This document depicts screens/fields from the 2022 Major Event (S&S-40) form in NTD Reporting System. It presents one set of screens per Major Event Type. For best results, please select the form that applies to the Major Event Type you are reporting from the table of contents below. Note that some screens may not apply depending on the details of the event.

#### Contents

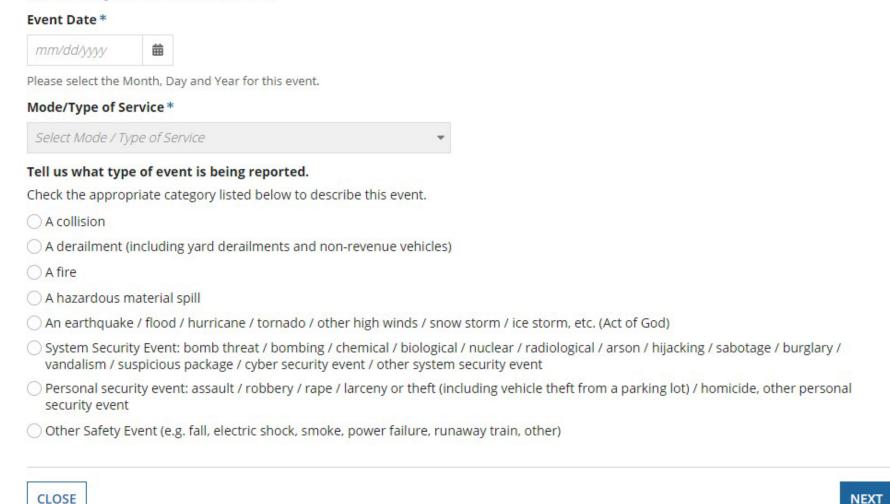
Safety – Rail Collision Event	1
Safety – Derailment Event	11
Safety – Rail Fire Event	20
Safety – Rail Hazardous Materials Event	
Safety – Rail Act of God Event	34
Safety – Rail Other Safety Event	41
Security – Rail Personal Security Event	
Security – Rail System Security Event	55
Safety – Non-Rail Transit Collision Event	
Safety – Non-Rail Non-Transit Collision Event	72
Safety – Non-Rail Fire Event	80
Safety – Non-Rail Hazardous Materials Event	
Safety – Non-Rail Act of God Event	94
Safety – Non-Rail Other Event	
Security – Non-Rail Personal Security Event	108
Security – Non-Rail System Security Event	115

## <u>Safety - Rail Collision Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

#### **New Report Information**



## Major Event Report (S&S-40) - Set Up Screen 2 (Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information
Were there Fatalities or Injuries involved with the event being reported?
One or more fatalities
Enter the number of fatalities
One or more serious injuries or injuries requiring immediate medical transport away from scene
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Did the event result in substantial damage?
Substantial damage
No substantial damage
Event Details
Did this event involve an evacuation for life safety reasons, or evacuation $\bigcirc$ Yes $\bigcirc$ No
Were Transit Revenue Vehicles OR Non-revenue Rail Transit vehicles invol
Was the event a collision at a grade crossing or intersection?*
○ Yes ○ No
Was the event a collision between another rail transit vehicle or person?*
Yes No
Did this event involve a runaway train?*  Yes No
0.163 0.140

CLOSE

### **Basic Information**

Event Date	Event Time *
Oct 31, 2022	
	HH:MM AM/PM
Approximate Address of Event *	
Latitude*	Longitude*
Suicide	Attempted Suicide
Event Description *	
This field is limited to 2000 characters.	
Is there another person to contact for more detailed information rega	rding this event?*
○ Yes ○ No	
DELETE CLOSE	NEXT

#### **Collision/Rail Event Information**

Please provide the following collision event details

Location *	
Revenue facility: transit station	
○ Non-revenue facility	
Right-of-way: grade crossing	
○ Right-of-way: intersection	
Right-of-way: not a grade crossing	
○ Service stop	
Other	
Please Describe	
Collision With *	
Non Transit Motor Vehicle (POV)	
<ul> <li>Non-Rail Transit Vehicle (Transit owned and operated vehicle that is not used on the rail fixed guideway)</li> </ul>	being
Rail Transit Vehicle/Rail Passenger Train - Revenue Service	
Rail Transit Vehicle/Rail Passenger Train - Not in Revenue Service	
<ul> <li>Rail Transit Vehicle-Rail Transit Maintenance or Service Vehicle on the raguideway</li> </ul>	ail fixed
Person	
○ Animal	
○ Fixed Object	
Other	
Please Describe	
Number of Other Vehicles Involved	

#### Rail Collision Information

Please provide the following Collision Right-of-Way details.

#### **Rail Collision Event Details**

Weather *	
○ Clear	
○ Cloudy	
O Foggy/Misting	Rail Collision Right of Way Information
O Raining	Rail Alignment *
	Exclusive right-of-way: tunnel
O Snowing/Sleeting	Exclusive right-of-way: elevated track
○ Tunnel	Exclusive right-of-way: at-grade
Other	Exclusive right-of-way: sidings/rail yard/other non-revenue track
Please Describe	Shared with other rail vehicles (controlled access to other non-rail vehicles)
	O Non-exclusive right-of-way: shared with vehicles or pedestrians
	Other
Lighting *	Please Describe
O Daylight	
○ Twilight	Grade Crossing Control (If Applicable) *
○ Dark	Active devices: crossing gates
O Sun in eyes of transit vehicle ope	
O Sun in eyes of other vehicle ope	
() Indoors	Active devices: quad gates
Canada	Active devices: train approaching sign
	O Passive devices: stop sign
	O Passive devices: cross bucks
	○ No control device
	○ Not applicable
	○ Other
	Please describe
	Right-Of-Way Conditions *
	○ Dry
	○ Wet
	○ Snow/Slush
	○ Ice
	O Debris
	Other
	Please Describe

This view represents a *Grade Crossing* location selected on the previous screen. Appropriate for *Control* device selections will appear accordingly for *Intersection* or *Service Stop* locations.

