

Solution: Select **Rear-ended**

Example: Head On Collision

A Bus (BU) strikes a utility pole head on (i.e., with the front of the bus).

Solution: Select **Head-on** because the incident involved the front of the bus striking a stationary object

Vehicle Speed

Enter the speed (in miles per hour) at which the transit vehicle was traveling when the collision occurred. If you do not know the exact speed, you may estimate.

Vehicle Manufacturer

Use the **Vehicle manufacturer** drop-down to select the manufacturer of the vehicle. If the needed manufacturer is not listed, select Other and use the **Describe** box to provide the name of the manufacturer.

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Non-Rail Collision Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Collision Roadway details.

Non-Rail Collision Event Details

Weather:

Clear Cloudy
 Foggy / misting Raining
 Snowing / sleeting Other ▶ Please describe

Lighting:

Daylight Sun in eyes of transit vehicle operator
 Twilight Sun in eyes of other vehicle operator
 Night Other ▶ Please describe

Non-Rail Roadway Information

Roadway configuration:

Limited access highway Divided highway
 Street Bridge
 Intersection / grade crossing Tunnel
 Private property Ramp
 Other ▶ Please describe

Intersection:

Traffic signal Police officer / flagman / other person
 Stop sign Yield sign
 Crossing gate No control device / individual / sign
 Other ▶ Please describe
 Not applicable

Grade Crossing control:

Active devices: crossing gates Active devices: quad gates
 Active devices: flashing lights only Active devices: train approaching sign
 Active devices: traffic signal Passive devices: stop sign
 Passive devices: cross bucks No control device
 Other ▶ Please describe
 Not applicable

Road conditions:

Dry Wet
 Snow / slush Ice
 Debris Other ▶ Please describe

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Non-Rail Collision Information Screen

This screen asks the reporter for specific information about the surroundings of the collision, including location, roadway configuration, intersection, grade crossing control, road conditions, weather and lighting.

Weather

Select the weather conditions at the time of the collision. If the needed weather condition is not listed, or if the incident occurred indoors, select Other and use the **Describe** box to provide a description of the weather condition, or explain that the incident occurred indoors.

Example 17 — Weather Condition Reporting

Example: Clear Weather / Safety Incident

A paratransit van leaves the roadway in clear weather conditions.

Solution: Select **Clear**

Example: Fog / Safety Incident

A paratransit van leaves the roadway in foggy conditions.

Solution: Select **Foggy / Misting**

Example: Indoors Safety Incident

A passenger is killed as a result of an incident involving an elevator in a station.

Solution: Select **Other** and state that the incident happened indoors.

Lighting

Select the lighting condition that best describes the lighting (i.e., daylight, night) under which the collision occurred. If the needed lighting is not listed, select Other and use the **Describe** box to provide a description of the lighting.

Roadway Configuration

Select the configuration of the roadway (i.e., bridge, highway) on which the collision occurred. If the needed configuration is not listed, select Other and use the **Describe** box to provide a description of the roadway configuration.

Intersection

Select the intersection control that most closely describes the traffic control or other devices present during the collision. Complete only if collision occurred at an intersection. If the needed intersection control is not listed, select Other and use the **Describe** box to provide a description of the intersection. If the incident did not happen at an intersection, select **Not applicable**.

Grade Crossing Control

Select the grade crossing control that most closely describes the traffic control or other devices present during the collision. Complete only if collision occurred at a grade crossing. If the needed grade crossing control is not listed, select Other and use the **Describe** box to provide a description of the grade crossing control. If the incident did not happen at a grade crossing, select **Not applicable**.

Road Conditions

Select the condition of the road surface (i.e., dry, wet) on which the collision occurred. If the needed condition is not listed, select Other and use the **Describe** box to provide a description of the road conditions.

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Collision Non-Transit Vehicle Involved

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Collision Event details.

Location:

Parking facility

Other ▶ Please describe

Collision type:

Private vehicle(s)

Private vehicle with a person

Private vehicle with fixed object

Other ▶ Please describe

Number of Other Motor Vehicles involved:

[View form](#) [Continue / Next >>](#)

Collision Non-Transit Vehicle Involved Screen

This screen asks the reporter for basic information regarding collisions involving non-transit vehicles.

Location

Select the location (i.e., parking facility, other) at which the collision occurred. If Other is selected, use the **Describe** box to provide a description of the location.

Number of Other Motor Vehicles Involved

Enter the number of other motor vehicles involved in the collision.

Collision Type

Select the type of collision that is being reported.

Non-Rail Collision Other Motor Vehicle Involved Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Other Motor Vehicle Involved details.

