

Reportable Incident Report form (S&S-40)

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Reportable Incident Report form (S&S-40)

The Reportable Incident Report form (S&S-40) captures 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). One form is completed for each [reportable incident](#) that occurs at an agency. Forms must be submitted no later than thirty days from the date of the incident. The information reported is intended to be of a level that can be collected at or near the time of the incident occurrence.

This form is required for all transit agencies.

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 is 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 the incident occurred.

If your agency has had no reportable incidents for the reporting period for a particular [mode](#) and [type of service](#) (TOS), click on the **File New Report** link at the top of the **Safety & Security** tab. On the first screen of the Wizard, select the mode and TOS and the Month the reporting period covers, then check the **No Reportable Incidents to Certify** box. Finally, click on the **Next** button at the bottom of the screen.

Reporting Requirements 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. Commuter rail (CR) operators are only required to report security incidents to NTD; however, they are required to report safety incidents to the Federal Railroad Administration.

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

What Has Changed from Prior Year

Age ranges have been revised and Unknown has been added as an option.

Clarification to reporting incidents involving revenue versus non-revenue vehicles.

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 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 thresholds are met. 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. If an incident is being reported based upon injuries or fatalities any resulting property damages may be reported, even if it does not meet the \$25,000 threshold.

A reportable incident must be related to the operation of revenue service and not associated with unrelated tasks. The following types of incidents are not reportable to the NTD:

- Mechanical
- Industrial, or
- Administrative work orders.

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

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Fatality

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

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

There is one exception to this rule: 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 suffers a fatal heart attack it 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

0

Number of Reportable Fatalities

1

Property Damage Amount

\$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 (i.e., an accident or [homicide](#)) resulting in one or more injuries and or fatalities are reported using the Reportable Incident Report form (S&S-40). As with fatalities, injuries resulting from illnesses should not be reported. For example, a passenger on a [demand response](#) (DR) vehicle is transported to the hospital following a seizure 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 scene 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 ROW, such as utility poles.

The key points regarding estimated property damage are:

- Estimated damage not only includes 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.

| 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 0 | Number of Reportable Fatalities 0 | Property Damage Amount \$27,000.00 |
| Property damage = \$27,000 (\$15,000 + \$12,000). | | |

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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 near the top of screen to access the reporting Wizard. As each screen is completed, click the **Next** button at the bottom of the screen to move to the next applicable screen. Based on the information entered on the first two screens, the reporting Wizard will determine if the incident qualifies as a reportable incident.

If the incident does not meet the reporting thresholds for a reportable incident your next screen will notify you.

If the incident meets the criteria for a reportable incident, click on the **Next** button saves the data entered and the reporting Wizard generates an S&S-40 form in the background that you can view at any time during the reporting process. When you reach the last screen, the reporting Wizard saves the data you have entered and returns you to the **Safety & Security** tab.

Once you begin entering data, should you need to exit the reporting Wizard and return to complete the report at a later time the system will save the data you have entered and file the report under **Pending Reports** on the **Safety & Security** tab. To complete the report click on the link for the report, the reporting Wizard will take you to the last screen completed and you can continue on to the end of the report.

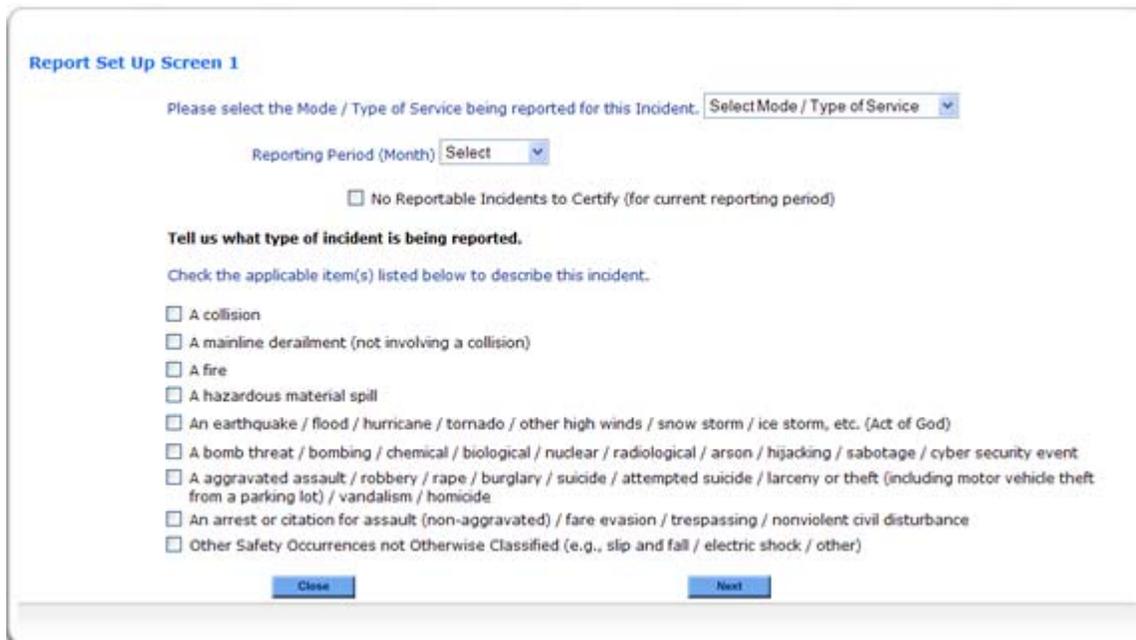
If further data is obtained after report submission or the agency discovers an error, from the **Safety & Security** tab, open the applicable Reportable Incident Report form (S&S-40), make changes as necessary, save the form and click the **Submit Report** button. The revised form will be designated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

To delete a report, open the report, scroll to the bottom and click the **Delete Report** button.

