



**SKAGIT
TRANSIT**

EVENT REPORT

Revised 4-15-2019

EVENT INFORMATION

(please fill out form as completely as possible)

Event Date:		Time of Event:		Time Dispatch was Notified:	
EVENT TYPE:				DEPARTMENT:	

SKAGIT TRANSIT VEHICLE DRIVER'S DESCRIPTION OF EVENT

--

ACTIONS TAKEN BY SKAGIT TRANSIT VEHICLE DRIVER

--

What statement was made by the other party?

--

SKAGIT TRANSIT VEHICLE DRIVER REQUIRED INFORMATION

Name (First, Middle, Last)			
Job Position/Title:	Employee #:	Shift Start Time:	

EVENT DETAIL

Location Address/Cross Street:			
City/Area:		County:	
Transit Vehicle Make		Transit Vehicle Year:	
Skagit Transit Vehicle Number	# <input type="text"/>	Route #	<input type="text"/>

Enter "0" if not applicable.

Did Police respond?		Estimated speed of Skagit Transit vehicle at time of event:	MPH
Did a Supervisor respond?		Name of responding Supervisor	

Damage to Skagit Transit Vehicle?	Yes	No	Damage to Other Vehicle(s)?	Yes	No
If Yes, Explain:			If Yes, Explain:		

PASSENGERS ON BUS

How many passengers on the bus at time of event?		# Courtesy Cards secured?	
--------------------------------------------------	--	---------------------------	--

Full Name:		Phone #:		Transported?	
Full Name:		Phone #:		Transported?	
Full Name:		Phone #:		Transported?	
Full Name:		Phone #:		Transported?	
Full Name:		Phone #:		Transported?	

OTHER DRIVER INFORMATION

Name (First, Last, Middle)				Work #	
Street Address				Home #	
City		State:		Zip Code	
Driver's Lic. #			Date of Birth:		
Lic. Plate #		State:		SSN:	
Vehicle Year:		Make:		Model:	Color
Insurance Co.			Insurance Policy #:		

REGISTERED VEHICLE OWNER (Who owns the vehicle in the collision?)

Name (First, Last, Middle)				Work #	
Street Address				Home #	
City		State:		Zip Code	
Driver's Lic. #			Date of Birth:		
Lic. Plate #		State:		SSN:	
Vehicle Year:		Make:		Model:	Color
Insurance Co.			Insurance Policy #:		

OTHER PERSON (IN OTHER CAR) INFORMATION

How many people in other car at time of event?		Injuries?	
Name (First, Last, Middle)			Work #
Street Address			Home #
City		State	Zip Code
Driver's Lic. #			Date of Birth:

PLEASE PUT COURTESY CARDS FOR WITNESS(S) INFORMATION & DESCRIPTION IN SUPERVISORS MAILBOX

DRIVING CONDITIONS AT TIME OF EVENT

WSTIP Required Information (Fill Out ALL Relevant Sections)

Weather		Light		Road	
---------	--	-------	--	------	--

Was ANYONE transported via Ambulance?

EMPLOYEE INJURY?

<input type="checkbox"/> NO	<input type="checkbox"/> YES
-----------------------------	------------------------------

Injury Type (Check all that apply)

Head	Arm	Shoulder	Leg
Eye	Back	Elbow	Foot
Neck	Hand	Ankle	Knee

If Yes, complete this section:

I understand entering my name on this form and submitting it constitutes a legal signature

I certify under penalty of perjury under the laws of Washington State that the foregoing is true and correct.

Date:	
-------	--