

EVENT REPORT

For use by: All Intercity Transit Employees, Intercity Transit Vanpool, and Village Van Drivers

1. EMPLOYEE	DRIVER NAM	E & INFO			
Last Name,		First Name	Initial	Employee #	f (or) Driver License #
2. EVENT SPEC	CIFICS				
Event Date:		Supervisor Res	pond?: 🗌 no 🔲	yes* Name of Super	visor:
Event Time:		am pm		Date Reported:	
Division				Vehicle & Route In Transit Vehicle #:	
☐ Dial-A-Lift ☐ Vanpool	Property Incident	Contact		Route #:	
Maintenance		er/Pedestrian Injur	ту	Ru <u>n #:</u>	
☐ Village Vans ☐ Employee Injury (follow up)* ☐ Admin ☐ Bloodborne Exposure (follow up)*					Outbound Inbound
Admin		rne Exposure <i>(folic</i> il, Coolant, Trans, et	c) (follow up)*	Estimated IT vehicle incident:	(mph)
Event Address (Intersection or Stre			Event City Olympia Tumwater Lacey	Yelm Tacoma Other:	Event County Thurston Pierce Other:
		AT TIME OF EVEN			
Weather (Check Clear Cloudy	all that apply) Toggy Raining	Snowing D	t <i>(Check one)</i> aylight awn	Dusk We Dark Dry	=
If EMPLOYEE I	NJURY, comp	lete this section			
Medical Treatn	Driver Injury: nent Received: Time Loss: t Day Worked:	Yes No Yes No Yes No	Injury Type: Head Eye Neck	(<i>Check all that apply)</i> Arm Shoulder Elbow Back Hand Leg	Knee Other: Ankle Foot
		(attach addition	al sheets & com	plete <u>back section</u> i	f needed)
5. EMPLOYEE	DRIVER SIGN	NATURE			
Signature		Date	e Signed	Vanpool ONL	Y (Group #)
Reviewed Report	(FRM initial)		OPS Determi	ination: Non-Prevent	able Preventable

6. ADDITION INFORMA			S & INCI	DENTS	:							
Describe Transit Vehicle/Pro	operty Dama	ged:										
Total Transit	Total Transi	Transit			# Vehicles			Total				
Passengers:	Passengers	Injured:		Towe	Towed:			Fata	lities:			
Describe Other Party Vehicl	e/Property D	amaged:										
,	, ,	J										
7. STATEMENT MADE BY	Y THE OTH	ER PARTY?	?									
8. OTHER DRIVER INFO						T						
Last Name:	First N	First Name:			Initial:		#: (()				
						Home	#: (#:				
Address:		City	' :		Count		3	State: Zip:		Zip:		
Vehicle Year:	Make:	ke: Model				Color:		1				
Tornoro Todri	Martor	te. Iwodei			Color.							
License Plate Number:	State:	te: Driver's License Nu			mber: State:		Т	Date of Birth:				
Liberise Flate Namber.	Otato.	Divers Electise Nu			State.			Date of Biltin				
Insurance Company Name:			Insur	ance Po	nlicy Ni	ımher:						
modifice company Name.			IIISUI	arice i (Jiley IV	arriber.						
9. REGISTERED VEHICL			TION (if d									
Last Name:	FIRSUN	First Name:			Initial: Work #: Home #:		#: (()				
							#: (: ()				
10.PLEASE ATTACH COU	IRTESY CAF	PDS FOR F	ΔΩΗ ΡΔS9	SENGE	R/WI							
			7101117100	LITOL	147 441	TILOU.						
# of Courtesy Cards A	Attached _											
11. DRAW EVENT, STRE	ET NAMES	& SHOW T	RAVEL D	IRECT	ION							

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