Reporting an Incident

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

Report Set Up Screen 1



The screenshot shows a web form titled "Report Set Up Screen 1". It contains the following elements:

- A dropdown menu for "Select Mode / Type of Service".
- A dropdown menu for "Reporting Period (Month)" with "Select" as the current value.
- A checkbox labeled "No Reportable Incidents to Certify (for current reporting period)".
- A section titled "Tell us what type of incident is being reported." with the instruction "Check the applicable item(s) listed below to describe this incident."
- A list of incident types, each with a checkbox:
 - 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)
- Buttons for "Close" and "Next" at the bottom.

Report Set Up screen 1 lists the incident types that you might need to report. After selecting the mode and type of service, select the reporting period (month) in which you are reporting. Click the **Check-Boxes** for as many related incident types as apply (i.e., a fire that resulted in an evacuation, check both fire and evacuation). If you have no incidents to report for the period; select the **No Reportable Incidents to Certify (for current reporting period)** check-box.

A brief description of each incident type is listed below:

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.

Mainline Derailment: All [derailments](#) occurring on [mainline](#) track are considered a reportable incident. 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)).

Fire: occurring on or in transit property must meet the thresholds for a reportable incident, the [fire](#) requires the act of suppression to occur at the time of the incident. If the incident types listed do not cover the incident being reported select Other and provide a description of the incident. If the material type (fuel, battery, other electrical, cable, and smoking material) is not relevant to the event, select Not Applicable.

Fires not meeting the Reportable Incident threshold are reported on the Safety and Security Monthly Summary Report form (S&S-50).

Hazardous Material Spill: [Hazardous material spills](#) that occur on or in transit property 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. The hazardous material spill must have caused imminent danger to life, health, or the environment, and had special attention given at the time of the incident. If the hazardous material involved is not listed select Other and provide a description of the material. If material type is not relevant to the event, select Not Applicable.

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 being reported is not listed select Other to provide a description.

Bomb Threat, Bombing, Chemical, Biological, Nuclear / Radiological Releases, etc.: [Security incidents](#) that occur on or in transit property and meet the reporting thresholds for a reportable incident are any 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 select Other and provide a description of the incident type.

For NTD reporting purposes, the victim of a rape is always reported as an injury.

Aggravated Assault, Robbery, Rape, Burglary, Suicide or Larceny / Theft, Vandalism, etc.: Robberies, burglaries, larcenies / thefts or vandalism, as well as other personal events such as aggravated assault, rape, suicide, attempted suicide and homicide. 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 that do not meet the reporting thresholds are reported on the Safety and Security Monthly Summary Incident Report form (S&S-50).

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 | Number of Reportable Fatalities | Property Damage Amount |
| 2 | 1 | \$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.

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Report Set Up Screen 2

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

Report Set Up screen 2 collects 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 you indicate "No" to fatalities / injuries or property damages, the incident is not reported. Hazardous Material Spills and Derailments are always reportable regardless of the number of injuries and/or fatalities and/or the amount of property damage.

Fatalities: Enter the total number of [transit passengers](#), [transit facility occupants](#), [transit employees](#), [other workers](#), [trespassers](#), and [others](#) who died as a result of the incident(s) being reported.

Injuries: Enter the total number of transit passengers, transit facility occupants, transit employees, other workers, trespassers, and others who received [injuries](#) as a result of 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, non-revenue and non-transit vehicles) or public or private property / facilities (including track, signals, buildings, and private facilities) damaged as a result of 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 for life safety reasons are reportable. 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.

The life safety requirement is intended to capture events that pose serious threats to those in the transit environment, rather than operations related events. For example, a situation that requires transit passengers to leave a vehicle due to a flammable fuel leak or a passenger firing a weapon on a vehicle.

Passengers transferred from one transit vehicle to another due to a service breakdown are not reported.

Transit Vehicles Involved: If transit vehicles were involved in the incident, select **Yes**, otherwise select **No**.

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.

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Basic Information Screen

The screenshot shows a web form titled "Basic Information". It contains the following fields and controls:

- Incident Number:** A label above three dropdown menus for "Month", "Date", and "Year".
- Mode / Type of Service:** A label above a dropdown menu.
- Date of incident:** A label above the "Month", "Date", and "Year" dropdowns.
- Time of incident:** A label above three dropdown menus for "Hour", "Minutes", and "Select AM / PM".
- Approximate address of incident:** A text input field.
- Incident description:** A text input field with a vertical scrollbar on the right.
- Is there another person to contact for more detailed information regarding this incident?** A question followed by two radio buttons labeled "Yes" and "No".
- First name:** A text input field.
- Last name:** A text input field.
- Contact number:** A text input field with hyphens, divided into three segments.
- At the bottom, there are three buttons: "Close", "View Form", and "Next".

