Service Quality First-line Supervisor's

FIELD INCIDENT REPORT

[redacted]

King County METRO

☐ **OPERATOR RELIEVED OF DUTY**

- ☐ ***Mandatory*** *e.g. 2-5-0, struck above shoulders*
- ☐ ***Operator Request***
- ☐ ***Supervisor Observation*** *

An ROD based on supervisor observation must be justified in detail in the narrative; exactly what behavior, condition, or expression of state of mind or emotions was observed that caused the supervisor to conclude the operator was unable to continue driving

Operator Phone: - - **Email:**

Check all that apply ► ☐ Incident ☐ Security Incident ☐ Accident ☐ School ☐ OJI

INCIDENT/OPERATOR DATA

Date	Time of Incident/Accident	Direction	On (Street/Ave)	At (Cross Street w/# of feet near or far-side)
MM/DD/YY	: AM ☐ PM ☐	☐ N ☐ E ☐ S ☐ W		

Operator Name (Last, First,, Initial)	ID#	Route / Run / Operating	Vehicle ID	Camera coach?
		/ /		☐ Yes ☐ No

Time of ROD	Aid Offered to Opr?	SIF 2 Issued?	72-Hour Phone Contact	Transported to	By
: AM ☐ PM ☐	☐ Yes ☐ No	☐ #	Document above As needed		

Nature of employee injuries	Base	Chief

Employee was directed to contact Chief?	Supervisor/Coordinator directed operator/employee to submit the following report(s)
☐ Yes ☐ No	☐ None ☐ Accident ☐ Security Incident ☐ Incident

SUPERVISOR'S INCIDENT NARRATIVE

INSTRUCTIONS*: Organize events in order of occurrence to create a clear account of the incident. Be* ***complete*** *- include who, what, where, when, how and why. Be* ***concise, specific****,* ***factual*** *and* ***objective****. When delayed, document the actions taken to restore service. (for more detailed instructions see Narrative Guidelines)*

Test Document 05-29-2024

SECURITY INCIDENT DATA (check all that apply)

☐ Operator assaulted ☐ Pass. assault / fight ☐ Operator harassed / threat ☐ Pass. harassed / threat	☐ Sleeper ☐ Alcohol / drug related ☐ Unsanitary passenger☐ Removed from coach	☐ Fare related / dispute ☐ Evicted by MTP or other ☐ Weapons shown / implied ☐ Theft	☐ Sexually Motivated ☐ Cited **Police Case Number**	☐ Metro Property Loss ☐ Personal Property Loss **Jurisdiction**

OFFENDER DATA Number of offenders (document additional individuals in the narrative)

	Gender	Ethnic origin	Age	Height / weight	Hair / eye color	Glasses?	*Facial Hair? / type*
1	☐ M ☐ F			x'xx" / xxx lbs	xxx / xxx	☐ Yes ☐ No	☐ Yes ☐ No /

Student?	Chronic / repeat offender?	Identifying marks or characteristics *(tattoos, voice, etc)*
☐ Yes ☐ No	☐ Yes ☐ No	

	Gender	Ethnic origin	Age	Height / weight	Hair / eye color	Glasses?	Facial Hair? / type
2	☐ M ☐ F			x'xx" / xxx lbs	xxx / xxx	☐ Yes ☐ No	☐ Yes ☐ No /

Student?	Chronic / repeat offender?	Identifying marks or characteristics *(tattoos, voice, etc)*
☐ Yes ☐ No	☐ Yes ☐ No	

ASSISTANCE RENDERED BY

☐ MTP (*unit #[s]*) ☐ Other Police (*Jurisdiction*) ☐ Fire (*Jurisdiction*)

☐ Aid Car (*Jurisdiction*) ☐ Ambulance (*Provider*) ☐ Other Transit Agency ( )

ACTIONS TAKEN

Observation documented with PR?	*PR #*	*Additional policy violations?*	*Operator Contacted?*
☐		☐ *(explain in narrative)*	☐ In Person ☐ By Radio ☐ Not Contacted

Photos Taken	*Reasonable Susp Eval*	*Additional resources requested*	*Jurisdiction / Provider*
☐	☐	☐ SQ Suvp. ☐ VM ☐ Spill Resp. ☐ MTP ☐ PD ☐ FD ☐ Med Aid	

NON-EMPLOYEE INJURIES (use additional injuries form as needed)

	Name (Last, First,, Initial)	*Address* (No., Street)	*City*		*Age*	*Telephone No.*
1				☐ Male ☐ Female		- -

Nature of Injuries	*Removed From Scene By*

	Name (Last, First,, Initial)	*Address* (No., Street)	*City*		*Age*	*Telephone No.*
2				☐ Male ☐ Female		- -

Nature of Injuries	*Removed From Scene By*

WITNESSES (use additional witness form as needed)

	Name (Last, First,, Initial)	*Address* (No., Street)	*City*		*Age*	*Telephone No.*
1				☐ Male ☐ Female		- -

Witness Statement *(paraphrase – be more complete in the narrative as needed)*

	Name (Last, First,, Initial)	*Address* (No., Street)	*City*		*Age*	*Telephone No.*
2				☐ Male ☐ Female		- -

Witness Statement *(paraphrase – be more complete in the narrative as needed)*

RESPONDING SUPERVISOR(S) DATA

Name (Last, First,, Initial)	*ID#*	*District* (AM/PM)	*Chief*	*Supervisor lead at scene if not same*

Time of Radio Call	*Time Arrived*	*Time Cleared*	*Channel*	*Coordinator*
: AM ☐ PM ☐	: AM ☐ PM ☐	: AM ☐ PM ☐		

Other Supervisors at the scene *(include name and District)*

By affixing my name to this report I certify that all the information reported here is true and accurate to the best of my knowledge, and that it represents the most complete information available to me at the time

Date of this report	*Name*
MM/DD/YY	

TEMPLATE #1