Other Motor Vehicle type:

<input type="radio"/> Automobile	<input type="radio"/> Light truck or SUV
<input type="radio"/> Motorcycle	<input type="radio"/> Tractor trailer
<input type="radio"/> Rail vehicle	<input type="radio"/> Other ▶ Please describe <input style="width: 100px;" type="text"/>

Other Motor Vehicle action:

<input type="radio"/> Going straight	<input type="radio"/> Stopped
<input type="radio"/> Going backwards	<input type="radio"/> Negotiating a curve
<input type="radio"/> Making a turn	<input type="radio"/> Other ▶ Please describe <input style="width: 100px;" type="text"/>

Collision type:

<input type="radio"/> Head-on	<input type="radio"/> Rear-ended
<input type="radio"/> Rear-ending	<input type="radio"/> Other front impact
<input type="radio"/> Angle	<input type="radio"/> Sideswipe
<input type="radio"/> Other ▶ Please describe <input style="width: 100px;" type="text"/>	

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Non-Rail Collision Other Motor Vehicle Involved Screen

This screen will need to be completed for each other motor vehicle involved in the collision (indicated on the Non-Rail Collision Event Information screen). The screen asks the reporter for specific information about the vehicle type, vehicle action and collision type.

Other Motor Vehicle Type

Select the type of other motor vehicle (i.e., automobile, motorcycle) that was involved in the collision. If the needed vehicle type is not listed, select Other and use the **Describe** box to describe the vehicle type.

Other Motor Vehicle Action

Select the action that the other motor vehicle was involved in when the collision occurred (i.e., going straight, making a turn). If the needed action is not listed, select Other and use the **Describe** box to provide a description of the action.

Collision Type

Select the orientation of the vehicle(s) when the collision occurred (i.e., rear-ended, angle, sideswipe). Each choice is from the point of view of the motor vehicle. That is, rear-ended means that another vehicle hit the back of the motor vehicle, while rear-ending means the motor vehicle hit the back of another vehicle.

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Ferryboat Collision

The ferryboat collision screens ask the reporter to provide information about the number of water transit vehicles involved, with what the collision occurred, as well as other collision information. Detailed information is below.

Ferryboat Collision Event Information

Incident Number: **Mode / Type of Service:**

Using the lists below, please provide the following Collision Event details.

Number of Transit Ferries involved:

Location:

- Revenue facility: terminal center
- Parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Other ▶ Please describe

Collision with:

- Vessel
- Animal
- Other ▶ Please describe
- Person
- Dock / terminal center

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Ferryboat Collision Event Information Screen

This screen asks the reporter for specific information about the number of water transit vehicles involved in the collision, as well as what the collision was with.

Number of Transit Ferries Involved

Enter the number of transit ferries involved in the collision.

Location

Select the location (i.e., in vessel, revenue facility) at which the collision occurred. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

Collision With

Select the vessel, object or person (other than the transit vehicle) that was involved in the collision. If the needed item is not listed, select Other and use the **Describe** box to provide a description of the item.

Example 18 — Reporting Collision With

Example: Collision with a Dock

A ferryboat (FB) hits a dock. As a result, the operator and two passengers are injured seriously enough as to require immediate transport to a nearby hospital.

Select **Fixed Object** and note in the field that the object struck was a dock.

Ferryboat Collision Transit Vehicle Involved Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Transit Vehicle Involved details.

Transit vehicle type: Transit: ferryboat
 Commercial: marine
 Transit: non-revenue vehicle
 Other vehicle ▶ Please describe

Vehicle action: Going straight
 Entering dock
 Leaving dock
 Turning
 Other ▶ Please describe

Collision type: Head-on Rear-ended
 Rear-ending Other front impact
 Angle Sideswipe
 Other ▶ Please describe

Vehicle speed: /mph

Vehicle manufacturer:
 Other ▶ Please describe

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Ferryboat Collision Water Transit Vehicle Involved Screen

This screen will need to be completed for each water transit vehicle involved in the collision (indicated on the Ferryboat Collision Event Information screen). The screen asks the reporter for specific information about the type of transit vehicle involved, vehicle action, vehicle speed, vehicle manufacturer and collision type.

Transit Vehicle Type

Select the type of transit vehicle type involved in the collision. If the needed vehicle type is not listed, select Other and use the **Describe** box to provide a description of the transit vehicle type.

Transit Vehicle Action

Select the action that the transit vehicle was involved in when the collision occurred (i.e., going straight, leaving dock). If the needed action is not listed, select Other and use the **Describe** box to provide a description of the action.

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Collision Type

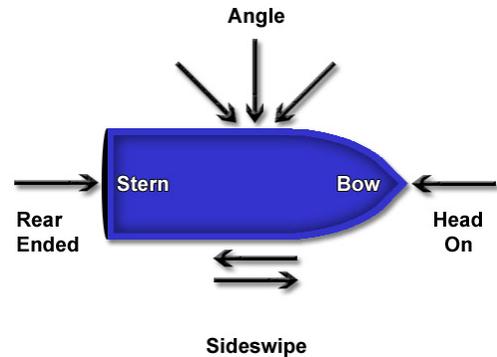
Select the orientation of the vehicle(s) when the collision occurred (i.e., rear-ended, angle, sideswipe). Each choice is from the point of view of the transit vehicle. That is, rear-ended means that another vehicle hit the back of the transit vehicle, while rear-ending means the transit vehicle hit the back of another vehicle.

