

Bus Incident Reporting Form - on Vehicle [Company Name]

Date of Incident: [] **Time of Incident: Service No:** []

Route: [] **Vehicle Type:** [] **Vehicle No:** []

Where Did The Incident Happen? [Nearest landmark or stop]

What Kind of Incident Was It?

Seat damage Broken window Bodywork damage

Fire on bus

Emergency doors opened Missiles thrown at bus Missiles on bus

Abuse to bus staff Spitting at bus staff Theft from bus staff

Assault on bus staff Theft from passenger

Assault on passenger

Other type of incident [please describe briefly]

Was Anyone Physically Injured in the Incident? Yes No

If Yes, who was injured?

Bus driver Bus conductor Revenue inspector

Passenger

Who Were Responsible for the Incident?

Adult passenger[s] Young person/young people Don't know

Someone else? [please describe]

Briefly, could You Describe What Happened?

Have the Police Been Informed? Yes No

If YES, which police station was it reported to?

What is the Crime Number? No Crime Number Given

Your Name: Contact Telephone No:

Bus Incident Reporting Form - Stations, Stops, Shelters

Date of Incident: Time of Incident:

Location?

[Bus station, bus stop or shelter]

What Kind of Incident was it?

Broken glass Damage to seating Graffiti Fire damage

Other damage Rowdy behaviour Abuse to station staff

Assault to station staff Theft from station staff Robbery

Assault on passenger Theft from passenger

Other type of incident [please describe briefly]

Was Anyone Physically Injured in the Incident? Yes No

If YES, who was injured?

Station staff Bus driver/conductor

Travel shop/Information staff

Security staff Passenger Someone else

Who Were Responsible for the Incident?

Adult passenger[s] Young person/young people as passengers

Adult[s] just hanging about Young person/people hanging about

Someone else [please describe]..... **Don't**

know

Briefly, could You Describe What Happened?

Have The Police Been Informed? Yes No

If YES, which police station was it reported to?

What is the Crime Number? No Crime Number Given

Your Name: Contact Telephone No: