

# SPOKANE TRANSIT OPERATOR'S EVENT REPORT

## EVENT INFORMATION

<b>STA Report #:</b>		<b>Other Related Report #:</b>			
Event Date:		Time:		Time Dispatch Notified:	
Event Indicator:	<input type="checkbox"/> Incident	<input type="checkbox"/> Passenger Evt	<input type="checkbox"/> Vehicle Evt	<input type="checkbox"/> Customer Contact	
	<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Bicyclist	
Department:	<input type="checkbox"/> Fixed Route	<input type="checkbox"/> VanPool	<input type="checkbox"/> ParaTransit	<input type="checkbox"/> Security	
	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Administration	<input type="checkbox"/> Worker-Driver	<input type="checkbox"/> Contract	

## TRANSIT DRIVER INFORMATION

Last Name:		First Name:		MI:
Employee Injury:	Phone #:	Date of Hire:	Employee ID:	
Describe Injury:				

## DESCRIPTION OF EVENT

*(use back page if necessary)*

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**Other Persons Involved:**

Last Name:		First Name:		MI:	D.O.B.
Address:					Hm Phone:
City:	County:	State:	Zip:	Wk Phone:	
Describe Injuries:					

**Other Persons Involved:**

Last Name:		First Name:		MI:	D.O.B.
Address:					Hm Phone:
City:	County:	State:	Zip:	Wk Phone:	
Describe Injuries:					

**Other Persons Involved:**

Last Name:		First Name:		MI:	D.O.B.
Address:					Hm Phone:
City:	County:	State:	Zip:	Wk Phone:	
Describe Injuries:					

**Other Persons Involved:**

Last Name:		First Name:		MI:	D.O.B.
Address:					Hm Phone:
City:	County:	State:	Zip:	Wk Phone:	
Describe Injuries:					

**What statement was made by other parties?**

### EVENT DETAIL

Weather:		Light:		Road:	
Incident Address:					
City:		County:		State:	Zip:
Route #:		Run #:		Company Veh. #:	
<b>Primary Location (choose one):</b>					
<input type="checkbox"/> Bus Shelter/Zone/Stop	<input type="checkbox"/> Intersection	<input type="checkbox"/> Parking Lot	<input type="checkbox"/> Alley	<input type="checkbox"/> Street	
<input type="checkbox"/> Transit Facility	<input type="checkbox"/> Residential Street	<input type="checkbox"/> Railroad Tracks	<input type="checkbox"/> Hill	<input type="checkbox"/> Bridge	
<input type="checkbox"/> Freeway/Interstate	<input type="checkbox"/> Construction Zone	<input type="checkbox"/> Member Vehicle	<input type="checkbox"/> Steps	<input type="checkbox"/> Highway	
<input type="checkbox"/> Mall/Shopping Center	<input type="checkbox"/> Driveway				
<input type="checkbox"/> URBAN	<input type="checkbox"/> SUBURBAN	<input type="checkbox"/> RURAL	<input type="checkbox"/> PRIVATE PROPERTY	<input type="checkbox"/> MEMBER PROPERTY	

## SPOKANE TRANSIT OPERATOR'S EVENT REPORT

### OTHER DRIVER INFORMATION

Last Name:		First Name:		MI:	D.O.B.
Address:				Hm Phone:	
City:	County:	State:	Zip:	Wk Phone:	
Lic. Plate:		State:	Driver's Lic.		State:
Vehicle Year:	Make:	Model:		Color:	
Insurance Co.			Insurance Policy No.		

### OTHER VEHICLE OWNER INFORMATION

Last Name:		First Name:		MI:	D.O.B.
Address:				Hm Phone:	
City:	County:	State:	Zip:	Wk Phone:	
Last Name:		First Name:		MI:	D.O.B.
Address:				Hm Phone:	
City:	County:	State:	Zip:	Wk Phone:	
Insurance Co.			Insurance Policy No.		

PLEASE ATTACH COURTESY CARDS FOR WITNESS(S) INFORMATION & DESCRIPTION

# of passengers:	# of Courtesy Cards Issued:	# of courtesy Cards Collected:
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**I certify under penalty of perjury under the laws of Washington State that this report is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

**Do Not Write Below This Line  
FOR OFFICE USE ONLY**

ACC. CODE #:

ACC. GRADE:

REVIEWER'S INITIALS:

Operator's acknowledgment of accident grading.

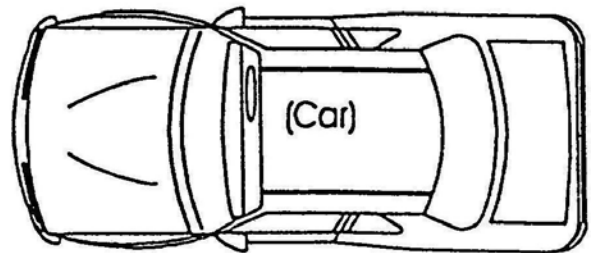
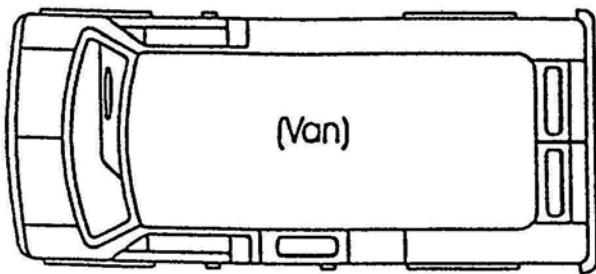
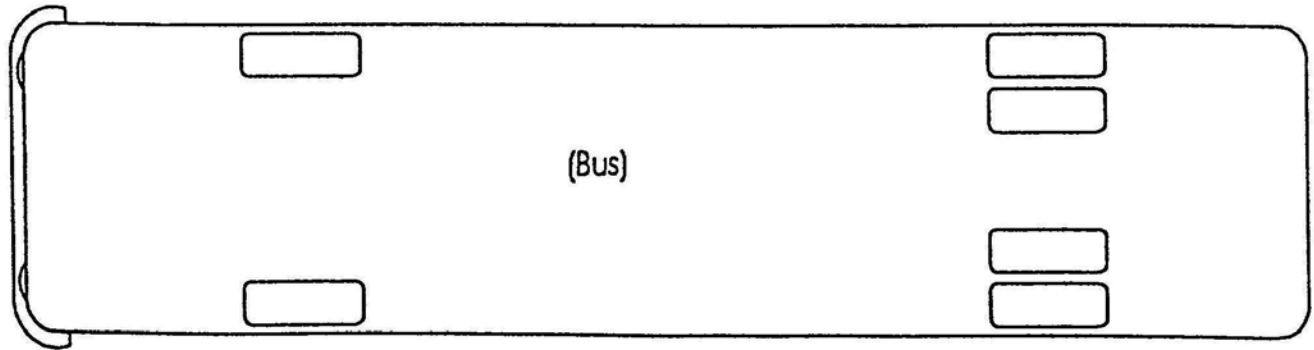
Operator: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SPOKANE TRANSIT OPERATOR'S EVENT REPORT

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Circle the areas of damage and draw you accident scene below and/or on the next page.



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OPERATOR'S EVENT REPORT**

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*Intentionally left blank for sketching or reporting.*

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*Supervisor: Read and sign to insure the report is accurate and complete.*

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print/Type Name: \_\_\_\_\_ Employee #: \_\_\_\_\_