#### Rail Collision Rail Transit Train Involved

Please provide the following Rail Transit Train Involved details. Train Identifier: 1 Fleet Involved **EXISTING FLEET** NEW FLEET Fleet No Fleet has been added. Please add a fleet. Number of cars in Rail Transit Train\* Number of cars Derailed\* Train Action\* Going Straight Making a transit stop O Leaving a transit stop Negotiating a curve O Proceeding through a switch Parked Stopped O Going backwards Collision Type\* Head-On Rear-Ended Rear-Ending Other Front Impact Side Impact Sideswipe Other Rear Impact Roof/top of vehicle Train Speed \* Was a runaway train involved?

> ○ Yes ○ No

#### **Collision Other Vehicle Involved**

Please provide the following Other Vehicle Involved details.

Other Vehicle Identifier: 1 Other Vehicle Type \* Automobile Clight Truck or SUV Motorcycle/Moped/Scooter Tractor Trailer O Commercial Rail or Amtrak Non-revenue Rail Vehicle(Maintenance) Charter/Tour Bus School Bus Other Please Describe Other Vehicle Action \* Going Straight Making a left turn Making a right turn OGoing backwards O Changing lanes Stopped Negotiating a curve Other Vehicle Collision Type\* Head-On Rear-Ended Rear-Ending Other Front Impact Side Impact Sideswipe Other Rear Impact Roof/top of vehicle Was this vehicle towed from the scene due to disabling damage as a result of the collision?\* ○ Yes ○ No

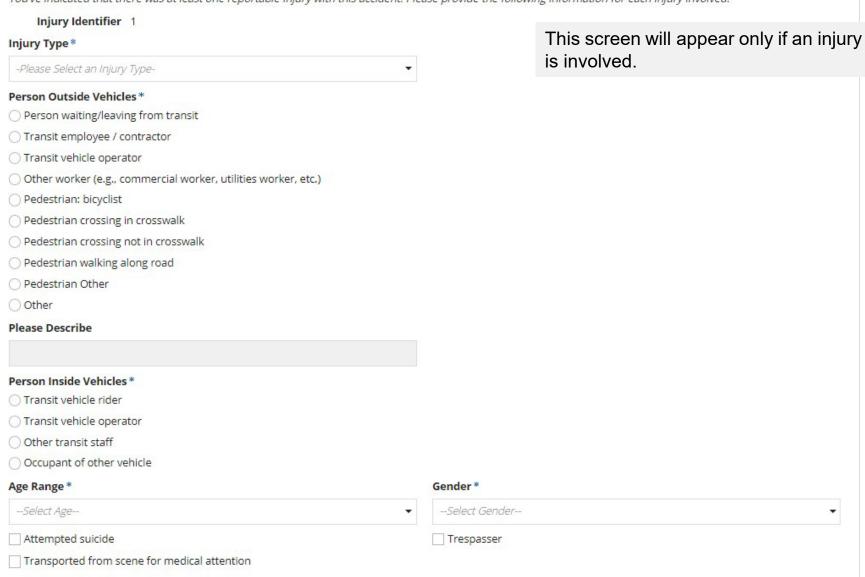
This screen will appear only if a non-transit vehicle is involved.

**DELETE PERSON** 

ADD PERSON

#### Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.



### Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2  Person Outside Vehicles *  Person waiting/leaving from transit		This screen will appear only if a fatalit is involved.
		• •
Person waiting/leaving from transit		is involved.
Transit employee / contractor		
Transit vehicle operator		
Other worker (e.g., commercial worker, utilities worker, etc.)		
Pedestrian: bicyclist		
Pedestrian crossing in crosswalk		
Pedestrian crossing not in crosswalk		
Pedestrian walking along road		
Pedestrian Other		
Other		
lease Describe		
erson Inside Vehicles*		
Transit vehicle rider		
Transit vehicle operator		
Other transit staff		
Occupant of other vehicle		
ge Range *	Gender*	
Select Age	▼Select Gender	-
Suicide	Trespasser	
DELETE CLOSE		BACK NEXT VIEW FORM

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due t right-of-way?	o potentially unsafe conditions or an evacuation to the rail
Evacuation for Life Safety Reasons	
Evacuation to rail right-of-way	This screen will appear only if an
Customer self-evacuation	evacuation is involved.
Evacuation Details *	
Max of 200 characters	
What was evacuated?*	
○ Vehicle/Vessel	
Revenue Facility: transit station/center or terminal	
Revenue Facility: other	
Non-revenue Facility	
Other	
Please Describe:	
DELETE CLOSE	DAGIC NEW CONTRACTOR
DELETE CLOSE	BACK NEXT VIEW FORM

# <u>Safety - Derailment Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

<b>New Repo</b>	rt Information
Event Date*	
mm/dd/yyyy	曲
Please select the N	lonth, Day and Year for this event.
Mode/Type of Se	rvice*
Select Mode / Ty	pe of Service •
Tell us what typ	e of event is being reported.
Check the approp	oriate category listed below to describe this event.
○ A collision	
A derailment (	including yard derailments and non-revenue vehicles)
○ A fire	
A hazardous r	naterial spill
An earthquak	e / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
	ty Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary spicious package / cyber security event / other system security event
O Personal secu security event	rity event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other person
Other Safety E	vent (e.g. fall, electric shock, smoke, power failure, runaway train, other)

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information
Were there Fatalities or Injuries involved with the event being reported?
One or more fatalities
Enter the number of fatalities
One or more serious injuries or injuries requiring immediate medical transport away from scene
transport away from scene
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Did the event result in substantial damage?
Substantial damage
No substantial damage
Event Details
Did this event involve an evacuation for life safety reasons, or evacuation
○ Yes ○ No
Did this event involve a runaway train?*
○ Yes ○ No