Date and Time of Incident: Report the date and time the incident occurred, in a 00:00 format, using the drop-down menus.

Approximate address of Incident: Describe where the incident occurred, including sufficient information to identify the incident location.

Incident Description: Describe how the incident occurred.

Other 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. If someone other than the contact person should be contacted complete this section.

Collision Screens

Collision screens vary slightly depending on the mode involved.

Rail Collision

The rail transit collision screens collects information about the number of rail transit and other motor vehicles involved, the location of the collision, what they collided with, etc.

Rail Collision Event Information Screen

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: _____

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 location is not listed, select Other and use the **Describe** box to provide a location description.

Collision With: Select the vehicle, object or person (other than the transit vehicle) involved in the collision. If the list does not contain a description that fits your needs, select Other. For Fixed Object or Other, use the **Describe** boxes to provide a description.

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 Screen

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

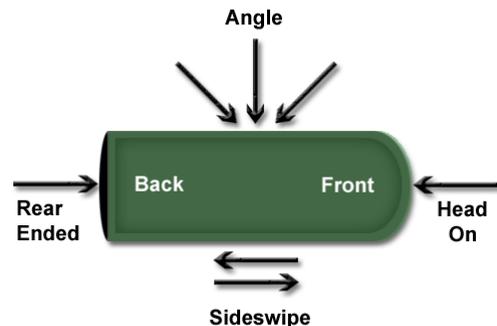
This screen is completed for each rail transit train involved in the collision.

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 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. For example, 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 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 manufacturer is not listed, select Other and use the **Describe** box to provide the name of the manufacturer.

The following Rail manufacturers are provided in the **Vehicle Manufacturer** drop-down list:

| Rail Manufacturer Codes | | | | | |
|-------------------------|----------------------------------|-----|---|-----|----------------------------------|
| ABB | Asea Brown Boveri Ltd. | GEC | General Electric Corporation | PST | Pullman-Standard |
| ACF | American Car and Foundry Company | GMC | General Motors Corporation | PTC | Perley Thomas Car Company |
| AEG | AEG Transportation Systems | GTC | Gomaco Trolley Company | RHR | Rohr Corporation |
| AMI | Amrail Inc. | HIT | Hitachi | SDU | Siemens Mass Transit Division |
| ASK | AAI/Skoda | HSC | Hawker Siddeley Canada | SFB | Societe Franco-Belge De Material |
| BBB | Blue Bird Corporation | KAW | Kawasaki Rail Car Inc. (formerly Kawasaki Heavy Industries) | SLC | St. Louis Car Company |
| BFC | Breda Transportation Inc. | MAF | Mafersa | SOF | Soferval |
| BOM | Bombardier Corporation | MBB | M.B.B. | SUM | Sumitomo Corporation |
| BUD | Budd Company | MKI | American Passenger Rail Car Company (formerly Morrison-Knudsen) | TCC | Tokyo Car Company |
| BVC | Boeing Vertol Company | MPT | Motive Power Industries (formerly Boise Locomotive) | UTD | UTDC Inc. |
| CVL | Canadian Vickers Ltd. | | | WAM | Westinghouse-Amrail |
| DWC | Dueweg Corporation | | | | |

Rail Collision Information Screen

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:

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

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):

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

Right-of-way conditions:

Dry Wet

Snow / slush Ice

Debris Other ▶ Please describe

Weather: Select the weather conditions at the time of the collision. If the 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.

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Lighting: Select the lighting condition that best describes the lighting (i.e., daylight, night) under which the collision occurred. If the lighting type 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 alignment type 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 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 ROW surface (i.e., dry, wet) on which the collision occurred. If the condition type is not listed, select Other and use the **Describe** box to provide a description of the condition.

Collision Non-Transit Vehicle Involved Screen

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:

This screen will only appear if you are reporting a non-transit collision that occurred on a transit owned or occupied property.

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.

Collision Type: Select the type of collision that is being reported.

Number of Other Motor Vehicles Involved: Enter the number of other motor vehicles involved in the collision.

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.

Rail Collision Other Motor Vehicle Involved Screen

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:

- Automobile
- Motorcycle
- Commercial rail or Amtrak
- Light truck or SUV
- Tractor trailer
- Other ▶ Please describe

Other Motor Vehicle action:

- Going straight
- Going backwards
- Other ▶ Please describe
- Making a turn
- Stopped

Collision type:

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

This screen is completed for each other motor vehicle involved in the collision (indicated on the Rail Collision Event Information screen).

Other Motor Vehicle Type: Select the type of [other motor vehicle](#) (i.e., automobile, motorcycle) that was involved in the collision. If the 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 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.

Non-Rail Collision Event Information Screen

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
- Roadway: grade crossing
- Roadway: intersection
- Non-revenue facility
- Roadway: not grade crossing or 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:

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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 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 list does not contain a description that fits your needs, 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.

