M-60 (R-08/13)

EMPLOYEE'S INCIDENT REPORT FOR:

OFFICE USE ONLY File No: _____

☑ Conventional Bus Operator ☐ Other
☐ Community Shuttle Operator

"Privacy Notice – The personal information collected is necessary for Incident Investigation and Claims Management and is in accordance with provisions of Part 3 of the Freedom of Information & Protection of Privacy Act. Please refer to www.translink.ca/privacy policy or contact the TransLink Privacy Officer at privacy@translink.ca for further information".

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	LINE	BLOCK	DRIVER LICENCE NO.
11 / 08 / 23	WED	12:15	2222	NN9944	VTC	4	11	5460172

EMPLOYEE NUMBER	LAST NAME	FIRST NAME	SENIORITY NO.	HOURS WORKED THIS DAY PRIOR TO INCIDENT?
E 14751	LAVALLEE	DENNIS	83339	45 MIN

~~ACCIDENT~~ LOCATION ON:	AT/BETWEEN	CITY/TOWN
EATON	RENFREW	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)

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 40

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 TRANSIT PUL	POLICE REPORT OR CASE NO. GV – 2023 – 21352
SUPERVISOR ATTENDED YES ☑ NO ☐	NAME OF OFFICER MARIO HERVIAS	TICKETS ISSUED ? TRANSIT DRIVER ☐	MOTORIST ☐ NONE ☐
NAME OF SUPERVISOR TERRY CARIY	BADGE NO. 152 & 2852	IF SO CHARGE?	

INJURED PERSON(S) (OTHER THAN TRANSIT OPERATOR)

FAMILY NAME, GIVEN NAME	ADDRESS	PHONE NO.	INJURY	ON BUS	OTHER	DATE OF BIRTH
ELDERLY MALE			DEATH	X		

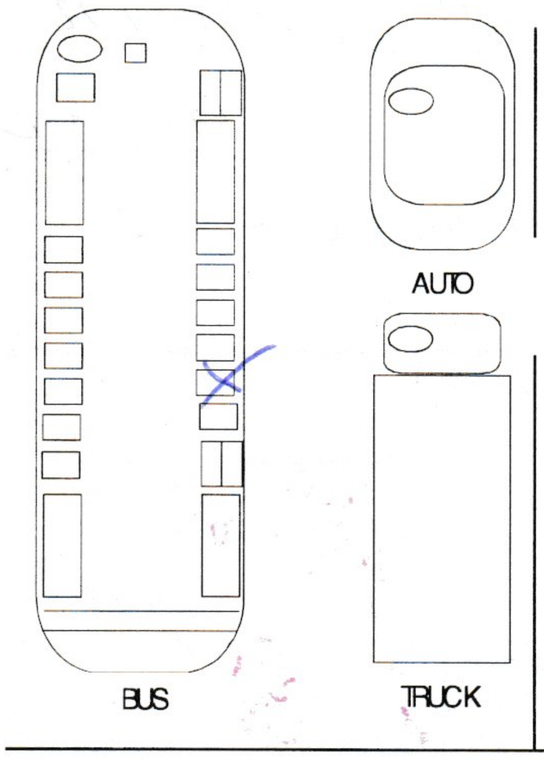
TO HOSPITAL BY
☐ AMBULANCE (NAME & CO) _____ TAXI (NAME & C0) _____ OTHER ☐ HOSPITAL _____

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)