Example 19 — Collision Impact Type Reporting

Example: Head On Collision

A ferryboat (FB) strikes a dock head on (i.e., with the front of the boat).

Solution: Select **Head-on** because the incident involved the front of the ferryboat striking the stationary object.



Vehicle Speed

Enter the speed (in miles per hour) at which the water transit vehicle was traveling when the collision occurred. If you do not know the exact speed, you may estimate.

Vehicle Manufacturer

Use the **Vehicle manufacturer** drop-down to select the manufacturer of the water transit vehicle. If the needed manufacturer is not listed, select Other and use the **Describe** box to provide the name of the manufacturer.

Ferryboat Collision Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Collision Waterway details

Ferryboat Collision Event Details

Weather:

<input type="radio"/> Clear	<input type="radio"/> Cloudy
<input type="radio"/> Foggy / misting	<input type="radio"/> Raining
<input type="radio"/> Snowing / sleet	<input type="radio"/> Windy
<input type="radio"/> Other ▶ Please describe	<input type="text"/>

Lighting:

<input type="radio"/> Daylight	<input type="radio"/> Sun in eyes of transit vessel operator
<input type="radio"/> Twilight	<input type="radio"/> Sun in eyes of other vessel operator
<input type="radio"/> Night	<input type="radio"/> Other ▶ Please describe
	<input type="text"/>

Ferryboat Waterway Information

Tide conditions:

- Low tide
- Slack tide
- High tide
- Non-tidal waters
- Other ▶ Please describe

Current conditions:

- Slow current
- Medium current
- Fast current
- Flat water (no current)
- Other ▶ Please describe

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Ferryboat Collision Information Screen

This screen asks the reporter for specific information about the surroundings of the collision, including location, tide conditions, current conditions, weather and lighting.

Weather

Select the weather conditions at the time of the collision. If the needed weather condition is not listed, or if the incident occurred indoors, select Other and use the **Describe** box to provide a description of the weather condition, or explain that the incident occurred indoors.

Example 20 — Weather Condition Reporting

Example: Clear Weather / Safety Incident
 A ferryboat (FB) leaves the dock in clear weather conditions.
Solution: Select **Clear**

Example: Indoors Safety Incident
 A passenger is killed as a result of an incident involving an elevator in a terminal center.
Solution: Select **Other** and state that the incident happened indoors.

Lighting

Select the lighting condition that best describes the lighting (i.e., daylight, night) under which the collision occurred. If the needed lighting is not listed, select Other and use the **Describe** box to provide a description of the lighting.

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Tide Conditions

Select condition of the tide (i.e., low, non-tidal waters) at the time of the collision. If the needed conditions are not listed, select Other and use the **Describe** box to provide a description of the tide conditions.

Current Conditions

Select condition of the current (i.e., slow, fast) at the time of the collision. If the needed conditions are not listed, select Other and use the **Describe** box to provide a description of the current conditions.

Collision Non-Transit Vehicle Involved

Incident Number: **Mode / Type of Service:**

Using the lists below, please provide the following Collision Event details.

Location: Parking facility
 Other ▶ Please describe

Collision type: Private vehicle(s)
 Private vehicle with a person
 Private vehicle with fixed object
 Other ▶ Please describe

Number of Other Motor Vehicles involved:

[View form](#) [Continue / Next >>](#)

Collision Non-Transit Vehicle Involved Screen

This screen asks the reporter for basic information regarding collisions involving non-transit vehicles.

Location

Select the location (i.e., parking facility, other) at which the collision occurred. If Other is selected, use the **Describe** box to provide a description of the location.

Number of Other Motor Vehicles Involved

Enter the number of other motor vehicles involved in the collision.

Collision Type

Select the type of collision that is being reported.

Ferryboat Collision Other Motor Vehicle Involved Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Other Motor Vehicle Involved details.

Other Motor Vehicle type:

<input type="radio"/> Automobile	<input type="radio"/> Light truck or SUV
<input type="radio"/> Motorcycle	<input type="radio"/> Tractor trailer
<input type="radio"/> Rail vehicle	<input type="radio"/> Other ▶ Please describe <input style="width: 100px;" type="text"/>

Other Motor Vehicle action:

<input type="radio"/> Going straight	<input type="radio"/> Stopped
<input type="radio"/> Going backwards	<input type="radio"/> Negotiating a curve
<input type="radio"/> Making a turn	<input type="radio"/> Other ▶ Please describe <input style="width: 100px;" type="text"/>

Collision type:

<input type="radio"/> Head-on	<input type="radio"/> Rear-ended
<input type="radio"/> Rear-ending	<input type="radio"/> Other front impact
<input type="radio"/> Angle	<input type="radio"/> Sideswipe
<input type="radio"/> Other ▶ Please describe <input style="width: 100px;" type="text"/>	

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Ferryboat Collision Other Motor Vehicle Involved Screen

This screen will need to be completed for each other motor vehicle involved in the collision (indicated on the Ferryboat Collision Event Information screen). The screen asks the reporter for specific information about the vehicle type, vehicle action and collision type.