Solution: 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.

Solution: Select **Motor vehicle**.

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 Screen

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:

- Transit: bus - articulated
- Transit: bus - cutaway
- Transit: demand response vehicle
- Transit: jitney or público vehicle
- Other ▶ Please describe _____
- Transit: bus
- Transit: trolleybus
- Transit: vanpool vehicle
- Transit: non-revenue vehicle

Vehicle action:

- Going straight
- Making a stop
- Leaving a stop
- Negotiating a curve
- Making a turn
- Other ▶ Please describe _____

Collision type:

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

Vehicle speed: _____ /mph

Vehicle manufacturer: Select _____
Other ▶ Please describe _____

This screen is completed for each non-rail transit vehicle type involved the collision (indicated on the Non-Rail Collision Event Information screen).

Transit Vehicle Type: Select the type of transit vehicle involved in the collision. If the 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 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

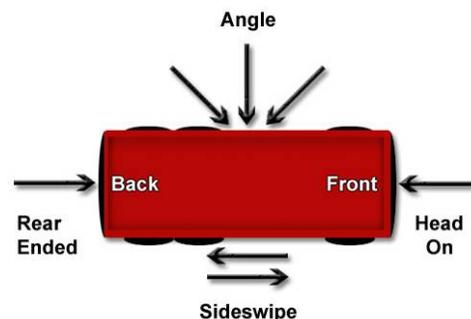
A trolleybus (TB) is rear-ended.

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 manufacturer is not listed, select Other and use the **Describe** box to provide the name of the manufacturer.

The following Non-Rail manufacturers are provided in the **Vehicle Manufacturer** drop-down list:

Non-Rail Manufacturer Codes

| | | | | | |
|-----|---|-----|---|-----|---|
| AAI | Allen Ashley Inc. | EDN | EIDorado National (formerly EI Dorado/EBC/National Coach/NCC | NFA | New Flyer of America |
| ACF | American Car and Foundry Company | EII | Eagle Bus Manufacturing | NOV | NOVA Bus Corporation |
| ACI | American Coastal Industries | FDC | Federal Coach | OBI | Orion Bus Industries Ltd. (formerly Ontario Bus Industries) |
| AEG | AEG Transportation Systems | FIL | Flyer Industries Ltd (aka: New Flyer Industries) | OCC | Overland Custom Coach Inc. |
| All | American Ikarus Inc. | FLT | Fixette Corporation | OTC | Oshkosh Truck Corporation |
| AMG | AM General Corporation | FLX | Flexible Corporation | PCI | Prevost Car Inc. |
| AMT | AmTran Corporation | FRC | Freightliner Corporation | PLY | Plymouth Division-Chrysler Corporation |
| ASK | AAI/Skoda | FRD | Ford Motor Corporation | PST | Pullman-Standard |
| ATC | American Transportation Corporation | FSC | Ferrostaal Corporation | RIC | Rico Industries |
| BBB | Blue Bird Corporation | GCC | Goshen Coach | SBI | SuperBus Inc. |
| BFC | Breda Transportation Inc. | GIL | Gillig Corporation | SCC | Sabre Bus and Coach Corporation (formerly Sabre Carriage Comp.) |
| BIA | Bus Industries of America | GIR | Girardin Corporation | SHI | Shepard Brothers Inc. |
| BOM | Bombardier Corporation | GLV | Glaval Bus | SPC | Startrans (Supreme Corporation) |
| BOY | Boyertown Auto Body Works | GMC | General Motors Corporation | SPC | Supreme Corporation |
| BRA | Braun | GML | General Motors of Canada Ltd. | SPR | Spartan Motors Inc. |
| CBC | Collins Bus Corporation (formerly Collins Industries Inc./COL) | GOM | Gomaco | SSI | Stewart Stevenson Services Inc. |
| CBW | Carpenter Industries LLC (formerly Carpenter Manufacturing Inc.) | HSC | Hawker Siddeley Canada IKU - Ikarus USA Inc. | STR | Starcraft |
| CCC | Cable Car Concepts Inc. | INT | International | SVM | Specialty Vehicle Manufacturing Corporation |
| CCI | Chance Bus Inc. (formerly Chance Manufacturing Company/CHI) | KKI | Krystal Koach Inc. | TBB | Thomas Built Buses |
| CEQ | Coach and Equipment Manufacturing Company | MAN | American MAN Corporation | TEI | Trolley Enterprises Inc. |
| CHA | Chance Manufacturing Company | MBZ | Mercedes Benz | TMC | Transportation Manufacturing Company |
| CMC | Champion Motor Coach Inc. | MCI | Motor Coach Industries International (DINA) | TOU | Tourstar |
| CMD | Chevrolet Motor Division - GMC | MDI | Mid Bus Inc. | TRN | Transcoach |
| CVL | Canadian Vickers Ltd. | MTC | Metrotrans Corporation | TTR | Terra Transit |
| DIA | Diamond Coach Corporation (formerly Coons Manufacturing Inc./CMI) | NAB | North American Bus Industries Inc. (formerly Ikarus USA Inc./IKU) | TTT | Turtle Top |
| DMC | Dina/Motor Coach Industries (MCI) | NAT | North American Transit Inc. | VAN | Van Hool N.V. |
| DTD | Dodge Division - Chrysler Corporation | NAV | Navistar International Corporation (aka: International/INT) | VOL | Volvo |
| | | NBC | National Mobility Corporation | WCI | Wheeled Coach Industries Inc. |
| | | NCC | National Coach Corporation | WOC | Wide One Corporation |
| | | | | WTI | World Trans Inc. (aka: Mobile-Tech Corporation) |

