

Operator Incident Report



Today's Date: _____ Time: _____

Operator Name: _____ Vehicle # _____ Route # _____

Report Submitted to: Supervisor Dispatch Safety Dept.

Check One: Passenger Accident Passenger Incident Passenger Injury Vehicle Damage

☐ Passenger Complaint No Damage Vehicle Incident Report Other _____

Was the incident reported immediately? Reported to Command: (Name) _____

I did not report the incident immediately because: _____

Did a SQM respond to this incident? No Yes (SQM Name)_____

Date Incident Occurred: _____ Time Occurred: _____ Do not have actual date or time

Date Reported: _____ Time Reported: _____ This is a late report

Location of Incident _____

Complete a separate Incident Report for each passenger affected by this event.

Passenger Name: _____ Passenger ID/Seat # _____

Explain what happened:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

Operator Signature: _____ Date Submitted: _____