Other Motor Vehicle Type

Select the type of other motor vehicle (i.e., automobile, motorcycle) that was involved in the collision. If the needed vehicle type is not listed, select Other and use the **Describe** box to describe the vehicle type.

Other Motor Vehicle Action

Select the action that the other motor vehicle was involved in when the collision occurred (i.e., going straight, making a turn). If the needed action is not listed, select Other and use the **Describe** box to provide a description of the action.

Collision Type

Select the orientation of the vehicle(s) when the collision occurred (i.e., rear-ended, angle, sideswipe). Each choice is from the point of view of the motor vehicle. That is, rear-ended means that another vehicle hit the back of the motor vehicle, while rear-ending means the motor vehicle hit the back of another vehicle.

Mainline Derailment

The Mainline Derailment screens are only available for rail modes. Note that Mainline Derailment screens are only used if the derailment did not occur as a result of a collision – if the derailment was a consequence of a collision, report the incident as a collision. Detailed information is below.

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Mainline Derailment Event Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Mainline Derailment Event details.

Number of Rail Trains involved:

Location:

Revenue facility: transit station Non-revenue facility

Right-of-way: grade crossing Right-of-way: trackway

Other ▶ Please describe

Configuration:

Switch

Curve

Tangent (straight) track

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Mainline Derailment Event Information Screen

This screen asks the reporter for specific information about the number of rail transit trains involved in the mainline derailment and the configuration of the track.

Number of Rail Transit Trains Involved

Enter the number of rail transit trains involved in the mainline derailment.

Location

Select the location (i.e., revenue facility, grade crossing) at which the derailment occurred. If the needed location is not listed, select Other and use the **Describe** box to provide a description of the location.

Configuration

Select the type of track on which the derailment took place (i.e., [switch](#), curve, [tangent track](#)).

Derailment Rail Transit Train Involved

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Rail Transit Trains Involved details.

Number of Cars in Train:

Number of Cars Derailed:

Train action:

- Going straight
- Making a stop
- Leaving a stop
- Negotiating a curve
- Proceeding through a switch
- Parked
- Other ▶ Please describe

Train speed: /mph

Vehicle manufacturer: ▼

Other ▶ Please describe

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Derailment Rail Transit Train Involved Screen

This screen will need to be completed for each rail transit train involved in the derailment (indicated on the Mainline Derailment Event Information screen). The screen asks the reporter for specific information about the number of cars in the rail transit train, how many were derailed, train action and speed, and vehicle manufacturer.

Number of Cars in Rail Transit Train

Enter the total number of cars in the rail transit train.

Number of Cars Derailed

Of the total number of cars in the rail transit train, enter the number of cars that were derailed.

Train Action

Select the action that the train was involved in when the derailment occurred (i.e., going straight, making a stop). If the needed action is not listed, select Other and use the **Describe** box to provide a description of the action.

Train Speed

Enter the speed (in miles per hour) at which the rail transit train was traveling when the derailment occurred. If you do not know the exact speed, you may estimate.

Vehicle Manufacturer

Use the **Vehicle manufacturer** drop-down to select the manufacturer of the rail transit train. If the needed manufacturer is not listed, select Other and use the **Describe** box to provide the name of the manufacturer.

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Derailment Information

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Derailment Right-of-way details

Derailment Event Details

Weather:

<input type="radio"/> Clear	<input type="radio"/> Cloudy
<input type="radio"/> Foggy / misting	<input type="radio"/> Raining
<input type="radio"/> Snowing / sleeting	<input type="radio"/> Other ▶ Please describe <input type="text"/>

Lighting:

<input type="radio"/> Daylight	<input type="radio"/> Sun in eyes of transit vehicle operator
<input type="radio"/> Twilight	<input type="radio"/> Sun in eyes of other vehicle operator
<input type="radio"/> Night	<input type="radio"/> Other ▶ Please describe <input type="text"/>

Derailment Right-of-Way Information

Rail alignment:

- Exclusive right-of-way: tunnel
- Exclusive right-of-way: elevated track
- Exclusive right-of-way: at grade
- Exclusive right-of-way: sidings / rail yard / other non-revenue track
- Shared with other rail vehicles (controlled access to other non-rail vehicles)
- Non-exclusive right-of-way: shared with vehicles / pedestrians
- Other ▶ Please describe

Right-of-way conditions:

<input type="radio"/> Dry	<input type="radio"/> Wet
<input type="radio"/> Snow / slush	<input type="radio"/> Ice
<input type="radio"/> Debris	<input type="radio"/> Other ▶ Please describe <input type="text"/>

[View form](#) [Continue / Next >>](#)

Derailment Information Screen

This screen asks the reporter for specific information about the surroundings of the derailment, including location, rail alignment, right-of-way conditions, weather and lighting.