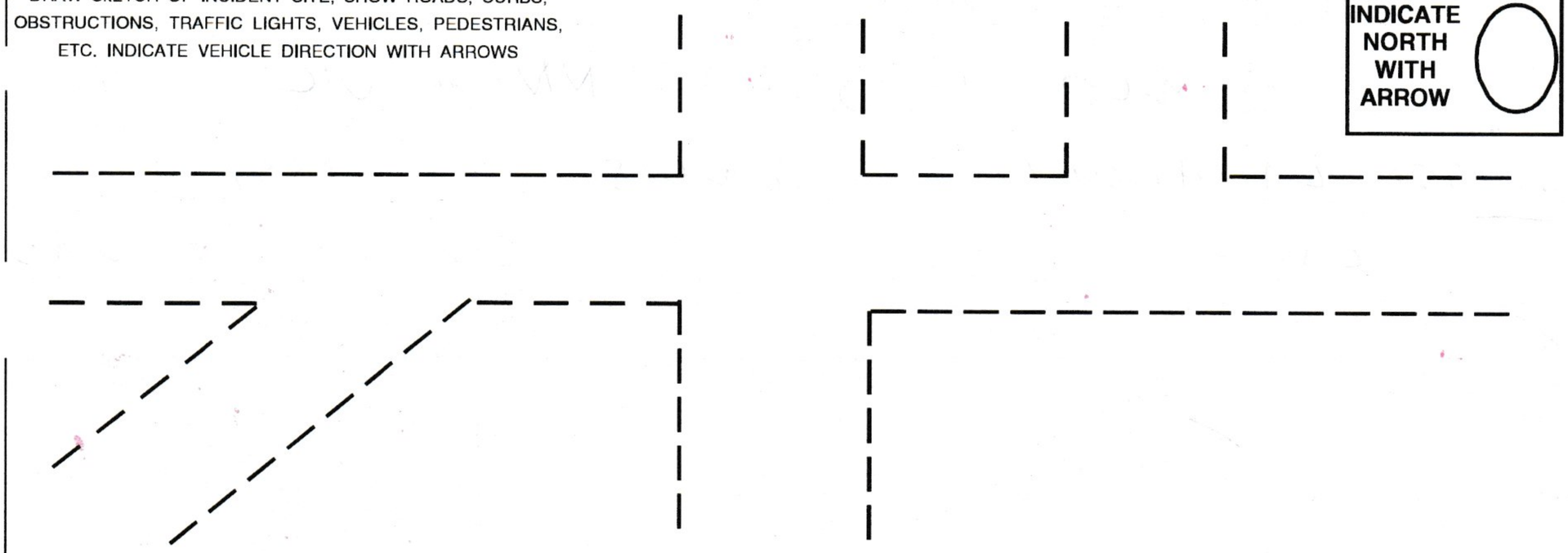
FAMILY NAME, GIVEN NAME	ADDRESS	WORK PHONE NO	HOME PHONE NO	LOCATION AT TIME OF ACCIDENT/INCIDENT	AGE (EST)

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

INDICATE NORTH WITH ARROW



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

DELAY AT SCENE

_____ MINUTES

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

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)**

11:30 - COACH 2222 ARRIVES AT 5TH & GRANVILLE FOR SHIFT CHANGE. DRIVER INDICATES THERE IS A SLEEPER ON BOARD, HE CALLED T-COMM, BUT HAS NOT RECEIVED A CALL BACK. I BOARDED COACH & FOUND SLEEPER HUNCHED OVER ON R.H SIDE BEFORE REAR DOORS. I TOOK MY SEAT & CARRIED ON. T-COMM CALLED AT 11:41, -(GRANVILLE @ DAVIE) I TOLD THEM ABOUT SLEEPER & THEY SAID SPU WOULD ATTEND ENROUTE. THERE WERE 2 SPU @ OR & PENDER BUT THEY WERE ON COFFEE @ STARBUCKS SO I CONTINUED TO TERMINUS. UPON ARRIVAL OF TERMINUS, I PUT ON MY JACHET & VEST, OPENED ALL DOORS & TRIED TO LOUDLY WAKE UD PASSGR. NO RESPONSE. I CROUCHED ~~TOUCH~~ DOWN TO HIS LEVEL. (SO HE WAS SEATED BENT OVER WITH HEAD ON L.H KNEE) SO I COULD WATCH HIS BACK FOR BREATH MOVEMENTS. I SAW NO SIGNS OF BREATHING. I WAS ABOUT TO CALL T-COMM TO ESCALATE WHEN I SAW TRANSIT SECURITY AT BACK DOOR. I INDICATED I AM NOT SURE IF HE WAS BREATHING & THEY TOOK OVER.

EMPLOYEE NAME (PRINT)	DATE	SUPERVISORS NAME (PRINT)	DATE
DENNIS LAVALLEE	NOV 8 2023		
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.*