BAY AREA RAPID TRANSIT DISTRICT

ACCIDENT-INJURY REPORT

FILE NO.

DATE OF REPORT / /
Mo. Day Yr.

IDENTIFY: ☐ ACCIDENT ☐ INJURY

INSTRUCTIONS: **This report is to be used for reporting accidents - property damage or injury occurring to other than district personnel.**

a. Render all necessary assistance.
b. Obtain name, age, and address of injured.
c. Obtain names and addresses of witnesses when possible.
d. Promptly complete this report using the reverse side if necessary.
e. Forward completed report immediately as per distribution below.

1. Date of Accident/Injury: _____/_____/_____ (Mo. Day Yr.) Hour: _____ Were you an eyewitness? ☐ YES ☐ NO
2. Identify injured person or owner of property damaged:
   Name _____ Age _____ Address _____ Telephone _____
   Injured's Employer _____ Employer's Address _____ Telephone _____
3. Identify witnesses to accident or injury. (Use reverse side to list additional witnesses if necessary.)
   Name _____ Address _____ Telephone _____
4. Nature and extent of injury to person or damage to property.
5. Briefly describe circumstance of accident / injury or property damage.
6. Disposition of injured: ☐ Refused aid or assistance ☐ First aid only ☐ First aid and dispatched
7. Injured dispatched to: ☐ Doctor (name)_____ ☐ Hospital (name_____ ☐ Other_____
8. Injured released to: _____ By (name)_____
9. District Police Officer present? (name)_____
10. Check conditions at time of accident:
    ☐ Wet ☐ Damp ☐ Dry ☐ Clear ☐ Foggy ☐ Raining ☐ Poorly Lighted ☐ Well Lighted ☐ Daylight ☐ Dawn
    ☐ Dusk ☐ Dark ☐ Other_____

ON TRAIN

Circle Car Involved

11. Train No._____ Run No._____ Consists of cars Nos. _____
12. Accident location: ☐ Grade ☐ Subway ☐ Aerial ☐ Tube ☐ Other_____
13. Station name:_____ Yard name:_____ Track No._____ Milepost_____
14. ☐ Outside car ☐ Between cars and platform ☐ Other_____
    ☐ Inside car ☐ At side doors nos._____ _____ ☐ At end doors ☐ X ☐ Y

PATRON ACTIVITY

15. ☐ Boarding ☐ Alighting ☐ Sitting ☐ Standing ☐ Other_____
16. Estimated number of passengers in car at time of accident_____. Estimated number of passengers on train at time of accident_____
17. Did exterior part of car contact injured? ☐ Yes ☐ No If Yes, what part of car?_____
18. If train moving at time of accident, indicate speed_____MPH, and distance traveled after the contact:_____Feet.
19. Was train under ☐ Automatic ☐ Road Manual ☐ Yard Manual ☐ Other_____
20. Any unusual condition: ☐ Start ☐ Stop ☐ Other (Describe)_____

ON PROPERTY

21. Accident Location (Identify): ☐ Station Name_____ ☐ Other_____
22. ☐ Parking Lot ☐ Plaza ☐ Free Area ☐ Paid Area ☐ Concourse ☐ Platform Number _____
23. Escalator No._____ ☐ Ascending ☐ Descending Stepping ☐ On ☐ Off
24. Elevator No._____ ☐ Ascending ☐ Descending Stepping ☐ On ☐ Off
25. Stairway No._____ ☐ Ascending ☐ Descending
26. Note any unusual or abnormal condition at time of accident: _____
27. Note any personal observations or opinions regarding this accident or the manner in which it was handled. (Use reverse side if necessary) _____
28. SIGNATURES
    Submitted by:_____ Supervisor's Signature:_____
    Position:_____ Position:_____

DISTRIBUTION: **Original** - Insurance Dept. **Copy To**: Safety Dept. **Copy To**: Department Head

Identify by Line Number any additional information.

Signature of individual completing form

Date_____

_____

Print Form