M-60 (R-09/08)

Coast Mountain Bus Company Ltd.
EMPLOYEE'S INCIDENT REPORT FOR:

OFFICE USE ONLY
VEHICLE NO.
NO:
FILE NO:

☑ Conventional Bus Operator ☐ Community Shuttle Operator ☐ Other

FOR SERVICE DELIVERY SUPERVISORS USE ONLY:
☐ COLLISION ☐ ONBOARD ☐ EMPLOYEE WITNESS ☐ DEWIREMENTS *
☐ TRAFFIC VIOLATION ☑ OTHER (Not Security Related)
☐ WRONG FORM USED (send to Security C10A)

FILL IN ALL APPLICABLE BOXES (PRINT IN INK)

MONTH / DAY / YEAR	DAY OF THE WEEK	TIME	VEHICLE NO.	LICENCE PLATE NO.	DEPOT / LOCATION	ROUTE (Blockline)	RUN (Block)	DRIVER LICENCE NO.
07 / 16 / 22	Sat	13:45	2173		vtc	7/38	100	5460172

EMPLOYEE NUMBER	LAST NAME	FIRST NAME	SENIORITY NO.	HOURS WORKED THIS DAY PRIOR TO INCIDENT?
E 14751	LaVallee	Dennis	83339	4.5

ACCIDENT LOCATION ON: SB Main AT/BETWEEN Pender CITY/TOWN Vancouver

TRANSIT VEHICLE
☑ BUS (OPERATOR) ☐ BUS (MAINTENANCE) ☐ BUS (TRAINING) ☐ ROAD SUPERVISOR VEHICLE ☐ SERVICE VEHICLE (NON REVENUE) ☐ PROPERTY / EQUIPMENT ☐ OTHER

Check 1 from each Section

ROAD
☑ CEMENT
☐ ASPHALT
☐ BRICK
☐ UNPAVED

☐ STRAIGHT
☐ CURVE

☐ DOWN GRADE
☐ UP GRADE
☐ LEVEL
☐ HILLCREST

☐ DRY
☐ WET
☐ MUDDY
☐ SNOWY
☐ ICY
☐ OIL

TRAFFIC CONTROLS
☐ STOP SIGN
☐ TRAFFIC LIGHT
☐ POLICE
☐ WARNING SIGNAL
☐ R.R. GATES
☐ NOT WORKING
☐ OTHER

LIGHTING
☑ DAYLIGHT
☐ DARK
☐ DUSK
☐ DAWN

STREETLIGHT
YES ☐ NO ☐

INTERIOR LIGHTS
ON ☑ OFF ☐

WEATHER
(DESCRIBE)

WITNESSES
YES ☐ NO ☐

IF NO WHY

VEHICLE MOVEMENT

TRANSIT VEH	OTHER VEH	
	☐	STRAIGHT AHEAD
	☐	PASSING
✓	☐	BEING PASSED
	☐	TURNING
	☐	FROM CURB / BUS ZONE
	☐	INTO CURB / BUS ZONE
	☐	WEAVING
	☐	SKIDDING
	☐	WRONG SIDE
	☐	STARTING
	☐	STOPPING
	☐	CHANGING SPEED
	☐	CHANGING LANES
	☐	OTHER

STATIONARY

	☐	LEGALLY PARKED
	☐	STOPPED IN TRAFFIC
	☐	STOPPED IN BUS ZONE
	☐	ILLEGALLY PARKED
	☐	OTHER

INJURIES ONBOARD OTHER VEHICLE ?
YES ☐ NO ☐

ONBOARD INJURIES
ACTION PRIOR TO INCIDENT
☐ ALIGHTING - FRONT
☐ ALIGHTING - REAR
☐ BOARDING -FRONT
☐ PAYING FARE
☐ ARISING / SITTING
☐ MOVING
☐ SEATED
☐ STANDING
☐ CHANGING SEATS
☐ UNKNOWN