CLOSE



### **Basic Information**

Event Date	Event Time *
Nov 27, 2022	
	HH:MM AM/PM
Approximate Address of Event *	
Latitude *	Longitude *
Event Description*	
This field is limited to 2000 characters.	
Is there another person to contact for more detailed information regardi	ing this event?*
○ Yes ○ No	
DELETE CLOSE	NEXT

### **Derailment Event Information**

Please provide the following Derailment Event details.			
Derailment Type *			
Mainline			
Yard			
ocation*			
Revenue facility: transit station			
Non-revenue facility			
Right-of-way: trackway			
Right-of-way: grade crossing			
Configuration *			
Switch			
Curve			
Tangent (Straight) Track			
Number of Rail Trains Involved *			
DELETE CLOSE	ВАСК	NEXT	VIEW FORM

Derailment Event Details	
Please provide the following Derailment Right-of-Way details.	
Weather*	
○ Clear	
Cloudy	
O Foggy/Misting	
Raining	
○ Snowing/Sleeting	
Other	
Tunnel	
Please Describe	
Lighting*	
O Daylight	
Sun in eyes of transit vehicle operator	
Twilight	
Sun in eyes of other vehicle operator	
O Dark	
OIndoors	
Derailment Right of Way Information	
Rail Alignment*	
Exclusive right-of-way: tunnel	
Exclusive right-of-way: elevated track	
Exclusive right-of-way: at-grade	
Exclusive right-of-way: sidings/rail yard/other non-revenue track	
Shared with other rail vehicles (controlled access to other non-rail vehicles)	
Non-exclusive right-of-way: shared with vehicles or pedestrians	
Other	
Please Describe	
Right-of-Way Conditions *	
ODry	
○ Wet	
○ Snow/Slush	
○ Ice	
O Debris	
Other	
Please Describe	

DELETE VEHICLE

ADD VEHICLE

#### **Derailment: Rail Transit Train Involved**

Please provide the following Rail Transit Train Involved details.

Fleet Involved

EXISTING FLEET NEW FLEET	
Fleet	
No Fleet has been a	added. Please add a fleet.
Number of Cars in Rail Transit Train *	Number of Cars Derailed *
Train Action*	
○ Going Straight	
○ Making a transit stop	
C Leaving a transit stop	
Negotiating a curve	
Proceeding through a switch	
○ Parked	
Other	
Please Describe	
Train Speed *	Was a runaway train involved?
	○ Yes
	○ No

#### Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.

#### Injury Identifier 1 This screen will appear only if an injury Injury Type \* is involved. -Please Select an Injury Type-Person Outside Vehicles\* Person waiting/leaving from transit Transit employee / contractor Transit vehicle operator Other worker (e.g., commercial worker, utilities worker, etc.) O Pedestrian: bicyclist Pedestrian crossing in crosswalk O Pedestrian crossing not in crosswalk O Pedestrian walking along road Pedestrian Other Other Please Describe Person Inside Vehicles\* Transit vehicle rider Transit vehicle operator Other transit staff Occupant of other vehicle Age Range \* Gender\* --Select Age----Select Gender--Attempted suicide Trespasser Transported from scene for medical attention

### Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

	This screen will appear only if a fatalit is involved.
	13 IIIVOIVOU.
	10 111 011 0 11
Gender*	
Select Gender	•
Trespasser	
	Select Gender

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

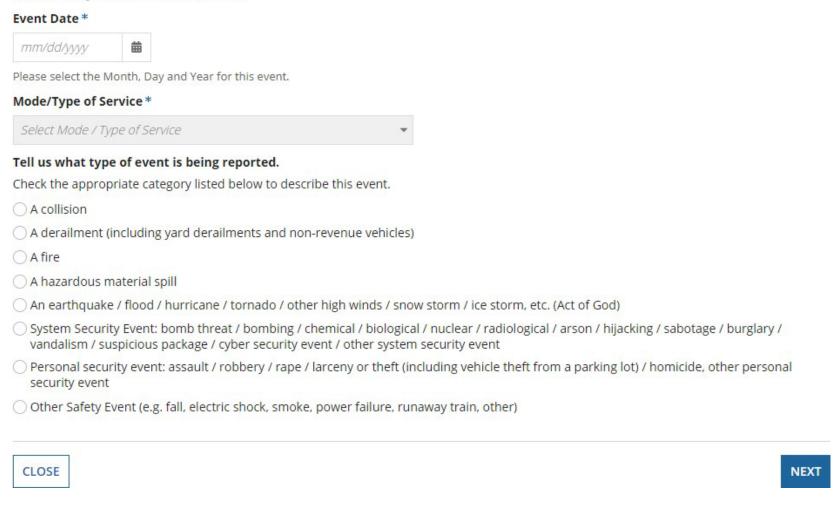
Did this event involve an evacuation of a transit facility or vehicle due to potential right-of-way?	tially unsafe conditions or an evacuation to the rail				
Evacuation for Life Safety Reasons					
Evacuation to rail right-of-way	This screen will appear only if an				
Customer self-evacuation	evacuation is involved.				
Evacuation Details *					
Max of 200 characters	"				
What was evacuated?*					
○ Vehicle/Vessel					
Revenue Facility: transit station/center or terminal					
Revenue Facility: other					
Non-revenue Facility					
Other					
Please Describe:					
DELETE CLOSE	BACK NEXT VIEW FORM				

### <u>Safety – Rail Fire Event (back to top)</u>

## Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

#### **New Report Information**



# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information	
Were there Fatalities or Injuries involved with the event being reported?	
One or more fatalities	
Enter the number of fatalities	
One or more serious injuries or injuries requiring immediate medical transport away from scene	
Enter the number of injuries	
No fatalities or injuries to report	
Property Damages	
Did the event result in substantial damage?	
Substantial damage	
No substantial damage	
Event Details	
Did this event involve an evacuation for life safety reasons, or evacuation	of a train to the right of way?*
○ Yes ○ No	
Did this event involve a runaway train?*	
○ Yes ○ No	
CLOSE	NE
CLOSE	NEX