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Non-Rail Manufacturer Codes

| | | | | | |
|-----|-------------------------|-----|---------------------------|-----|--|
| DUC | Dutcher Corporation | NEO | Neoplan - USA Corporation | WYC | Wayne Corporation (formerly Wayne Manufacturing Company/WAY) |
| EBC | EIDorado Bus (EBC Inc.) | | | | |

Non-Rail Collision Information Screen

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:

| | |
|--|--|
| <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"/> |

Non-Rail Roadway Information

Roadway configuration:

| | |
|--|---------------------------------------|
| <input type="radio"/> Limited access highway | <input type="radio"/> Divided highway |
| <input type="radio"/> Street | <input type="radio"/> Bridge |
| <input type="radio"/> Intersection / grade crossing | <input type="radio"/> Tunnel |
| <input type="radio"/> Private property | <input type="radio"/> Ramp |
| <input type="radio"/> Other ▶ Please describe <input type="text"/> | |

Intersection:

| | |
|--|---|
| <input type="radio"/> Traffic signal | <input type="radio"/> Police officer / flagman / other person |
| <input type="radio"/> Stop sign | <input type="radio"/> Yield sign |
| <input type="radio"/> Crossing gate | <input type="radio"/> No control device / individual / sign |
| <input type="radio"/> Other ▶ Please describe <input type="text"/> | |
| <input type="radio"/> Not applicable | |

Grade Crossing control:

| | |
|--|--|
| <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"/> | |
| <input type="radio"/> Not applicable | |

Road 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"/> |

Weather: Select the weather conditions at the time of the collision. If the 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 collision occurred. If the lighting type 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 configuration type is not listed, select

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.

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 intersection control type 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 grade crossing control type 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 condition is not listed, select Other and use the **Describe** box to provide a description of the road conditions.

Collision Non-Transit Vehicle Involved Screen

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:

This screen will only appear if you are reporting a non-transit collision that occurred on a transit owned or occupied property.

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.

Collision Type: Select the type of collision that is being reported.

Number of Other Motor Vehicles Involved: Enter the number of other motor vehicles involved in the collision.

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Non-Rail Collision Other Motor Vehicle Involved Screen

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:

- Automobile
- Motorcycle
- Rail vehicle
- Light truck or SUV
- Tractor trailer
- Other ▶ Please describe _____

Other Motor Vehicle action:

- Going straight
- Going backwards
- Making a turn
- Stopped
- Negotiating a curve
- Other ▶ Please describe _____

Collision type:

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

This screen is completed for each other motor vehicle involved in the collision (indicated on the Non-Rail Collision Event Information screen).

Other Motor Vehicle Type: Select the type of other motor vehicle (i.e., automobile, motorcycle) that was involved in the collision. If the 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 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.

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.

Ferryboat Collision Event Information Screen

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
- Person
- Dock / terminal center
- Other ▶ Please describe _____

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 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 list does not contain a description that fits your needs, is not listed, select Other and use the **Describe** box to provide a description of the item.

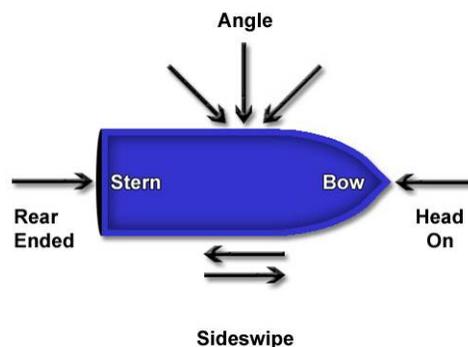
Ferryboat Collision Transit Vehicle Involved Screen

This screen is completed for each water transit vehicle involved in the collision (indicated on the Ferryboat Collision Event Information screen).

Transit Vehicle Type: Select the type of transit vehicle type involved in the collision. If the 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 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 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.

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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 manufacturer type is not listed, select Other and use the **Describe** box to provide the name of the manufacturer.

The following Ferryboat manufacturers are provided in the **Vehicle Manufacturer** drop-down list:

Ferryboat Manufacturer Codes

| | | |
|--------------------------|---|--------------------------------------|
| ALM – Allen Marine | LSC – Livingston Shipbuilding Corporation | NBB – Nicholas Brothers Boatbuilders |
| EQS - Equitable Shipyard | MMR – Millers Marine Railway | RDC – Robert E. Director and Company |
| FPS – Freeport Shipyard | MTM – Marinette Marine | TDS – Todd Shipyards |
| GLF – Gulfcraft | | NA – Not Specified |

Ferryboat Collision Information Screen

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:

Clear Cloudy

Foggy / misting Raining

Snowing / sleetting Windy

Other ▶ Please describe

Lighting:

Daylight Sun in eyes of transit vessel operator

Twilight Sun in eyes of other vessel operator

Night Other ▶ Please describe

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

Weather: Select the weather conditions at the time of the collision. If the 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 collision occurred. If the lighting is not listed, select Other and use the **Describe** box to provide a description of the lighting.