Weather

Select the weather conditions at the time of the derailment. If the needed weather condition is not listed, or if the incident occurred indoors, select Other and use the **Describe** box to provide a description of the weather condition, or explain that the incident occurred indoors.

Lighting

Select the lighting condition that best describes the lighting (i.e., daylight, night) under which the derailment occurred. If the needed lighting is not listed, select Other and use the **Describe** box to provide a description of the lighting.

Rail Alignment

Select the rail alignment of the right-of-way (ROW) on which the derailment occurred. If the needed alignment is not listed, select Other and use the **Describe** box to provide a description of the alignment.

Right-of-Way Conditions

Select the condition of the right-of-way (ROW) surface (i.e., dry, wet) on which the derailment occurred. If the needed condition is not listed, select Other and use the **Describe** box to provide a description of the condition.

Fire

Fire screens vary slightly depending on the mode being operated at the time of the fire. Detailed information is below.

Rail Fire Event Details

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Fire Event details.

Location:

- In vehicle
- Revenue facility: transit center
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Right-of-way: outside vehicle
- Other ▶ Please describe

Type of Fire:

- Fuel
- Battery
- Other electrical
- Cable
- Smoking (e.g. tobacco) materials
- Other ▶ Please describe

Fuel type:

- Not applicable
- Bunker fuel
- Diesel
- Electric battery
- Ethanol
- Hybrid diesel
- Grain additive
- Liquefied natural gas
- Methanol
- Bio-diesel
- Compressed natural gas
- Dual fuel
- Electric propulsion
- Gasoline
- Hybrid gasoline
- Kerosene
- Liquefied petroleum gas
- Other ▶ Please describe

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Example 21 — Fire Incident Type Reporting

Example: A fire at a transit-owned bus shelter occurs and results in \$ 15,000.00 of estimated property damage. There are no injuries.

Solution:

Number of Reportable Injuries	Number of Reportable Fatalities	Property Damage Amount
0	0	\$15,000

The form required to report this incident is the Safety and Security Monthly Summary Report (S&S-50) form, as there were no injuries and property damages did not meet or exceed \$25,000.

Rail Fire Event Details Screen

The definition of fire event requires that fire suppression personnel (e.g., fire fighters or in-house personnel) or equipment (e.g., fire extinguishers or hoses) be involved and meet the thresholds for a reportable incident in order to be considered reportable. Arsons are not reported as fires, but as security incidents.

The screen asks the reporter for specific information about the location, type of fire, and fuel type (if applicable). Detailed information is below.

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Type of Fire

Select the type of fire (i.e., fuel, other electrical). If the needed type of fire is not listed, select Other and use the **Describe** box to provide a description of the fire.

Example 22 — Fire Details

Example: A passenger drops a lit cigarette in a station. The fire causes extensive damage, requires fire suppression equipment to put out, and the passenger requires immediate medical attention away from the scene.

Solution: Select: **Smoking (e.g., tobacco) materials**

Location

Select the location (i.e., in vehicle, revenue facility) in which the fire took place. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

Fuel Type

If the fire was related to fuel, select the appropriate fuel type. If the needed type of fuel is not listed, select Other and use the **Describe** box to provide a description of the fuel.

Non-Rail Fire Event Details

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Fire Event details.

Location:

- In vehicle
- Revenue facility: transit station
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Right-of-way: outside vehicle
- Other ▶ Please describe

Type of Fire:

- Fuel
- Battery
- Other electrical
- Cable
- Smoking (e.g., tobacco) materials
- Other ▶ Please describe

Fuel type:

- Not applicable
- Bunker fuel
- Diesel
- Electric battery
- Ethanol
- Hybrid diesel
- Grain additive
- Liquefied natural gas
- Methanol
- Bio-diesel
- Compressed natural gas
- Dual fuel
- Electric propulsion
- Gasoline
- Hybrid gasoline
- Kerosene
- Liquefied petroleum gas
- Other ▶ Please describe

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Non-Rail Fire Event Details Screen

The definition of fire event requires that fire suppression personnel (e.g., fire fighters or in-house personnel) or equipment (e.g., fire extinguishers or hoses) be involved and meet the thresholds for a reportable incident in order to be considered reportable. Arsons are not reported as fires, but as security incidents.

The screen asks the reporter for specific information about the location, type of fire, and fuel type (if applicable). Detailed information is below.

Type of Fire

Select the type of fire (i.e., fuel, other electrical). If the needed type of fire is not listed, select Other and use the **Describe** box to provide a description of the fire.

Location

Select the location (i.e., in vehicle, revenue facility) in which the fire took place. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

Fuel Type

If the fire was related to fuel, select the appropriate fuel type. If the needed type of fuel is not listed, select Other and use the **Describe** box to provide a description of the fuel.