## **Basic Information**

Event Date	Event Time *
Nov 27, 2022	
	HH:MM AM/PM
Approximate Address of Event *	
Latitude *	Longitude*
Event Description*	
This field is limited to 2000 characters.	
Is there another person to contact for more detailed information regard	ding this event? *
Yes No	unig this event.
DELETE CLOSE	

#### Rail Fire Event Details Please provide the following fire event details. Location\* O In or on vehicle Revenue facility: transit center Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way: outside vehicle Other Please Describe Fire Type\* O Fuel Cable Battery Smoking(e.g. tobacco) materials Other Electrical Brake Component Other Please Describe Transit Vehicle Fuel Type (If applicable) Not Applicable O Bio-diesel O Bunker Fuel Compressed Natural Gas O Diesel O Dual Fuel O Electric Battery O Electric Propulsion Ethanol ○ Gasoline Grain Additive O Hybrid Diesel Hybrid Gasoline Kerosene Cliquefied Natural Gas O Liquefied Petroleum Gas/Propane Methanol Other Please Describe

23 DELETE CLOSE

#### Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.

#### Injury Identifier 1 This screen will appear only if an injury Injury Type \* is involved. -Please Select an Injury Type-Person Outside Vehicles\* O Person waiting/leaving from transit Transit employee / contractor Transit vehicle operator Other worker (e.g., commercial worker, utilities worker, etc.) O Pedestrian: bicyclist Pedestrian crossing in crosswalk O Pedestrian crossing not in crosswalk O Pedestrian walking along road Pedestrian Other Other Please Describe Person Inside Vehicles\* Transit vehicle rider Transit vehicle operator Other transit staff Occupant of other vehicle Age Range \* Gender\* --Select Age----Select Gender--Attempted suicide Trespasser Transported from scene for medical attention

### Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2		
Person Outside Vehicles *		This screen will appear only if a fatality
Person waiting/leaving from transit		is involved.
Transit employee / contractor		
Transit vehicle operator		
Other worker (e.g., commercial worker, utilities worker, etc.)		
O Pedestrian: bicyclist		
O Pedestrian crossing in crosswalk		
O Pedestrian crossing not in crosswalk		
O Pedestrian walking along road		
O Pedestrian Other		
Other		
Please Describe		
Person Inside Vehicles*		
○ Transit vehicle rider		
Transit vehicle operator		
Other transit staff		
Occupant of other vehicle		
Age Range *	Gender*	
Select Age	▼Select Gender	•
Suicide	Trespasser	
DELETE CLOSE	Trespasser	BACK NEXT VIEW FORM

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

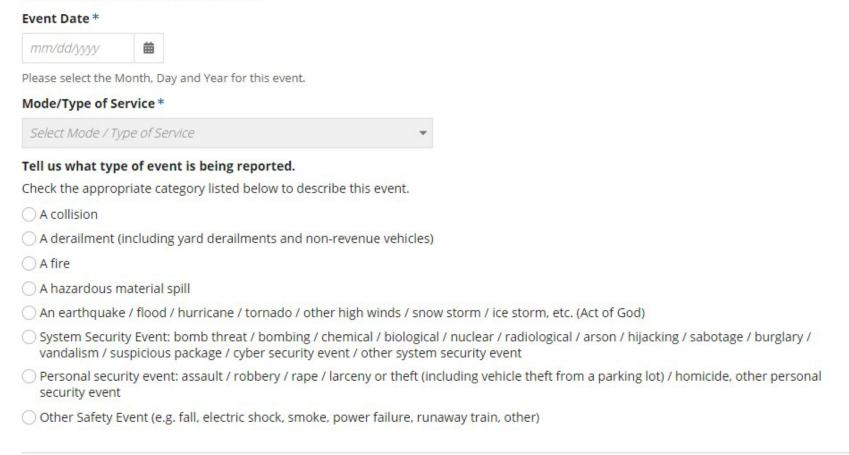
Did this event involve an evacuation of a transit facility or vehicle due to potenti right-of-way?	tially unsafe conditions or an evacuation to the rail				
Evacuation for Life Safety Reasons					
Evacuation to rail right-of-way	This screen will appear only if an				
Customer self-evacuation	evacuation is involved.				
Evacuation Details *					
Max of 200 characters					
What was evacuated?*					
Vehicle/Vessel					
Revenue Facility: transit station/center or terminal					
Revenue Facility: other					
Non-revenue Facility					
Other					
Please Describe:					
DELETE   CLOSE	BACK NEXT VIEW FORM				

## <u>Safety - Rail Hazardous Materials Event</u> (back to top)

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

### **New Report Information**



# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Do	rso	n l	nf	or	m	ati	Or	
re	130			UI		au	UI	ı

Were there Fatalities or Injuries involved with the event being reported?
One or more fatalities
Enter the number of fatalities
One or more serious injuries or injuries requiring immediate medical transport away from scene
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Did the event result in substantial damage?
Substantial damage
No substantial damage
Event Details
Did this event involve an evacuation for life safety reasons, or evacuation
○ Yes ○ No
Did this event involve a runaway train?*
○ Yes ○ No

CLOSE

### **Basic Information**

Event Date	Event Time *			
Nov 27, 2022				
	HH:MM AM/PM			
Approximate Address of Event *				
Latitude*	Longitude *			
Event Description*				
This field is limited to 2000 characters.				
Is there another person to contact for more detailed information regard	ing this event?*			
○ Yes ○ No				
DELETE CLOSE	NEXT			

#### **Rail Hazardous Material Event Details**

Please provide the following hazardous material spill details Location \* O In Vehicle Revenue facility: transit center Revenue facility: parking facility Revenue facility: other O Non-revenue facility Other Please Describe Material Type (If applicable) \* Not Applicable Bio-diesel Bunker Fuel Diesel Electric Propulsion Gasoline O Compressed Natural Gas O Dual Fuel Electric Battery Ethanol O Hybrid Diesel Hybrid Gasoline Grain Additive ( Kerosene Liquified Natural Gas Liquified Petroleum Gas Methanol Other Please Describe

#### Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.

