M-62 (R-08/13)

EMPLOYEE'S INCIDENT REPORT FOR:

OFFICE USE ONLY File No:

☑ Conventional Bus Operator ☐ Other
☐ Community Shuttle Operator

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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	VEH/COACH NO.	LICENCE PLATE NO.	DEPOT / LOCATION	LINE	BLOCK	DRIVER LICENCE NO.
02	05	2025	5	8:15	18334	ND7982	VTC	33	90	5460172

EMPLOYEE NUMBER	LAST NAME	FIRST NAME	SENIORITY NO.	HOURS WORKED THIS DAY PRIOR TO INCIDENT?
E 14751	LAVALLEE	DENNIS	83339	2.25

ACCIDENT LOCATION ON: SB CAMBIE AT/BETWEEN: NS 29ST 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 ☐ OILY

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

LIGHTING
☑ DAYLIGHT ☐ DARK ☐ DUSK ☐ DAWN
STREET LIGHT: YES ☐ NO ☐
INTERIOR LIGHTS: ON ☐ OFF ☐

WEATHER
(DESCRIBE) CLOUDY

WITNESSES
YES ☑ NO ☐
IF NO WHY
SIMON 778-229-6293

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 ONBOARD 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 20

OTHER VEHICLE/PROPERTY
OTHER VEH LOAD ☐ EMPTY ☐ DRIVER ONLY ☐ DRIVER AND 1 PASSENGERS

DRIVER'S FAMILY NAME	DRIVER'S GIVEN NAME	☑ MALE ☐ FEMALE	AGE (EST.) DATE OF BIRTH	DRIVER'S LICENCE NO.	PROV. OR STATE
MORRIS	RANDAL			03352107	BC

DRIVER'S ADDRESS	VEH. LIC. NO.	PROV. OR STATE	VEHICLE YEAR, MAKE, MODEL
903-1228 MARINASIDE CR VANCOUVER V6Z 2W4	LE6 89B	BC	TOYOTA SUV DARK COLOR

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

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 SITE	TO 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.

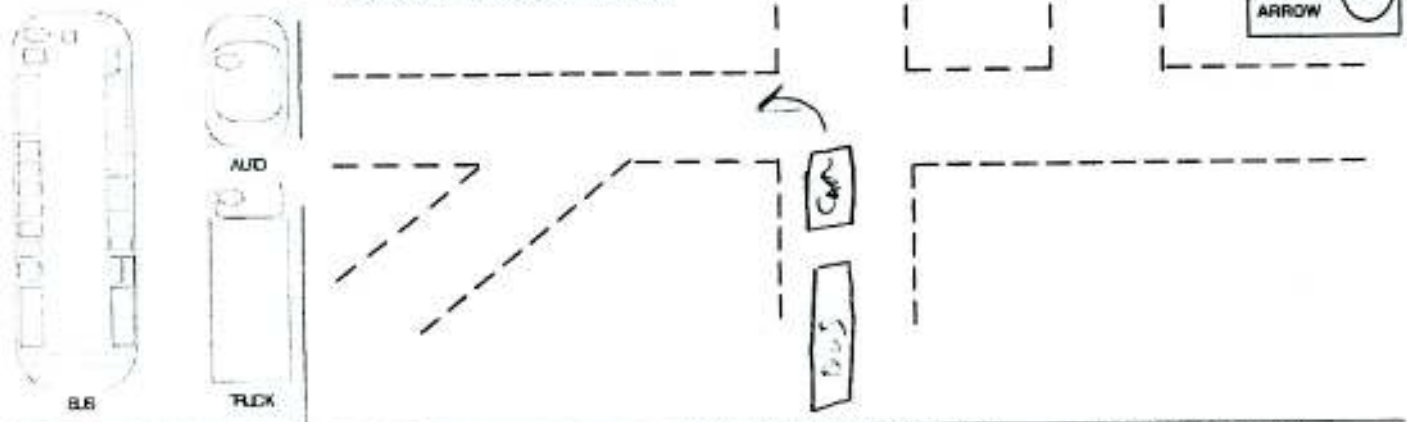
WITNESS (ATTACH WITNESS CARDS)

FAMILY NAME, GIVEN NAME	ADDRESS	WORK PHONE NO	HOME PHONE NO	LOCATION AT TIME OF ACCIDENT/INCIDENT	AGE (EST)
SIMON		778-229-6293		1ST RH SEAT BY WHEELWELL	50

MARK 'X' WHERE DAMAGED. WHERE PASS ENGER FELL OR WHERE PEDESTRIAN HIT

DRAW SKETCH OF INCIDENT BELOW. SHOW ROADS, CURBS, OBSTRUCTIONS, TRAFFIC LIGHTS, VEHICLES, PEDESTRIANS, ETC. INDICATE VEHICLE DIRECTION WITH ARROWS

INDICATE NORTH WITH ARROW



DAMAGE TO TRANSIT VEHICLE (DESCRIBE (NOT IN DOLLARS))	DAMAGE TO OTHER VEHICLE (DESCRIBE (NOT IN DOLLARS))
NOTHING NOTICABLE	POSSIBLE SCRATCHES TO BUMBPER/REAR OF VEHICLE
	NO VISIBLE DENTS

DISTANCE AND SPEED (EST)

HOW FAR AWAY WAS OTHER VEHICLE/PEDESTRIAN WHEN IN POSITION OF DANGER? 2 METERS

DELAY AT SCENE: 10 MINUTES

SPEED	TRANSIT VEHICLE		OTHER VEHICLE	
	PRIOR TO INCIDENT	AT CONTACT	PRIOR TO INCIDENT	AT CONTACT
	0 Km/h	10 Km/h	0 Km/h	0 Km/h

TRAVEL DISTANCE AFTER INCIDENT

TRANSIT VEHICLE	OTHER VEHICLE
>1 METERS	>1 METERS

VEHICLE LIGHTS

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

TRAVEL DIRECTION

TRANSIT VEHICLE				OTHER VEHICLE			
☐ NORTH	☐ EAST	☐ SOUTH	☐ WEST	☐ NORTH	☐ EAST	☑ 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 waiting at the green light SB Cambie, NS 29 for my LF Turn. There was a vehicle in front of me. As I was scanning my surroundings, I believed I saw the vehicle in front of me start to proceed to make his LF Turn. I believe I looked ahead at oncoming traffic to see If I would also be able to make the turn behind him, I then noticed he stopped and decided not to make the LF turn, as the light had just turned yellow. I then hit the breaks and tried to stop but was unable to stop in time and made contact with the back of his vehicle. Driver got out, took pictures on scene, we then pulled to 29th stop exchanged info and video tagged.

EMPLOYEE NAME (PRINT)	DATE	SUPERVISOR'S NAME (PRINT)	DATE
DEVAULT	FEB 3 2025		
EMPLOYEE SIGNATURE		SUPERVISOR'S SIGNATURE	

k Whenever involved in a collision, pedestrian, onboard, or wheelchair/sc,ao)er incident, howeve,r m,inor, litigation is lo 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.*