INJURY ACTION
☐ SLIPPED *
☐ TRIPPED *
☐ FELL *
☐ CAUGHT BY DOOR
☐ CAUGHT BOARDING - FRONT
☐ CAUGHT ALIGHTING - FRONT
☐ CAUGHT ALIGHTING - REAR

INJURY ACTION RESULT
☐ HIT FLOOR
☐ HIT SEAT
☐ HIT FAREBOX
☐ HIT WINDSHIELD
☐ HIT STANCHION

ANY DEBRIS ON FLOOR ?
YES ☐ NO ☐

IF YES, WHAT

DAMAGE
☐ EQUIPMENT DAMAGE
☐ FOUND DAMAGE/ BROKEN WINDOW
☐ DEFECTS MECHANICAL FIRE
☐ DAMAGE BY TOWING/BEING TOWED
☐ FIRE ON BUS
☐ USE OF FIRE EXTINGUISHER

MISCELLANEOUS
☐ LOST PROPERTY
☐ ILLNESS/DEATH (NOT ONBRD INJURY)
☐ MISCELLANEOUS INCIDENT
☐ TRACER
☐ TORN / SOILED CLOTHING
☐ CONCERN/ COMPLAINT BY
☐ OPERATOR (NO SECURITY RELATED)

WAS PASSENGER HOLDING ON ?
YES ☐ NO ☐

WAS PASSENGER OBVIOUSLY IMPAIRED, DISABLED OR ELDERLY ? *
YES ☐ NO ☐

IF YES, WERE THEY ALLOWED THE OPPORTUNITY TO BE SEATED ?
YES ☐ NO ☐

WAS PASSENGER CARRYING ITEM /S ?
YES ☐ NO ☐

* EXPLAIN IN NARRATIVE

TRANSIT VEHICLE LOAD
☐ EMPTY ☐ DRIVER ONLY ☐ SOME STANDEES ☐ SEATED LOAD ☐ CROWDED ESTIMATED NUMBER OF PASSENGERS

OTHER VEHICLE/PROPERTY
OTHER VEH LOAD: ☐ EMPTY ☐ DRIVER ONLY ☐ DRIVER AND _____ PASSENGERS

DRIVER'S FAMILY NAME	DRIVER'S GIVEN NAME	☐ MALE ☐ FEMALE	AGE (EST.) DATE OF BIRTH	DRIVER'S LICENCE NO.	PROV. OR STATE

DRIVER'S ADDRESS	VEH. LIC. NO.	PROV. OR STATE	VEHICLE YEAR, MAKE, MODEL

DRIVER'S PHONE NO.	INSURED BY (ONLY APPLIES TO OUT OF PROVINCE VEHICLES)	POLICY NO.	PROPERTY DAMAGE

OWNER'S FAMILY NAME	OWNER'S GIVEN NAME	OWNER'S ADDRESS	OWNER'S PHONE NO.

REPORTS AND ASSISTANCE OR MOVING TRAFFIC VIOLATIONS

T. COMM CALLED YES ☐ NO ☐	POLICE ATTENDED YES ☐ NO ☐	POLICE DETACHMENT	POLICE REPORT OR CASE NO.
SUPERVISOR ATTENDED YES ☐ NO ☐	NAME OF OFFICER	TICKETS ISSUED ? TRANSIT DRIVER ☐ MOTORIST ☐ NONE ☐	
NAME OF SUPERVISOR	BADGE NO.	IF SO CHARGE?	

INJURED PERSON(S) (OTHER THAN TRANSIT OPERATOR)