#### Injury Identifier 1 This screen will appear only if an injury Injury Type \* is involved. -Please Select an Injury Type-Person Outside Vehicles\* O Person waiting/leaving from transit Transit employee / contractor Transit vehicle operator Other worker (e.g., commercial worker, utilities worker, etc.) O Pedestrian: bicyclist Pedestrian crossing in crosswalk O Pedestrian crossing not in crosswalk O Pedestrian walking along road Pedestrian Other Other Please Describe Person Inside Vehicles\* Transit vehicle rider Transit vehicle operator Other transit staff Occupant of other vehicle Age Range \* Gender\* --Select Age----Select Gender--Attempted suicide Trespasser Transported from scene for medical attention

### Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2		
Person Outside Vehicles *		This screen will appear only if a fatality
O Person waiting/leaving from transit		is involved.
○ Transit employee / contractor		
Transit vehicle operator		
Other worker (e.g., commercial worker, utilities worker, etc.)		
O Pedestrian: bicyclist		
Pedestrian crossing in crosswalk		
O Pedestrian crossing not in crosswalk		
O Pedestrian walking along road		
O Pedestrian Other		
Other		
Please Describe		
Person Inside Vehicles*		
○ Transit vehicle rider		
Transit vehicle operator		
Other transit staff		
Occupant of other vehicle		
Age Range *	Gender*	
Select Age ▼	Select Gender	-
Suicide	Trespasser	
DELETE CLOSE		BACK NEXT VIEW FORM

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle right-of-way?	ly unsafe conditions	or an eva	cuation	to the rail			
Evacuation for Life Safety Reasons							
Evacuation to rail right-of-way		This screen will appear only if an					
Customer self-evacuation		evacuation is involved.					
Evacuation Details *							
Max of 200 characters							
What was evacuated?*							
○ Vehicle/Vessel							
Revenue Facility: transit station/center or terminal							
Revenue Facility: other							
Non-revenue Facility							
Other							
Please Describe:							
DELETE CLOSE			PACK	NEVE	VIEW FORM		
DELETE CLOSE			BACK	NEXT	VIEW FORM		

# <u>Safety - Rail Act of God Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

irglary /
personal

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information	
Were there Fatalities or Injuries involved with the event being reported?	
One or more fatalities	
Enter the number of fatalities	
One or more serious injuries or injuries requiring immediate medical transport away from scene	
Enter the number of injuries	
No fatalities or injuries to report	
Property Damages	
Did the event result in substantial damage?	
Substantial damage	
No substantial damage	
Event Details	
Did this event involve an evacuation for life safety reasons, or evacuation of a	train to the right of way?*
○ Yes ○ No	
Did this event involve a runaway train? *	
○ Yes ○ No	
CLOSE	NEXT

### **Basic Information**

Event Date	Event Time *		
Nov 27, 2022			
	HH:MM AM/PM		
Approximate Address of Event *			
Latitude*	Longitude*		
Event Description*			
This field is limited to 2000 characters.			
Is there another person to contact for more detailed information regard	ng this event?*		
○ Yes ○ No			
DELETE CLOSE	NEXT		
DELETE	NEXI		

### Please provide the following Act of God Event details. Type\* Earthquake ○ Flood Hurricane Tornado Other High Winds Lightning Snow Storm O Ice Storm Other Please Describe Location of Property Damage, Injuries, or Fatalities\* In vehicle / vessel Revenue facility: transit station/center or terminal Revenue facility: parking facility Revenue facility: other Please Describe Non-revenue facility Please Describe Right-of-way: grade crossing Right-of-way: not a grade crossing Roadway: grade crossing Roadway: intersection Roadway: not a grade crossing or intersection Roadway: transit stop Other Please Describe

BACK NEXT VIEW FORM

**Act of God Event Details** 

#### Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.

#### Injury Identifier 1 This screen will appear only if an injury Injury Type \* is involved. -Please Select an Injury Type-Person Outside Vehicles\* O Person waiting/leaving from transit Transit employee / contractor Transit vehicle operator Other worker (e.g., commercial worker, utilities worker, etc.) O Pedestrian: bicyclist Pedestrian crossing in crosswalk O Pedestrian crossing not in crosswalk O Pedestrian walking along road Pedestrian Other Other Please Describe Person Inside Vehicles\* Transit vehicle rider Transit vehicle operator Other transit staff Occupant of other vehicle Age Range \* Gender\* --Select Age----Select Gender--Attempted suicide Trespasser Transported from scene for medical attention

### Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

	This screen will appear only if a fatalit is involved.
	13 IIIVOIVOU.
	10 111 011 0 11
Gender*	
Select Gender	•
Trespasser	
	Select Gender

