

CRITICAL INCIDENT REPORT											
Office Use Only			CUSTOM	☐ CON	NVENTIO	NAL	PROJECT#_	BUS No			
COLLISION PA	ASSENGER INJUR	RY [SECURIT	Y WITN	NESS [OTHE	R	ICBC No			
Reports must be subn	mitted within 24 h	nrs of acc	cidents/ir	ncidents			Use ink	and fill in all applicable boxes			
A. Complete this se					TY						
Incident Information		CIDENTO	/ INOOKI.	-57 OLOGA.							
DAY / MONTH / YEAR	DAY OF WEEK	TIME	ROUTE	VEHICLE NO.	LICENSF	E PLATE NO.	DRIVERS LICENSE NO	HRS WORKED PRIOR TO INCIDENT:			
1 1	SENIORITY NO.		LAST NAME	<u> </u>			FIRST NAME	TO MOIDENT.			
E -							CITY / TOWN				
ON:		AT/BETWEE	.EN:				01117101				
Vehicle Involved											
Bus (Operator)	Bus (Maintenan	,	Servic	ce Vehicle	Equi	ipment/Prop	perty				
Bus (Training)	Supervisor Veh		Pool C		Othe	<u></u>					
Experience with vehicle/equip		MONTH 	_	YEARS	_		Follow should Had				
Vehicle load: Empty (driver only) Seated load Some standees Crowded Estimated # of passengers:											
	ALLED AT	TTENDED	NAME	 E							
Supervisor:	YES NO	YES 🔲					21225110	THE COUNTY IN			
Law Enforcement:	YES 🔲 NO	AME						DETACHMENT			
Law Enjoicement.		Operator		Motorist 🔲 F	Passengei	ır	CHARGE				
Continue to section	l .						⊥ ງ for all (or wi	tness only)			
					,	360112	7101 α (
B. Complete this s		CCIDENT	s/Injur	ES							
Accident/Injury Inform	nation	- Iv _{ehi} ,	cle Stationa	Iw	leather (des	-oriba)	Mark "X" on bu	is where damaged, where			
Bus (OTHER VEHICLE) B	,	HICLE) Bus	(OTI	HER VEHICLE)	eattlet (ucc	scribe)		d, or where incident occurred			
Straight ahead Passing	Skidding Wrong side		_egally parke llegally parke								
Being passed	Starting	S	Stopped in tra	affic							
Turning	Stopping	S	Stopped in zo		peed						
From curb/zone	Changing speed		Other			TXIVI/II					
Into curb/zone Weaving	Changing lanes Other			De	elay at Sce	INUTES	91111				
_ ·						NOTES					
ACCIDENTS					Callia	· · Frata					
Collision Type Between Vehicles	Oncoming		Intersections		_	sion Facto e and Speed		1			
Rear end other bus	Head on			ns into vehicle	D .0	s una ep	Prior At cont	tact Travel distance after			
Other bus rear ends	Vehicle contacts		Vehicle	turns into Bus	Bus:			KM/h METRES			
Collision in yard	Bus contacts vehicle		Other Collisi		Oth Veh:	:	KM/h	KM/h METRES			
Pulling out of yard	Vehicle making turn	1	Cluster l	•	Dist. of v	vehicle/pedes	strian when in danger				
Pulling into yard	Bus making turn			p/exchange			Bus	OTH VEH:			
	Vehicle Ahead/Behind		-	xed object	Vehicle	Lights	□ON □ OF	F ON COFF			
Passing Bus contacts left	Bus rear ends veh Vehicle rear ends		Bicycle Animal				North Eas	-			
Vehicle contacts left	Bus reverses into		Other		Travel D	Direction	South Wes				
Bus contacts right	Vehicle reverses in				cionals		Horn Sign				
Vehicle contacts right					Signals		Hands 4-w	part part			
Damage TRANSPORTATION VEHICLE				OTHER	VEHICLE						
	U. L	E L		1 1	INDICATE NORTH WITH) obstructio	tch of incident site sho ons, traffic lights, vehicle	es, pedestrians, etc.			
	J	k L	. – – – – –		ARROW —	and indica	ate vehicle direction wi	th arrows.			
						Mar	k "X" on vehicle / truck	where it was struck or damaged:			
				(F		etal y					
100		İ	ľ	į į							
Other Vehicle / Prope	<u>÷rtv</u>	<u>I</u>	s	§			Vehicle	Truck			
				AGE (EST.) OR D.	.O.B.	DRIVER'S	LICENSE	D. LIC. PROV. OR STATE			
DRIVER'S FAMILY NAME	GIVEN NAME	_	i	· ·		•					
DRIVER'S FAMILY NAME DRIVER'S ADDRESS	GIVEN NAMI		E. LIC. NO.	LIC. PROV. OR ST	ATE	VEHICLE	YEAR, MAKE, MODEL				
DRIVER'S ADDRESS		VHE.				VEHICLE	YEAR, MAKE, MODEL				
	GIVEN NAME	VHE.		LIC. PROV. OR ST		VEHICLE	YEAR, MAKE, MODEL				
DRIVER'S ADDRESS		VHE.		PROPERTY DAMA		VEHICLE	YEAR, MAKE, MODEL	OWNER'S PHONE NO.			