FAMILY NAME, GIVEN NAME	ADDRESS	PHONE NO.	INJURY	ON BUS	OTHER	DATE OF BIRTH

TO HOSPITAL BY
☐ AMBULANCE (NAME & CO) _____ TAXI (NAME & CO) _____ OTHER ☐ HOSPITAL _____

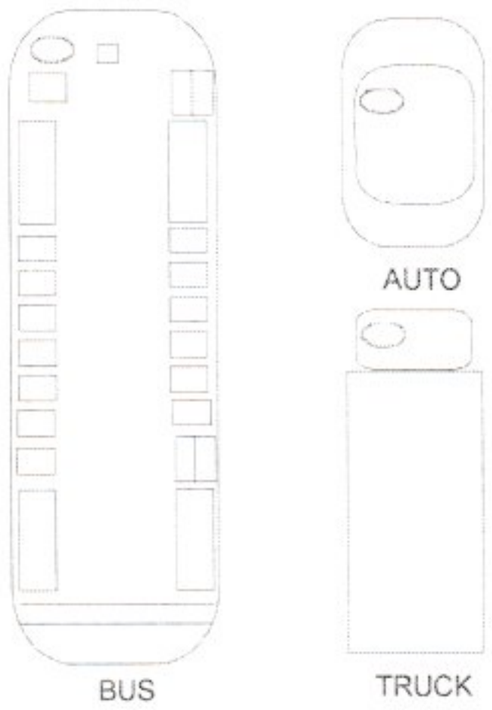
DISTRIBUTION Original: Scan into OWL and file in Operator's File

* VTC Only - Dewirements: Scan into OWL only if property damage or injury has occurred, and file in Operator's File. Copy to Maintenance only if there is damage to the bus.

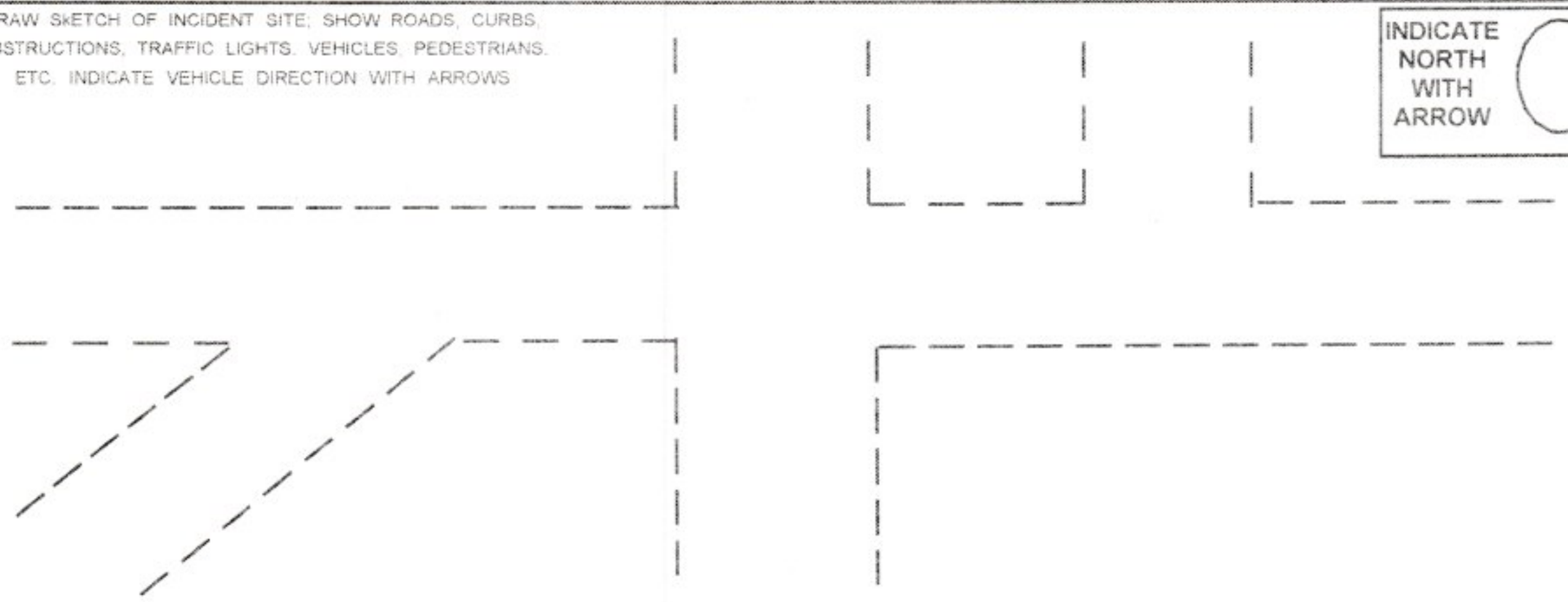
WITNESS (ATTACH WITNESS CARDS)