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

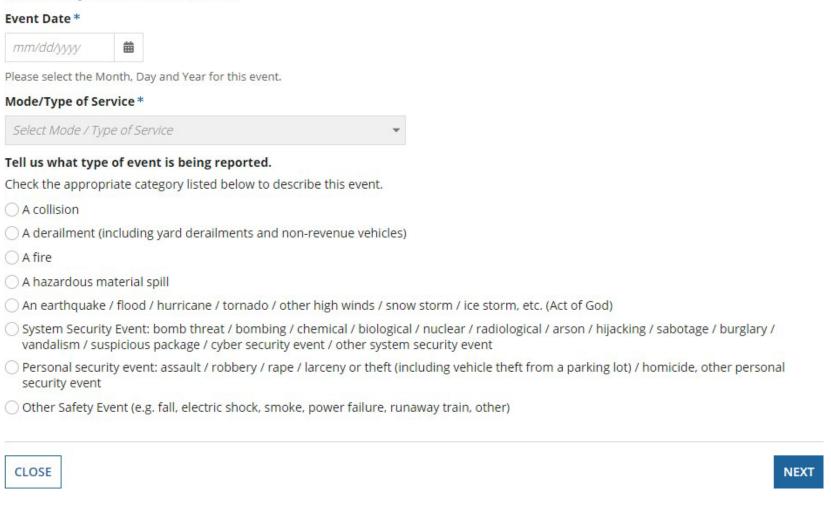
Did this event involve an evacuation of a transit facility or vehicle due to potential right-of-way?	ally unsafe conditions or an evacuation to the rail			
Evacuation for Life Safety Reasons				
Evacuation to rail right-of-way	This screen will appear only if an			
Customer self-evacuation	evacuation is involved.			
Evacuation Details *				
Max of 200 characters	"			
What was evacuated?*				
○ Vehicle/Vessel				
Revenue Facility: transit station/center or terminal				
Revenue Facility: other				
Non-revenue Facility				
Other				
Please Describe:				
DELETE CLOSE	BACK NEXT VIEW FORM			

## <u>Safety - Rail Other Safety Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

### **New Report Information**



# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

_	_			
Person	100	OWN	-	0 M
PERSON		$\mathbf{n}$	<b>AII</b>	

CLOSE

### **Basic Information**

Event Date	Event Time *	
Nov 27, 2022		
	HH:MM AM/PM	
Approximate Address of Event *		
Latitude *	Longitude *	
Event Description*		
This field is limited to 2000 characters.		/.
Is there another person to contact for more detailed info	rmation regarding this event?*	
○ Yes ○ No		
DELETE CLOSE		NEXT
52252		HEAT

#### **Other Safety Rail Event Details** Please provide the following Other Event details. Type\* O Smoke Fumes/Noxious Odors Electric Shock Outside Conditions(powerlines, pantographs, etc.) O Power Failure Maintenance Related ○ Slip/Trip/Fall Runaway Train Other Please Describe Location \* O Boarding/alighting: with stairs O Boarding/alighting: with lift or ramp Boarding/alighting: other In vehicle/vessel: securement issue O In vehicle/vessel: not a securement issue Vehicle Exterior Right-of-way O Yard Revenue facility: elevator related Revenue facility: escalator related Revenue facility: ramp Revenue facility: stairway Revenue facility: platform/stop/waiting area Revenue facility: parking facility Revenue facility: other Non-revenue facility Other Please Describe

#### Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.

#### Injury Identifier 1 This screen will appear only if an injury Injury Type \* is involved. -Please Select an Injury Type-Person Outside Vehicles\* Person waiting/leaving from transit Transit employee / contractor Transit vehicle operator Other worker (e.g., commercial worker, utilities worker, etc.) O Pedestrian: bicyclist Pedestrian crossing in crosswalk O Pedestrian crossing not in crosswalk O Pedestrian walking along road Pedestrian Other Other Please Describe Person Inside Vehicles\* Transit vehicle rider Transit vehicle operator Other transit staff Occupant of other vehicle Age Range \* Gender\* --Select Age----Select Gender--Attempted suicide Trespasser Transported from scene for medical attention

### Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

	This screen will appear only if a fatalit is involved.
	13 IIIVOIVOU.
	10 111 011 0 11
Gender*	
Select Gender	•
Trespasser	
	Select Gender

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or veh right-of-way?	icle due to potentia	lly unsafe conditions	or an eva	cuation t	to the rail	
Evacuation for Life Safety Reasons						
Evacuation to rail right-of-way		This screen will appear only if an				
Customer self-evacuation		evacuation is in	volved.			
Evacuation Details *						
					<i>,</i>	
Max of 200 characters					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
What was evacuated?*						
○ Vehicle/Vessel						
Revenue Facility: transit station/center or terminal						
Revenue Facility: other						
Non-revenue Facility						
Other						
Please Describe:						
DELETE GLOSE			DACK	NEVE	VIEW FORM	
DELETE CLOSE			BACK	NEXT	VIEW FORM	

### <u>Security – Rail Personal Security Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

### **New Report Information**

### Event Date \* mm/dd/yyyy 曲 Please select the Month, Day and Year for this event. Mode/Type of Service \* Select Mode / Type of Service Tell us what type of event is being reported. Check the appropriate category listed below to describe this event. A collision A derailment (including yard derailments and non-revenue vehicles) ○ A fire A hazardous material spill An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God) System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

NEXT

CLOSE

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information	
Were there Fatalities or Injuries involved with the event being reported?	
One or more fatalities	
Enter the number of fatalities	
One or more serious injuries or injuries requiring immediate medical transport away from scene	
Enter the number of injuries	
No fatalities or injuries to report	
Property Damages	
Did the event result in substantial damage?	
Substantial damage	
No substantial damage	
Event Details	
Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way?*	
○ Yes ○ No	
Did this event involve a runaway train?*	
○ Yes ○ No	
CLOSE	NEXT

