

Operators Daily Trip Sheet

This completed form must be submitted to the
Crew Dispatcher at clearing time

Name: _____
 Pass: _____ Badge: _____
 Day: _____ Date ____/____/____
 Run: _____ Route _____
 Report: _____ Clear: _____
 Depot: _____ Scheduled Trips: _____

Bus#	Code	Farebox#	Time	
			on	off

Code: **PO** - Pull Out, **R** - Relief

Wheelchair Passengers

Bus _____
 Vehicle _____
 Pedestrian _____

Remarks: _____

WHAT TO DO IF AN ACCIDENT OCCURS

1. Remain calm and professional.
2. Stop and secure the bus at the accident location.
3. Do not move the bus unless instructed by supervision or police.
4. Check to see if customers are O.K.
5. If a customer claims to be injured, ask if they require medical assistance.
6. Notify the Bus Command Center.
7. Begin to record all accident information on the back of the trip sheet (plate #, motorist ID #, CPO #, PCT #, EMS #, etc.).
8. Do not leave the scene until supervision arrives or instructed by the Bus Command Center.

COMMAND CENTER NUMBERS

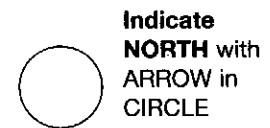
Depot	(800)	(718)
100 St	393-8904	927-7845
MTV	393-8905	927-7846
M. J. Quill	393-8907	927-7848
126 Street	393-8911	927-7852
West Farms	393-8906	927-7847
M. Clara Hale	393-8905	927-7846
Gun Hill	393-8906	927-7847
Kingsbridge	393-8904	927-7845
ENY	393-8911	927-7852
Flatbush	393-8909	927-7850
Fresh Pond	393-8909	927-7850
J. Gleason	393-8910	927-7851
Ulmer Park	393-8910	927-7851
C. Stengel	393-8912	927-7853
Jamaica	393-8912	927-7853
Queens Vill.	393-8913	927-7854
Castleton	237-2490	927-7855
Yukon	237-2490	927-7855

			NAME OF INJURED	ADDRESS	AGE	M	F

			NAME OF WITNESS	ADDRESS	TELEPHONE
					()
					()
					()

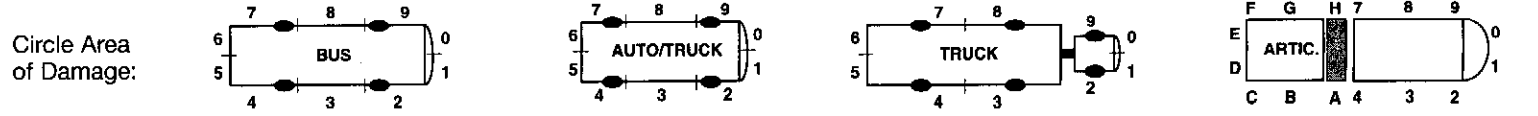
DESCRIBE ACCIDENT BY USING THIS DIAGRAM

X = Point Collision Occurred
1 = Authority Vehicle
2 = Other Vehicle



→ **Indicate direction each vehicle was moving**

Point of Impact: Bus: _____ Other Vehicle: _____ Other Vehicle: _____ Other Vehicle: _____



Date of Report: ____/____/____

**Vehicle Operator must make report and turn same in with
names of injured persons and witnesses**

TA MaBSTOA Route _____ Run _____ Vehicle Type: Bus Truck Auto
Depot _____ Vehicle No. _____ License Plate No. _____ Make _____
Date of Accident ____/____/____ Time _____ am/pm Weather _____ Ext. Vehicle Lights on: Yours Other
Place of Accident _____
Near or far side of intersection, or distance from nearest corner? _____
Condition of Pavement _____
Direction of NYCT Vehicle _____ Direction of Other Vehicle _____
Operating on One or Two-way Street? Your Vehicle _____ way; Other Vehicle _____ way
Vehicle Door Involved? Front Rear Passenger: Boarding Alighting
How far from right curb was your vehicle operating just before accident? _____
Damage to NYCT Vehicle? _____
Damage to Other Vehicle? _____
Traffic Control? Traffic Light Stop Sign Yield Sign Other _____
If Traffic Light involved? Color of light for your vehicle _____ For other vehicle _____
Was Ambulance Called? _____ Hospital? _____ EMS No. _____
Was Police Officer Present? _____ Officer's No. _____ Precinct No. _____
Number of Passengers? Your vehicle _____ Number injured _____ Other vehicle _____ Number injured _____

OTHER VEHICLE INFORMATION

Name of Owner _____ License Plate No. _____ State _____
Address of Owner _____
Vehicle: Color _____ Model _____ Make _____ Year _____
Name of Driver _____
Driver's License No. _____
Name/No. of Insurance Co. _____ Policy No. _____

Description of Accident (include directions of vehicles) _____

Signature _____ Pass/PR. No. _____ Badge No. _____
Driver's License No. _____ Date of Appt. _____

LIST NAMES OF INJURED AND WITNESSES ON OTHER SIDE