Ferryboat Fire Event Details

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Fire Event details.

Location:

- In vessel
- Revenue facility: terminal center
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Other ▶ Please describe

Type of Fire:

- Fuel
- Battery
- Other electrical
- Cable
- Smoking (e.g., tobacco) materials
- Other ▶ Please describe

Fuel type:

- Not applicable
- Bunker fuel
- Diesel
- Other ▶ Please describe
- Bio-diesel
- Electric propulsion
- Gasoline

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Ferryboat Fire Event Details Screen

The definition of fire event requires that fire suppression personnel (e.g., fire fighters or in-house personnel) or equipment (e.g., fire extinguishers or hoses) be involved and meet the thresholds for a reportable incident in order to be considered reportable. Arsons are not reported as fires, but as security incidents.

The screen asks the reporter for specific information about the location, type of fire, and fuel type (if applicable). Detailed information is below.

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Type of Fire

Select the type of fire (i.e., fuel, other electrical). If the needed type of fire is not listed, select Other and use the **Describe** box to provide a description of the fire.

Location

Select the location (i.e., in vehicle, revenue facility) in which the fire took place. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

Fuel Type

If the fire was related to fuel, select the appropriate fuel type. If the needed type of fuel is not listed, select Other and use the **Describe** box to provide a description of the fuel.

Hazardous Material Spill

Hazardous Material Spill screens vary slightly depending on the mode being operated at the time of the spill or release. Detailed information is below.

Rail Hazardous Material Spill Event Details

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Hazardous Material Spill Event details.

Location:

- In vehicle
- Revenue facility: transit center
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Other ▶ Please describe

Material type:

- Not applicable
- Bio-diesel
- Bunker fuel
- Compressed natural gas
- Diesel
- Dual fuel
- Electric battery
- Electric propulsion
- Ethanol
- Gasoline
- Hybrid diesel
- Hybrid gasoline
- Grain additive
- Kerosene
- Liquefied natural gas
- Liquefied petroleum gas
- Methanol
- Other ▶ Please describe

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Rail Hazardous Material Spill Event Details Screen

The definition of hazardous material spill requires that the incident must have caused an imminent danger to life, health, or the environment, and that special attention was given at the time of the incident, for the incident to be considered reportable.

This screen asks the reporter for specific information about the location and material type (if applicable) of the hazardous material spill. Detailed information is below.

Location

Select the location (i.e., in vehicle, revenue facility) in which the hazardous material spill took place. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

Material Type

If the hazardous material spill was related to fuel, select the appropriate type. If the needed type of material is not listed, select Other and use the **Describe** box to provide a description of the hazardous material.

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Non-Rail Hazardous Material Spill Event Details

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Hazardous Material Spill Event details.

Location:

- In vehicle
- Revenue facility: transit station
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Other ▶ Please describe

Material type:

- Not applicable
- Bunker fuel
- Diesel
- Electric battery
- Ethanol
- Hybrid diesel
- Grain additive
- Liquefied natural gas
- Methanol
- Bio-diesel
- Compressed natural gas
- Dual fuel
- Electric propulsion
- Gasoline
- Hybrid gasoline
- Kerosene
- Liquefied petroleum gas
- Other ▶ Please describe

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Non-Rail Hazardous Material Spill Event Details Screen

The definition of hazardous material spill requires that the incident must have caused an imminent danger to life, health, or the environment, and that special attention was given at the time of the incident, for the incident to be considered reportable.

This screen asks the reporter for specific information about the location and material type (if applicable) of the hazardous material spill. Detailed information is below.

Location

Select the location (i.e., in vehicle, revenue facility) in which the hazardous material spill took place. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

Material Type

If the hazardous material spill was related to fuel, select the appropriate type. If the needed type of material is not listed, select Other and use the **Describe** box to provide a description of the hazardous material.

Ferryboat Hazardous Material Spill Event Details

Incident Number: _____ **Mode / Type of Service:** _____

Using the lists below, please provide the following Hazardous Material Spill Event details.

Location:

- In vessel
- Revenue facility: terminal center
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Other ▶ Please describe

Material type:

- Not applicable
- Bunker fuel
- Diesel
- Other ▶ Please describe
- Bio-diesel
- Electric propulsion
- Gasoline

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Ferryboat Hazardous Material Spill Event Details Screen

The definition of hazardous material spill requires that the incident must have caused an imminent danger to life, health, or the environment, and that special attention was given at the time of the incident, for the incident to be considered reportable.

This screen asks the reporter for specific information about the location and material type (if applicable) of the hazardous material spill. Detailed information is below.

Location

Select the location (i.e., in vehicle, revenue facility) in which the hazardous material spill took place. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

Material Type

If the hazardous material spill was related to fuel, select the appropriate type. If the needed type of material is not listed, select Other and use the **Describe** box to provide a description of the hazardous material.