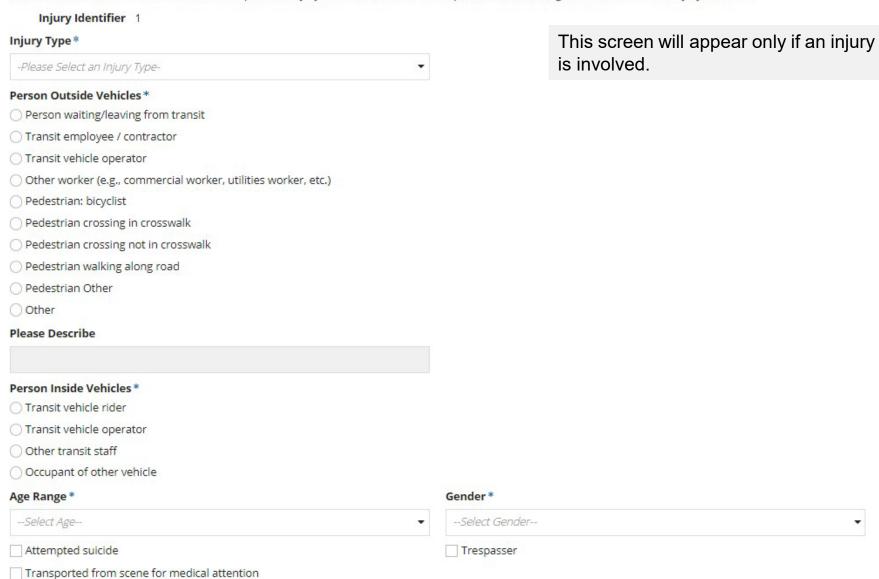
## **Basic Information**

Event Date	Event Time *		
Nov 27, 2022			
	HH:MM AM/PM		
Approximate Address of Event *			
Latitude *	Longitude*		
Event Description*			
This field is limited to 2000 characters.	//		
Is there another person to contact for more detailed information regard	ing this event?*		
○ Yes ○ No			
DELETE CLOSE	NEXT		
SEE	NEXT		

### **Security Event Details**

#### Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.



### Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2		
Person Outside Vehicles *		This screen will appear only if a fata
O Person waiting/leaving from transit		is involved.
Transit employee / contractor		
Transit vehicle operator		
Other worker (e.g., commercial worker, utilities worker, etc.)		
O Pedestrian: bicyclist		
Pedestrian crossing in crosswalk		
O Pedestrian crossing not in crosswalk		
Pedestrian walking along road		
O Pedestrian Other		
Other		
Please Describe		
Person Inside Vehicles *		
Transit vehicle rider		
Transit vehicle operator		
Other transit staff		
Occupant of other vehicle		
Age Range *	Gender*	
Select Age	▼Select Gender	-
Suicide	Trespasser	
DELETE CLOSE		BACK NEXT VIEW FORM

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potential right-of-way?	lly unsafe conditions or an evacuation to the rail
Evacuation for Life Safety Reasons	
Evacuation to rail right-of-way	This screen will appear only if an
Customer self-evacuation	evacuation is involved.
Evacuation Details *	
Max of 200 characters	"
What was evacuated?*	
○ Vehicle/Vessel	
Revenue Facility: transit station/center or terminal	
Revenue Facility: other	
Non-revenue Facility	
Other	
Please Describe:	
DELETE CLOSE	BACK NEXT VIEW FORM

# <u>Security - Rail System Security Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

went Date *  mm/dd/yyyy  lease select the Month, Day ar  lode/Type of Service *  Select Mode / Type of Service	d Year for this event.
lease select the Month, Day an	d Year for this event.
lode/Type of Service *	d Year for this event.
Select Mode / Type of Service	
Select Wood / Type of Service	•
ell us what type of event i	being reported.
heck the appropriate catego	ry listed below to describe this event.
A collision	
A derailment (including ya	rd derailments and non-revenue vehicles)
A fire	
A hazardous material spill	
An earthquake / flood / hu	rricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
	nb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / kage / cyber security event / other system security event
Personal security event: as security event	sault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other persona
Other Safety Event (e.g. fa	l, electric shock, smoke, power failure, runaway train, other)

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information	
Were there Fatalities or Injuries involved with the event being reported?	
One or more fatalities	
Enter the number of fatalities	
<ul> <li>One or more serious injuries or injuries requiring immediate medical transport away from scene</li> </ul>	
Enter the number of injuries	
No fatalities or injuries to report	
Property Damages	
Did the event result in substantial damage?	
Substantial damage	
No substantial damage	
Event Details	
Did this event involve an evacuation for life safety reasons, or evacuation	of a train to the right of way?*
○ Yes ○ No	
Did this event involve a runaway train? *	
○ Yes ○ No	
CLOSE	NEX .

### **Basic Information**

Event Date	Event Time *
Nov 27, 2022	
	HH:MM AM/PM
Approximate Address of Event *	
Latitude*	Longitude *
Event Description*	
This field is limited to 2000 characters.	
Is there another person to contact for more detailed information re	garding this event?*
○ Yes ○ No	
DELETE CLOSE	NEXT
3332	

### **Security Event Details**

Please provide the following Security Event details.

Terrorism Related Events*  Bomb threat  Bombing  Suspicious package  Chemical/Biological/Nuclear/Radiological  Other System Security Events*  Arson  Hijacking  Sabotage  Cyber  Burglary  Vandalism  Other System Security Event  Please Describe
Bombing Suspicious package Chemical/Biological/Nuclear/Radiological  Other System Security Events* Arson Hijacking Sabotage Cyber Burglary Vandalism Other System Security Event
Suspicious package Chemical/Biological/Nuclear/Radiological  Other System Security Events * Arson Hijacking Sabotage Cyber Burglary Vandalism Other System Security Event
Other System Security Events* Arson Hijacking Sabotage Cyber Burglary Vandalism Other System Security Event
Other System Security Events *  Arson  Hijacking  Sabotage  Cyber  Burglary  Vandalism  Other System Security Event
Arson Hijacking Sabotage Cyber Burglary Vandalism Other System Security Event
<ul> <li>Hijacking</li> <li>Sabotage</li> <li>Cyber</li> <li>Burglary</li> <li>Vandalism</li> <li>Other System Security Event</li> </ul>
Sabotage Cyber Burglary Vandalism Other System Security Event
Cyber Burglary Vandalism Other System Security Event
Burglary     Vandalism     Other System Security Event
○ Vandalism ○ Other System Security Event
Other System Security Event
8 8
Please Describe
Location*
O In Vehicle/Vessel
Revenue facility: transit station / center or terminal
Revenue facility: parking facility
Revenue facility: other
O Non-revenue facility
○ Right-of-way
Other
Please Describe

DELETE

CLOSE

BACK

VIEW FORM

#### Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.