FAMILY NAME, GIVEN NAME	ADDRESS	WORK PHONE NO	HOME PHONE NO	LOCATION AT TIME OF ACCIDENT/INCIDENT	AGE (EST)

MARK "X" WHERE DAMAGED, WHERE PASSENGER FELL OR WHERE PEDESTRIAN HIT



DRAW SkETCH OF INCIDENT SITE; SHOW ROADS, CURBS, OBSTRUCTIONS, TRAFFIC LIGHTS, VEHICLES, PEDESTRIANS, ETC. INDICATE VEHICLE DIRECTION WITH ARROWS



DAMAGE TO TRANSIT VEHICLE DESCRIBE (NOT IN DOLLARS)

DAMAGE TO OTHER VEHICLE DESCRIBE (NOT IN DOLLARS)

DISTANCE AND SPEED (EST)

HOW FAR AWAY WAS OTHER VEHICLE / PEDESTRIAN WHEN IN POSITION OF DANGER _____ METERS

SPEED

TRANSIT VEHICLE		OTHER VEHICLE	
PRIOR TO INCIDENT	AT CONTACT	PRIOR TO INCIDENT	AT CONTACT
Km/h	Km/h	Km/h	Km/h

TRAVEL DISTANCE AFTER INCIDENT

TRANSIT VEHICLE	OTHER VEHICLE
METERS	METERS

DELAY AT SCENE

_____ MINUTES

VEHICLE LIGHTS

TRANSIT VEHICLE		OTHER VEHICLE	
☐ ON	☐ OFF	☐ ON	☐ OFF

TRAVEL DIRECTION

TRANSIT VEHICLE		OTHER VEHICLE	
☐ NORTH	☐ EAST	☐ NORTH	☐ EAST
☐ SOUTH	☐ WEST	☐ SOUTH	☐ WEST

SIGNALS

TRANSIT VEHICLE

☐ HORN ☐ DIRECTION INDICATOR
☐ ARMS ☐ STOPLIGHTS ☐ NONE

OTHER VEHICLE

☐ HORN ☐ DIRECTION INDICATOR
☐ ARMS ☐ STOPLIGHTS ☐ NONE

EMPLOYEE'S DESCRIPTION OF INCIDENT INCLUDING RELEVANT DETAILS PRIOR TO AND AFTER: (**PLEASE PRINT CLEARLY WITHIN THE BOX PROVIDED**)

As I was stopped at the stop line SB Main/NS Pender at my SB red Light, a VPD officer crossed in front of me heading WB. My window was open, he waved and said "Hi, how are you", I said fine, he continued crossing to NW corner of the sidewalk. I watched the East side Traffic light for EB traffic on Pender change to Yellow (no cars were heading WB), I checked my Right side sidewalk for pedestrians and with my signal on I started my RH (WB) turn. As I was watching my front Left corner for clearance to cars at the red light heading EB on Pender, I was half way (45deg angle) thru my turn when I heard a "Oh Hey" or something, I checked my RH mirror and the VPD officer was at my back end by back tires about 2-3' away, about 1 foot or more off the curb as he turned his back to my coach and proceeded back to the curb. I then continued on to the stop WB Pender FS Main

spv met me at Dunbar loop and instructed me to fill this form

EMPLOYEE NAME (PRINT)	DATE	SUPERVISORS NAME (PRINT)	DATE
DENNIS LAVALLEE	JULY 16/2022		
EMPLOYEE SIGNATURE *		SUPERVISOR'S SIGNATURE	

* *Whenever involved in a collision, pedestrian, onboard, or wheelchair/scooter incident, however minor, litigation is to be anticipated. Operators are required to complete the appropriate Company reports* ***within 24 hours of the incident or accident****. Obtain as many witnesses and provide as many details as possible.*