



# Mountain Metro Transit Safety & Security Incident Report

Updated 10/17/2018

## General Information

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ Reported by: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Incident: \_\_\_\_\_

Were there any injuries or fatalities resulting from this incident?    Yes    No    If yes, how many?

Did the incident involve evacuation for life-safety reasons?    Yes    No    If yes, what was evacuated?

Where did the incident occur?

Approximate Address of Event: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ (Click [here](#) to find coordinates)

Describe the incident in as much detail as possible:

If applicable, who was operating the vehicle at the time of the incident?

Did any emergency service respond?    Police    Fire    Ambulance    CSPD Incident No. (if applicable): \_\_\_\_\_

Did the incident include any property damage?    Yes    No    \*Estimated Property Damage: \_\_\_\_\_

Was the driver taken for post-accident drug & alcohol testing?    Yes    No

**\*Estimate** all damage, including that to transit and private vehicles, as well as to both private and public property in the total estimate.

**Please complete the following section(s) as applicable to the incident type.**

## Fire Event Information

Type of fire: \_\_\_\_\_

## Hazard Materials Spill Information

Type of material: \_\_\_\_\_

## Natural Disaster Event / Act of God Information

Location of property damage: \_\_\_\_\_

## System-Wide or Personal Security Event

Was the action intentional?    Yes    No

## Mountain Metro Transit Use Only

Does the incident meet NTD reporting thresholds?    Yes    No

If yes, on which form?    S&S 40 (Major)    S&S 50 (Minor)    Preventable?    Yes    No

Service Mode:    MB    DR    VP    DT

**Transit Vehicle Collision**

Number of Transit Vehicles Involved in Collision:

Roadway Configuration (if applicable):

Grade Crossing Control (if applicable):

Intersection Control Device (if applicable):

Weather:

Lighting:

Road Conditions:

**Transit Vehicle Information**

Vehicle Description:

Transit Vehicle ID:

Vehicle Type:

Vehicle Action:

Vehicle Speed:

Vehicle Manufacturer:

Collision Type:

Vehicle Fuel Type:

Was this vehicle towed from the scene due to disabling damage resulting from the collision?

Yes

No

**Second Vehicle Information**

Vehicle Description:

Transit Vehicle?

Yes

No

If yes, ID:

Vehicle Type:

Vehicle Action:

Vehicle Speed:

Vehicle Manufacturer:

Collision Type:

Vehicle Fuel Type:

Was this vehicle towed from the scene due to disabling damage resulting from the collision?

Yes

No

**Third Vehicle Information**

Vehicle Description:

Transit Vehicle?

Yes

No

If yes, ID:

Vehicle Type:

Vehicle Action:

Vehicle Speed:

Vehicle Manufacturer:

Collision Type:

Vehicle Fuel Type:

Was this vehicle towed from the scene due to disabling damage resulting from the collision?

Yes

No

**Personal Information - Injury**

Person Type:

Age Range:

Gender:

Transported for Medical Care?

Yes

No

Trespasser

Attempted Suicide

Injury

Illness

Fatality

Person Type:

Age Range:

Gender:

Transported for Medical Care?

Yes

No

Trespasser

Attempted Suicide

Injury

Illness

Fatality

Person Type:

Age Range:

Gender:

Transported for Medical Care?

Yes

No

Trespasser

Attempted Suicide

Injury

Illness

Fatality

**DEFINITIONS**

Personal Security Event - an incident that affects a passenger, driver, other transit worker, etc. Types of events may include assault, rape, robbery, theft, attempted homicide, homicide, attempted suicide, and suicide.

System Security Event - an incident that affects the transit system as a whole. Types of events may include suspicious package, bomb threat, bombing, arson, vandalism, etc.

Transported for Medical Care - means transport directly from the scene, whether by emergency services or private vehicle for medical attention.

**Please attach any supporting documents to the email with this form.**