

# Incident Reporting Form: On-Vehicle

Company name

Date of Incident  Time of Incident  Service No

Route No  Vehicle Type  Vehicle No

Where did the incident happen?   
(nearest landmark or stop)

## What kind of incident was it?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Seat damage          | <input type="checkbox"/> Broken window  | <input type="checkbox"/> Bodywork damage            |
| <input type="checkbox"/> Fire on vehicle      | <input type="checkbox"/> Emergency doors opened   | <input type="checkbox"/> Missiles thrown at vehicle |
| <input type="checkbox"/> Missiles on vehicle  | <input type="checkbox"/> Abuse to staff   | <input type="checkbox"/> Spitting at staff          |
| <input type="checkbox"/> Theft from staff     | <input type="checkbox"/> Assault on staff   | <input type="checkbox"/> Theft from passenger       |
| <input type="checkbox"/> Assault on passenger | <input type="checkbox"/> Other type of incident<br><small>(please describe briefly)</small> | <input type="text"/>                                |

Was anyone physically injured in the incident?  Yes  No

If **yes**, who was injured?

- Driver  Conductor  Revenue inspector  Passenger

## Who was responsible for the incident?

- Adult passenger(s)  Young person/  
young people  Don't know
- Someone else  (please describe)

Briefly, could you describe what happened? (use separate sheet if necessary)

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 Tel Number

# Incident Reporting Form: Stations and Shelters

Date of Incident  Time of Incident

Location   
(bus station/bus stop or shelter)

## What kind of incident was it?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Broken glass           | <input type="checkbox"/> Damage to seating        | <input type="checkbox"/> Graffiti                 |
| <input type="checkbox"/> Fire damage            | <input type="checkbox"/> Other damage             | <input type="checkbox"/> Rowdy behaviour          |
| <input type="checkbox"/> Abuse to station staff | <input type="checkbox"/> Assault on station staff | <input type="checkbox"/> Theft from station staff |
| <input type="checkbox"/> Robbery                | <input type="checkbox"/> Assault on passenger     | <input type="checkbox"/> Theft from passenger     |

Other type of incident   
(please describe briefly)

Was anyone physically injured in the incident?  Yes  No

If **yes**, who was injured?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Station staff  | <input type="checkbox"/> Driver/conductor | <input type="checkbox"/> Travel shop/information staff                 |
| <input type="checkbox"/> Security staff | <input type="checkbox"/> Passenger        | <input type="checkbox"/> Someone else <small>(please describe)</small> |
- 

## Who was responsible for the incident?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adult passenger(s)          | <input type="checkbox"/> Young person/people as passengers | <input type="checkbox"/> Don't know                                    |
| <input type="checkbox"/> Adult(s) just hanging about | <input type="checkbox"/> Young person/people hanging about | <input type="checkbox"/> Someone else <small>(please describe)</small> |
- 

Briefly could you describe what happened? (use separate sheet if necessary)

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 Tel Number