BAY AREA RAPID TRANSIT DISTRICT

UNUSUAL OCCURRENCE REPORT

This form to be used only for the reporting of UNUSUAL OCCURRENCES, INCIDENTS, IRREGULARITIES or PHYSICAL DAMAGE TO DISTRICT PROPERTY, including FIRE DAMAGE. In all cases of accident or personal injury, Accident/Injury Report Form No. 0345 shall be used. The Supervisor's Report of Employee Injury, Form N0. 0030 shall be used for employee injuries. See Page 2 of this form for fill in instructions and use Page 2 to record additional information.

2. DATE OF REPORT _____ month / day / year

1. DEPT. _____ SECTION _____ 3. FILE NO. _____

4. DATE OF INCIDENT _____ month / day / year TIME OF INCIDENT _____ 24 Hr. Format

5. ☐ MILEPOST _____ ☐ TRACK NO. _____ ☐ STATION/YARD NAME _____

☐ GRADE ☐ SUBWAY ☐ AERIAL ☐ TUBE ☐ OTHER _____

6. RUN NO. _____ TRAIN NO. _____ CAR NO. _____

7. IDENTIFY INDIVIDUALS INVOLVED OR WITNESSING THE INCIDENT. IF A BARTD EMPLOYEE, IDENTIFY BY PLACING AN ASTERISK IMMEDIATELY AFTER THE EMPLOYEE'S NAME. IF MORE THAN TWO PEOPLE INVOLVED USE PAGE 2 OF THIS FORM TO RECORD.

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

8. DESCRIBE OCCURRENCE AND IDENTIFY SPECIFIC LOCATION. STATE FULLY AND CLEARLY WHAT HAPPENED. USE PAGE 2 OF THIS FORM IF NECESSARY. _____

9. DESCRIBE DAMAGE AND IDENTIFY PROPERTY, INCLUDING FIRE DAMAGE. STATE FULLY AND CLEARLY. USE PAGE 2 OF THIS FORM IF NECESSARY. _____

10. ACTION TAKEN BY SUBMITTER. DESCRIBE CORRECTIVE ACTION TAKEN OR NEEDED TO ELIMINATE PROBLEM, USE PAGE 2 OF THIS FORM IF NECESSARY. _____

11. SUBMITTED BY: (SIGNATURE) _____ ID NO. _____

TITLE: _____

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12. ACTION TAKEN BY SUPERVISOR. SUBMIT PERSONAL OBSERVATIONS, SUGGESTIONS OR RECOMMENDATIONS. USE PAGE 2 OF THIS FORM IF NECESSARY. _____

REFERRED TO: ☐ POLICE ☐ SAFETY ☐ FACILITIES MAINTENANCE ☐ PASSENGER SERVICES ☐ RAIL OPS

☐ CENTRAL ☐ STATION OPS ☐ INSURANCE ☐ OTHER _____

ACTION REQUIRED: ☐ INVESTIGATION ☐ INFORMATION ONLY ☐ FOLLOW UP

_____ Supervisor's Signature

_____ Date

INSTRUCTIONS:

Line 1. ENTER DEPARTMENT AND SECTION
2. DATE: USE FORMAT MONTH / DAY / YEAR
3. FILE NO: DO NOT FILL IN - TO BE COMPLETED BY SUPERVISOR
4. DATE OF INCIDENT: USE FORMAT MONTH / DAY / YEAR TIME OF INCIDENT: USE 24 HOUR FORMAT
5. MILEPOST: IF STATION, YARD OR OTHER IS CHECKED, IDENTIFY
6. REVENUE TRAIN AND VEHICLE IDENTIFICATION
7. IF MORE THAN TWO PERSONS INVOVED, USE SPACE PROVIDED BELOW
8. DESCRIBE OCCURRENCE. USE SPACE PROVIDED BELOW IF NEEDED TO COMPLETE.
9. DESCRIBE DAMAGE. USE SPACE PROVIDED BELOW IF NEEDED TO COMPLETE.
10. ACTION TAKEN. USE SPACE PROVIDED BELOW IF NEEDED TO COMPLETE.
11. SIGN AND PROVIDE IDENTIFICATION NO.
12. SUPERVISOR SECTION - DO NOT FILL-IN

Line 13. ACTION TAKEN BY_____ DEPARTMENT. SUBMIT PERSONAL OBSERVATIONS, SUGGESTIONS OR RECOMMENDATIONS

IDENTIFY BY LINE NO. ADDITIONAL INFORMATION:

Print Form