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

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.

Collision Non-Transit Vehicle Involved Screen

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:

This screen will only appear if you are reporting a non-transit collision that occurred on a transit owned or occupied property.

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.

Collision Type: Select the type of collision that is being reported.

Number of Other Motor Vehicles Involved: Enter the number of other motor vehicles involved in the collision.

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Ferryboat Collision Other Motor Vehicle Involved Screen

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:

- Automobile
- Motorcycle
- Rail vehicle
- Light truck or SUV
- Tractor trailer
- Other ▶ Please describe

Other Motor Vehicle action:

- Going straight
- Going backwards
- Making a turn
- Stopped
- Negotiating a curve
- Other ▶ Please describe

Collision type:

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

This screen is completed for each other motor vehicle involved in the collision (indicated on the Ferryboat Collision Event Information screen).

Other Motor Vehicle Type: Select the type of other motor vehicle (i.e., automobile, motorcycle) that was involved in the collision. If the 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 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.

Mainline Derailment Event Information Screen

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 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 Screen

This screen is completed for each rail transit train involved in the derailment (indicated on the Mainline Derailment Event Information screen).

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 action type is not listed, select Other and use the **Describe** box to provide a description of the action.

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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 manufacturer is not listed, select Other and use the **Describe** box to provide the name of the manufacturer.

Derailment Information Screen

The screenshot shows a web form titled "Derailment Information". At the top, it has fields for "Incident Number:" and "Mode / Type of Service:". Below these is a sub-header "Derailment Event Details" and a prompt: "Using the lists below, please provide the following Derailment Right-of-way details".

Derailment Event Details

Weather:

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

Lighting:

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

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:

- Dry
- Snow / slush
- Debris
- Wet
- Ice
- Other ▶ Please describe

At the bottom of the form are three buttons: "Close", "View Form", and "Next".

Weather: Select the weather conditions at the time of the derailment. If the 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 lighting type 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 alignment type 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 condition type 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.

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.

Rail Fire Event Details Screen

Location: Select the location (i.e., in vehicle, revenue facility) in which the fire took place. If the 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.

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.

Type of Fire: Select the type of fire (i.e., fuel, other electrical). If the 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**

Fuel Type: If the fire was related to fuel, select the appropriate fuel type. If the 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 Screen

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

Location: Select the location (i.e., in vehicle, revenue facility) in which the fire took place. If the 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.

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

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

Ferryboat Fire Event Details Screen

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

Location: Select the location (i.e., in vehicle, revenue facility) in which the fire took place. If the 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.

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

Fuel Type: If the fire was related to fuel, select the appropriate fuel type. If the 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.

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.

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Rail Hazardous Material Spill Event Details Screen

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
- 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

Location: Select the location (i.e., in vehicle, revenue facility) in which the hazardous material spill took place. If the 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 type of material is not listed, select Other and use the **Describe** box to provide a description of the hazardous material.

Non-Rail Hazardous Material Spill Event Details Screen

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

Location: Select the location (i.e., in vehicle, revenue facility) in which the hazardous material spill took place. If the 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 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 Screen

Location: Select the location (i.e., in vehicle, revenue facility) in which the hazardous material spill took place. If the 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 type of material is not listed, select Other and use the **Describe** box to provide a description of the hazardous material

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.

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.).

Act of God Event Details Screen

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Type: Select the Act of God type from the choices listed. If the choice that best describes your occurrence is not listed, choose Other and use the **Describe** box to provide a description of the Act of God.

The screenshot shows the 'Act of God Event Details' form. It includes fields for 'Incident Number' and 'Mode / Type of Service'. Below these is a heading 'Location of Property Damage, Injuries or Fatalities:' followed by a list of checkboxes and text input boxes. The options are: 'In vehicle / vessel', 'Revenue facility: transit station / center or terminal', 'Revenue facility: parking facility', 'Revenue facility: other' (with a 'Please describe' box), 'Non-revenue facility' (with a 'Please describe' box), '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', and 'Other' (with a 'Please describe' box). At the bottom are 'Close', 'View Forms', and 'Next' buttons.

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

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.

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.).

Evacuation Event Details Screen

The screenshot shows the 'Evacuation Event Details' form. It includes fields for 'Incident Number' and 'Mode / Type of Service'. Below these is a heading 'Evacuation Event Details' and a sub-heading 'Using the lists below, please provide the following Evacuation Event details.' The form contains a radio button question 'Was this Evacuation for life safety reasons?' with 'Yes' and 'No' options. Below that is a text input box for 'What was Evacuated?'. The 'Evacuation location:' section has radio buttons for 'In vehicle / vessel', 'Revenue facility: transit station / center or terminal', 'Revenue facility: other' (with a 'Please describe' box), 'Non-revenue facility' (with a 'Please describe' box), and 'Other' (with a 'Please describe' box'). At the bottom are 'Close', 'View Forms', and 'Next' buttons.