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Act of God Event Details

Incident Number:

Mode / Type of Service:

Using the lists below, please provide the following Act of God Event details.

Type:

- Earthquake
- Flood
- Hurricane
- Tornado
- Other high winds
- Lightning
- Snow storm
- Ice storm
- Other ▶ Please describe

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Act of God Event Details

Incident Number:

Mode / Type of Service:

Using the lists below, please provide the following Act of God Event details.

Location of Property Damage, Injuries or Fatalities:

- In vehicle / vessel
- Revenue facility: transit station / center or terminal
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Right-of-way: grade crossing
- Right-of-way: not grade crossing
- Roadway: grade crossing
- Roadway: intersection
- Roadway: not grade crossing or intersection
- Roadway: transit stop
- Other ▶ Please describe

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Act of God

An Act of God is a natural and unavoidable catastrophe that interrupts the expected course of events. The Act of God screen is designed to capture the following incidents: floods, earthquakes, hurricanes, tornado, ice storms or other natural catastrophes.

Act of God Event Details Screen

The Act of God screen is the same for all modes operated. Be advised, it is unusual for an Acts of God to occur independently from another incident (i.e., a fire, hazardous material spill, etc.). Detailed information is below.

Type

Select the Act of God type from the choices listed. If the needed choice is not listed, please choose Other and use the **Describe** box to provide a description of the Act of God.

Location of Property Damage, Injuries or Fatalities

Select all applicable locations of the property damage, injuries or fatalities that occurred as a result of the Act of God. This location should relate specifically to your transit agency. Don't simply put "Louisiana" as the location of the hurricane; instead, indicate the transit facility that was damaged during the hurricane.

Evacuation Event Details

Incident Number: **Mode / Type of Service:**

Using the lists below, please provide the following Evacuation Event details.

Was this Evacuation for life safety reasons? Yes No

What was Evacuated?

Evacuation location:

- In vehicle / vessel
- Revenue facility: transit station / center or terminal
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Other ▶ Please describe

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Evacuation

An evacuation for life safety is an imminent danger to people in or on transit property. Examples of life safety events include [fires](#), the presence of smoke, hazardous material spills and electrical hazards. Evacuations due to operational issues are not reportable

Evacuation Event Details Screen

The Evacuation screen is the same for all modes operated. Be advised, it is unusual for evacuations to occur independently from another incident (i.e., a fire, hazardous material spill, etc.) Detailed information is below.

Was this Evacuation for Life Safety Reasons?

Select the appropriate choice.

What Was Evacuated?

Use this box to provide details of the evacuation incident.

Evacuation Location

Select the location (i.e., in vehicle/vessel, revenue facility) at which the evacuation occurred. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

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Security Event Details

Incident Number:

Mode / Type of Service:

Using the lists below, please provide the following Security Event details.

Was the incident intentional? Yes No

Security incident type: *Terrorism related events*

- Bomb threat
- Bombing
- Chemical / biological / nuclear / radiological

Other: system security events

- Arson
- Sabotage
- Hijacking
- Cyber

Other: personal events

Location:

- In vehicle / vessel
- Revenue facility: transit station / center or terminal
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Other ▶ Please describe

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Security Event Details

Incident Number:

Mode / Type of Service:

Using the lists below, please provide the following Security Event details.

Was the incident intentional? Yes No

Security incident type: *Other: personal events*

- Aggravated assault
- Rape
- Suicide
- Attempted suicide
- Vandalism
- Robbery
- Burglary
- Motor vehicle theft
- Larceny / theft
- Homicide

Location:

- In vehicle / vessel
- Revenue facility: transit station / center or terminal
- Revenue facility: parking facility
- Revenue facility: other ▶ Please describe
- Non-revenue facility ▶ Please describe
- Other ▶ Please describe

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Security Event

Security events include terrorism-related events such as bombs threats, bombings, chemical / biological / nuclear / radiological releases and other system security events such as arson, hijacking, sabotage and cyber security events, as well as other major personal events such as aggravated assault, rape, suicide, attempted suicide and homicide.

Security Event Details Screen

The Security Incident screen is the same for all modes and types of service. The Security Incident screen is designed to capture all terrorism-related events, other system security events, as well as other major personal events. A security incident must meet the reporting requirements of a reportable incident. Detailed information is below.

Was the Incident Intentional?

Select the appropriate choice.

Security Incident Type

Security Incident Type describes what incident has occurred and is being reported. If more than one related security incident occurred at the same time (i.e., if a bomb threat was called in and then a bomb went off), select all Incidents that apply. For NTD reporting purposes, the victim of a rape is always reported as an injury.

Location

Select the location (i.e., in vehicle/vessel, revenue facility) at which the security incident(s) occurred. If the needed location is not listed, select Other. For Revenue facility: Other, Non-revenue facility, or Other, use the **Describe** box to provide a description of the location.