Injuries								
For injuries to those other	than employees En	ployee injuries MUST be rep	norted to the o	mplover on off	icial Employee I	Report for works	lace injuries	
	nan employees. Em	proyee injuries in os r be rep Incident Fac		mpioyer on on	iciai Employee r	Report for Workpr	lace injulies.	
Incident Type Slipped Me	obility Aid? YES			Action Prior t	o Incident O	ther information	<u> </u>	
		- Description						lorly?
Tripped	Wheelchair - moto	. Pue etenn	•	Paying farMoving	le [Carrying items	oaired, disabled, eld	ierry?
Fell	Wheelchair	Cane Bus stopp	-	Seated	1	Holding on?	5!	
Caught by door	Scooter	Other Bus statio	-	Standing		Allowed to be	seated?	
Other	Walker	Puo in mo		Sitting/Aris	ina	Debris on floo		
Location: On board	Boarding	Alighting Bus change	ging speed	Carrying s		yes, what?		
If boarding/alighting	g: Front	Rear	g.i.g opeca	- canying c		yoo, what:		
Injured Person(s)								
FAMILY NAME	GIVEN NAME	ADDRESS	PHONE N	O. IN	IJURY	ON	OTHER D.O.E	
Continue to section	n D							
C. Complete this	coction for all	SECURITY MORENES	,					
		SECURITY INCIDENTS						
Security Incident Ty			T					
Assault Conord	Other Criminal	Minabi-f O ""	Other Incide		Miscellaneous		ribing person(s) invo	ived
Assault - General	Bomb Threat	Mischief - Graffiti	_	Language	Other		owing if possible:	
Assualt - Weapon	Breach	Public Consumption	Aggress	ve Behaviour	Road Rage		Appearance	
Assault - Bodily Harm	Drug Offence	Public Intoxication	Conduct	& Safety	Suspicious	Skin Hair	Gender Race Age Clothing	
Assault - Aggravated	Harassment	Theft	Dispute		Activity	I Iail		
Assault - Sexual	Indecent Exposi		Fare Inc	dent	Trespassing	Eye colour	Weight Accesso	ries
	Mischief	Weapons Offence	Informat	on only	Witness	Facial hair	Height Tattoos/	scars
If injuries (ather then	Operator) fill Auf	section B INJURIE	S – Injure	d Person	s if not cor	tinue to so	ction D	
ii iiijui les (other than	Operator) IIII Out	Section B INJUNIE	.5 – Ilijure	u reisoni	5, 11 1101 001	itiliue to se	CHOILD	
D. Complete this	section for al	ACCIDENTS / INJURI	ES / SECUF	RITY				
·								
Description of Acci	dent / Incident (Include all relevant details p	rior to and afte	r, use addition	al paper if requir	ed)		
Witness Information	1 (If no witnesses in	ndicate why not)						
Witness Information	n (If no witnesses, ir	ndicate why not)	PHONE N	O. V	VORK PHONE NO	. LOCATION A	T INC. TIME AGE	/ D.O.B.
			PHONE N	O. V	VORK PHONE NO	. LOCATION A	T INC. TIME AGE	/ D.O.B.
			PHONE N	O. V	VORK PHONE NO	. LOCATION A	T INC. TIME AGE	/ D.O.B.
			PHONE N	O. V	VORK PHONE NO	. LOCATION A	T INC. TIME AGE	/ D.O.B.
			PHONE N	O. V	VORK PHONE NC	. LOCATION A	T INC. TIME AGE	/ D.O.B.
			PHONE N	O. V	VORK PHONE NO	. LOCATION A	T INC. TIME AGE	/ D.O.B.
			PHONE N	O. V	VORK PHONE NO	. LOCATION A	T INC. TIME AGE	/ D.O.B.
			PHONE N	O. V	VORK PHONE NO	. LOCATION A	T INC. TIME AGE	/ D.O.B.
				O. V		. LOCATION A	T INC. TIME AGE	/ D.O.B.
FAMILY NAME		ADDRESS				. LOCATION A		/ D.O.B.
EMPLOYEE NAME (PRINT)		ADDRESS				. LOCATION A		/ D.O.B.
FAMILY NAME		ADDRESS				. LOCATION A		/ D.O.B.

^{*} Accident/Incident Reports *must be completed, signed, and submitted to <u>transportation@northerndevelopment.bc.ca</u> within 24 hours of an accident/incident. Incomplete, or unsigned, reports will not be processed.*