Incident Reporting Form: On-Vehicle

<table>
<thead>
<tr>
<th>Company name</th>
</tr>
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<tbody>
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<table>
<thead>
<tr>
<th>Date of Incident</th>
<th>Time of Incident</th>
<th>Service No</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Route No</th>
<th>Vehicle Type</th>
<th>Vehicle No</th>
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<tbody>
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**Where did the incident happen?**

*(nearest landmark or stop)*

**What kind of incident was it?**

- Seat damage
- Broken window
- Bodywork damage
- Fire on vehicle
- Emergency doors opened
- Missiles thrown at vehicle
- Missiles on vehicle
- Abuse to staff
- Spitting at staff
- Theft from staff
- Assault on staff
- Theft from passenger
- Assault on passenger
- Other type of incident

*(please describe)*

**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/youths
- 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
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 on 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
- [ ] Driver/conductor
- [ ] Travel shop/information staff
- [ ] Security staff
- [ ] Passenger
- [ ] Someone else (please describe)

**Who was responsible for the incident?**

- [ ] Adult passenger(s)
- [ ] Young person/people as passengers
- [ ] Don’t know
- [ ] Adult(s) just hanging about
- [ ] Young person/people hanging about
- [ ] 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**