Other Incident Event Details

Incident Number: **Mode / Type of Service:**

Using the lists below, please provide the following Other Incident Event details.

Type: Other ▶ Please describe

Location: Boarding or alighting: With stairs
 Boarding or alighting: With lift or ramp
 Boarding or alighting: Other
 In vehicle / vessel: securement issue
 In vehicle / vessel: not a securement issue
 Revenue facility: elevator related
 Revenue facility: escalator related
 Revenue facility: ramp
 Revenue facility: stairway
 Revenue facility: platform / stop / waiting area
 Revenue facility: parking facility
 Revenue facility: other ▶ Please describe
 Non-revenue facility ▶ Please describe
 Other ▶ Please describe

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Other Incident

The Other Incident screen is designed to capture all fatalities associated with other incidents that do not fall into any of the above reporting categories, but still meet the required reporting threshold of one or more fatalities or property damage exceeding \$25,000.00. Detailed information is below.

Other Incident Event Details Screen

The Other Incident screen is the same for all modes operated.

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Type

Select **Other** as the type of incident and provide a description of the incident.

Example 23 — Other Incident Type Reporting

Example: Electrocutation

A passenger in a light rail (LR) station enters the right-of-way (ROW), makes contact with the live third rail, and is killed.

Solution: Select **Other** and describe as **Electric Shock**

Example: Other

A bus (MB) crosses a bridge. The bridge collapses and ten transit passengers and one transit employee are killed.

Solution: Select **Other** and describe the incident.

Example: Slip and Fall

A transit operator slams on the brakes of a bus (BU) to avoid a collision. One transit passenger falls, hits their head, and dies ten days after the incident due to the injuries sustained.

Solution: Select **Other** and describe as **Slip and Fall**

Location

Select the location where the incident took place. If none of the locations listed apply, select **Other** and use the **Describe** box to provide a description of the incident location.

Example 24 — Other Incident Location

Example: In Revenue Facility

A passenger is killed on an escalator.

Solution: Select **Revenue facility: escalator associated**

Person Information - Fatalities

Incident Number:

Mode / Type of Service:

You've indicated that there were Fatalities associated with this incident. Please provide the following information for each Fatality involved.

- Person type:** *Person outside vehicles*
- Person waiting for / leaving from transit
 - Transit employee or contractor
 - Other worker (e.g., commercial worker / utilities worker / etc.)
 - Pedestrian: bicyclist
 - Pedestrian: in crosswalk
 - Pedestrian: not in crosswalk
 - Pedestrian: person crossing tracks
 - Pedestrian: person walking along tracks
 - Other [▶ Please describe](#)

- Person inside vehicles*
- Transit vehicle rider
 - Transit vehicle operators and staff
 - Occupant of another vehicle

- Age range:**
- 1 - 5
 - 6 - 12
 - 13 - 17
 - 18 - 25
 - 26 - 35
 - 36 - 45
 - 46 - 60
 - Over 60

- Gender:**
- Male
 - Female

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Person Information – Fatalities

The Person Information – Fatalities screen captures more detail on the person or persons who suffered a fatality within the reportable incident. The system will generate a screen for each person involved in a fatality for the reportable incident. This screen asks for the person type, such as a transit employee or pedestrian, the person's age range and gender. Detailed information is below.

Person Type

Select the person type (i.e., transit employee, pedestrian). If the person type is not described adequately using one of these selections, select Other and use the **Describe** box to provide a description of the person type.

Age Range

Select the age range of the fatality.

Gender

Select the gender of the fatality.

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Person Information - Injuries

Incident Number:

Mode / Type of Service:

You've indicated that there were Injuries associated with this incident.
Please provide the following information for each Injury involved.

Person type:

Person outside vehicles

- Person waiting for / leaving from transit
- Transit employee or contractor
- Other worker (e.g., commercial worker / utilities worker / etc.)
- Pedestrian: bicyclist
- Pedestrian: in crosswalk
- Pedestrian: not in crosswalk
- Pedestrian: person crossing tracks
- Pedestrian: person walking along tracks
- Other

Person inside vehicles

- Transit vehicle rider
- Transit vehicle operators and staff
- Occupant of another vehicle

Age range:

- 1 - 5
- 6 - 12
- 13 - 17
- 18 - 25
- 26 - 35
- 36 - 45
- 46 - 60
- Over 60

Gender:

- Male
- Female

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Person Information – Injuries

The Person Information – Injuries screen captures more detail on the person or persons injured within the reportable incident. The system will generate one screen for each person in the incident being reported. This screen asks for the person type, such as a transit employee or pedestrian, the person's age range and gender. Detailed information is below.

Person Type

Select the person type (i.e., transit employee, pedestrian). If the person type is not described adequately using one of these selections, select Other and use the **Describe** box to provide a description of the person type.

Age Range

Select the age range of the injured person(s).

Gender

Select the gender of the injured person(s).