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 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.

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.

The Security Incident screen is the same for all modes and types of service.

Security Event Details Screen

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
- Hijacking
- Sabotage
- Cyber

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

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

Was the Incident Intentional?: Select the appropriate choice.

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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 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

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.

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

Other Incident Event Details Screen

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 _____

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

Example 23 — Other Incident Type Reporting

Example: Electrocution

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.

Fatality and Injury Detail

This screen captures more detail on the person or persons having died as a result of the incident. The system will generate a screen for each fatality indicated on the Report Set Up Screen 2.

Example 24 — Other Incident Location

Example: In Revenue Facility

A passenger is killed on an escalator.

Solution: Select **Revenue facility: escalator related**

Person Information – Fatalities Screen

Person Type: Select the person type (i.e., transit employee, pedestrian). If the person types provided are not appropriate to the situation, select Other and use the **Describe** box to provide a description of the person type.

Age Range: Five age ranges have been provided: Child (12 and under), Teen (13 - 18), Adult (19 - 59), Senior Citizen (60 and up), and Unknown. Select the age range that describes the fatality. If the age of the person or persons involved has not been provided to you, select Unknown. Unknown should only be selected in rare circumstances and if selected you will be required to provide an explanation as to why the age range of the individual cannot be provided in the **Describe** box.

Gender: Select the gender of the fatality.

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Person Information – Injuries Screen

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 ▶ Please describe

Person inside vehicles

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

Age range:

- Child (12 and under)
- Teen (13 - 18)
- Adult (19 - 59)
- Senior (60 and up)
- Unknown ▶ Please describe

Gender: Male Female

Person Type: Select the person type (i.e., transit employee, pedestrian). If the person types provided are not appropriate to the situation, select Other and use the **Describe** box to provide a description of the person type.

Age Range: Five age ranges have been provided: Child (12 and under), Teen (13 - 18), Adult (19 - 59), Senior Citizen (60 and up), and Unknown. Select the age range that describes the injured party. Unknown should only be selected in rare circumstances and if selected you will be required to provide an explanation as to why the age range of the individual cannot be provided in the **Describe** box.

Gender: Select the gender of the injured person(s).

Reviewing and Editing Your Reportable Incident Report Prior to Submission

Upon completion of the final S&S-40 reporting Wizard screen the system automatically saves your report and returns you to the **Safety & Security** tab. Locate the new incident report in the list of S&S-40s (highlighted in yellow), click the link to open your incident report. The Reportable Incident Report displays the data entered using the S&S-40 reporting Wizard.

A sample Reportable Incident Report form (S&S-40) form is provided below.

HTD ID: 0000 Agency Name: Transit Agency

Home eFile Annual Safety & Security Reports Communications Site Admin Help

Form Name: Major Incident Report (S&S-43) Mode: MB Service: DO [Close Form](#)

Submit Date: 07/02/2009 Mode / Type of Service: MB / DO

Incident Types: Non-Rail Collision
 Number Of Fatalities:
 Number Of Injuries:
 Estimated property damage: \$

Basic Information

Incident Number: 73 Mode / Type of Service: MB / DO

Date of incident: Year

Time of incident: AM

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: (123)123-1234

Non-Rail Collision Event Information

Incident Number: 73 Mode / Type of Service: MB / DO

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
- Other Please describe

Number of Other Motor Vehicles involved:

[Add Transit Vehicle](#)

Delete Train Involved

Non-Rail Collision Transit Vehicle Involved Information

Incident Number: 73 Mode / Type of Service: MB / DO

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

Transit vehicle type:

- Transit: bus - articulated
- Transit: bus - cutaway
- Transit: demand response vehicle
- Transit: jitney or público vehicle
- Other Please describe
- Transit: bus
- Transit: trolleybus
- Transit: vanpool vehicle
- Transit: non-revenue vehicle

Vehicle action:

- Going straight
- Making a stop
- Leaving a stop
- Negotiating a curve
- Making a turn
- Other Please describe

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| | | |
|--|--|---|
| Collision type: | <input type="radio"/> Head-on <input type="radio"/> Rear-ending <input checked="" type="radio"/> Angle <input type="radio"/> Other <input type="checkbox"/> Please describe <input type="text"/> | <input type="radio"/> Rear-ended <input type="radio"/> Other front impact <input type="radio"/> Sideswipe <input type="radio"/> Other <input type="checkbox"/> Please describe <input type="text"/> |
| Non-Rail Collision Information | | |
| Incident Number: 73 Mode / Type of Service: MB / DO | | |
| Using the lists below, please provide the following Collision Roadway details. | | |
| Non-Rail Collision Event Details | | |
| Weather: | <input type="radio"/> Clear <input type="radio"/> Foggy / misting <input type="radio"/> Snowing / sleeting | <input checked="" type="radio"/> Cloudy <input type="radio"/> Raining <input type="radio"/> Other <input type="checkbox"/> Please describe <input type="text"/> |
| Lighting: | <input checked="" type="radio"/> Daylight <input type="radio"/> Twilight <input type="radio"/> Night | <input type="radio"/> Sun in eyes of transit vehicle operator <input type="radio"/> Sun in eyes of other vehicle operator <input type="radio"/> Other <input type="checkbox"/> Please describe <input type="text"/> |
| Non-Rail Roadway Information | | |
| Roadway configuration: | <input type="radio"/> Limited access highway <input checked="" type="radio"/> Street <input type="radio"/> Intersection / grade crossing <input type="radio"/> Private property <input type="radio"/> Other <input type="checkbox"/> Please describe <input type="text"/> | <input type="radio"/> Divided highway <input type="radio"/> Bridge <input type="radio"/> Tunnel <input type="radio"/> Ramp |
| Intersection (if applicable): | <input type="radio"/> Traffic signal <input type="radio"/> Stop sign <input type="radio"/> Crossing gate <input type="radio"/> Other <input type="checkbox"/> Please describe <input type="text"/> <input checked="" type="radio"/> Not Applicable | <input type="radio"/> Police officer / flagman / other person <input type="radio"/> Yield sign <input type="radio"/> No control device / individual / sign |
| Grade Crossing control (if applicable): | <input type="radio"/> Active devices: crossing gates <input type="radio"/> Active devices: flashing lights only <input type="radio"/> Active devices: traffic signal <input type="radio"/> Passive devices: cross bucks <input type="radio"/> Other <input type="checkbox"/> Please describe <input type="text"/> <input checked="" type="radio"/> Not Applicable | <input type="radio"/> Active devices: quad gates <input type="radio"/> Active devices: train approaching sign <input type="radio"/> Passive devices: stop sign <input type="radio"/> No control device |
| Road conditions: | <input checked="" type="radio"/> Dry <input type="radio"/> Snow / slush <input type="radio"/> Debris | <input type="radio"/> Wet <input type="radio"/> Ice <input type="radio"/> Other <input type="checkbox"/> Please describe <input type="text"/> |

Delete Injury

Person Information - Injuries

Incident Number: 73 Mode / Type of Service: **MB / DO**

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 ▶ Please describe

Person inside vehicles

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

Age range:

- Child (12 and under)
- Teen (13 - 18)
- Adult (19 - 59)
- Senior citizen (60 and up)
- Unknown ▶ Please describe

Gender:

- Male
- Female

Editing the Reportable Incident Report (S&S-40) form

When reviewing the S&S-40 form, if any information has been reported incorrectly or if you forgot to enter a data item, etc., buttons are provided that either creates a new section (number of transit vehicles involved, number of other motor vehicles involved, person information – injuries, and person information – fatalities, etc.) or allows you to delete a section.

Incident type, the date of the incident and evacuations cannot be edited. The entire report must be deleted and a new report must be generated using the reporting Wizard. See Deleting an S&S-40 form below.

To edit existing data, simply make your changes, scroll to the bottom of the form and click the **Save** button.

To add or delete sections of the form (number of transit vehicles involved, number of other motor vehicles involved, person information – injuries or fatalities, etc.), locate the blue **Add** buttons or **Delete** check boxes at the top of each section to the left.

Example 25 — Adding, Deleting or Editing an Injury or Fatality on the S&S-40

Example: Changing an injury to a fatality

Major Incident # 24 was submitted indicating 1 injury that was transported from the scene for immediate medical attention, however, during the 30-day timeframe, the injury became a fatality.

Solution: Open Major Incident # 24, locate the Person Information – Injuries section of the form and check the **Delete Injury** box. Next click the **Add Fatality** button to generate the Person Information – Fatalities screen. After entering the fatality information click the **Submit** button at the bottom of the form to save and submit the revised form.

Example: Adding an injury or fatality

Major Incident # 2 was submitted without recording injuries that were transported away from the scene for immediate medical attention or reportable fatalities.

Solution: Open Major Incident # 2 click either the **Add Fatality** or **Add Injury** button and generate the appropriate screen. Should you need to report multiple or both (one screen for each injury or fatality) repeat the process. When you have entered data for all injuries and or fatalities click the **Save** button to Save the form or the **Submit** button to submit the revised form.

Submitting an S&S-40 form

Once you have reviewed or edited the report and you are satisfied with the data, scroll to the bottom of the form and click the **Submit** button.

Deleting an S&S-40 form

To delete an S&S-40 form, you must be signed in as the Safety Contact person, NTD Contact person, or the CEO.

From the **Safety and Security** tab, locate the S&S-40 form by incident number and click on the corresponding Reportable Incident Report (S&S-40) link. Once the S&S-40 is open, scroll to the bottom of the form and click the **Delete** button. A prompt confirming that you want to delete the report will appear. Click **OK**, Internet reporting will delete the report and return you to the **Safety and Security** tab.

Once a report has been deleted it is completely removed from the system. Should you later realize that the report was needed you will need to use the reporting Wizard and create a new Reportable Incident Report S&S-40.