#### Injury Identifier 1 This screen will appear only if an injury Injury Type \* is involved. -Please Select an Injury Type-Person Outside Vehicles\* Person waiting/leaving from transit Transit employee / contractor Transit vehicle operator Other worker (e.g., commercial worker, utilities worker, etc.) O Pedestrian: bicyclist Pedestrian crossing in crosswalk O Pedestrian crossing not in crosswalk O Pedestrian walking along road Pedestrian Other Other Please Describe Person Inside Vehicles\* Transit vehicle rider Transit vehicle operator Other transit staff Occupant of other vehicle Age Range \* Gender\* --Select Age----Select Gender--Attempted suicide Trespasser Transported from scene for medical attention

### Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2	
Person Outside Vehicles *	This screen will appear only if a fatalit
O Person waiting/leaving from transit	is involved.
Transit employee / contractor	
Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
Pedestrian crossing in crosswalk	
O Pedestrian crossing not in crosswalk	
O Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles*	
○ Transit vehicle rider	
Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range * Gend	der*
Select Age	elect Gender ▼
Suicide	respasser
DELETE CLOSE	BACK NEXT VIEW FORM

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle duright-of-way?	e to potentially unsafe conditions or an evacuation to the rail
Evacuation for Life Safety Reasons	
Evacuation to rail right-of-way	
Customer self-evacuation	This screen will appear only if an
Evacuation Details *	evacuation is involved.
Max of 200 characters  What was evacuated?*  Vehicle/Vessel	
Revenue Facility: transit station/center or terminal	
Revenue Facility: other	
Non-revenue Facility	
Other	
Please Describe:	
DELETE CLOSE	BACK NEXT VIEW FORM

# <u>Safety - Non-Rail Transit Collision Event</u> (back to top)

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

Event Date*		
mm/dd/yyyy	曲	
Please select the N	Month, Day and Year for this e	nt.
Mode/Type of S	ervice*	
Select Mode / T	ype of Service	•
Tell us what typ	e of event is being report	
Check the appro	priate category listed below	describe this event.
A collision		
A derailment	(including yard derailments	d non-revenue vehicles)
A fire		
A hazardous i	material spill	
An earthquak	e / flood / hurricane / torna	/ other high winds / snow storm / ice storm, etc. (Act of God)
		ing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / irity event / other system security event
Personal secu security event	-	rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other persor
	Event (e.g. fall electric shock	moke, power failure, runaway train, other)

# Major Event Report (S&S-40) - Set Up Screen 2 (Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

#### **Person Information**

Were there Fatalities or Injuries involved with the event being reported?
One or more fatalities
Enter the number of fatalities
One or more injuries (immediate medical transport away from scene)
Long to the control of the state of the stat
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Were there Property Damages associated with the event being reported?
Property damages equal to, or greater than, \$25,000.
No property damages to report or total property damage is less than \$25,000.
Enter the dollar amount of estimated property damage
Event Details
Did this event involve an evacuation for life safety reasons? *
○ Yes ○ No
Were Transit Revenue Vehicles involved in this event?*
○ Yes ○ No
Did this collision result in a tow-away due to disabling damage?*
○ Yes ○ No
CLOSE

63

### **Basic Information**

Event Date	Event Time*
Oct 31, 2022	
	HH:MM AM/PM
Approximate Address of Event *	
Latitude*	Longitude*
Suicide	Attempted Suicide
Event Description *	
This field is limited to 2000 characters.	•
Is there another person to contact for more detailed information re	garding this event?*
○ Yes ○ No	
DELETE CLOSE	NEXT
I II I	

#### Collision/Non-Rail Event Information

Please provide the following collision event details

Number of Non-Rail Transit Vehicles Involved*	
Location *	
Revenue facility: transit center	
Non-revenue facility	
Roadway: grade crossing	
○ Roadway: intersection	
Roadway: not a grade crossing or intersection	
○ Bus or Service Stop	
Other	
Please Describe	
Collision With *	
○ Motor Vehicle	
Person	
○ Animal	
○ Fixed Object	
○ Transit vehicle	
Other	
Please Describe	
Number of Other Vehicles Involved	

DELETE

CLOSE



VIEW FORM

Non-Rail Collision Information Please provide the following Collision Right-of-Way details.	
Non-Rail Collision Event Details	
Weather*	
○ Clear	
○ Cloudy	
○ Foggy/Misting	
○ Raining	
○ Snowing/Sleeting	
O Other	
Please Describe	
Lighting*	
O Daylight	
○ Twilight	
O Dark	
Sun in eyes of transit vehicle operator	
Sun in eyes of other vehicle operator	
O Indoors	
Non-Rail Roadway Information Roadway Configuration *	
© Limited Access Highway	
Divided Highway	
Street	
Bridge	
■ Intersection/Grade Crossing	
■ Tunnel	
Private Property	
Ramp	
Other	
■ Intersection	
Grade Crossing	
Please Describe	
Grade Crossing Control (If Applicable)*	
Active devices: crossing gates	
Active devices: flashing lights only	
Active devices: traffic signal	
Active devices: quad gates	
Active devices: train approaching sign	
O Passive devices: stop sign	
O Passive devices: cross bucks	
○ No control device	
O Not applicable	
O Other	
Please describe	
Roadway Conditions *	
○ Dry	
○ Wet	
○ Snow/Slush	
○ Ice	
○ Ice ○ Debris	
Snow/Slush to lee Debris Other Please Describe	

This view represents a *Roadway*: Grade Crossing location selected on the previous screen. Appropriate for Control device selections will appear accordingly for Roadway: Intersection location.

DELETE CLOSE

#### Non-Rail Collision Transit Involved

Please provide the following Transit Vehicle Involved details. Vehicle Identifier: 1 Fleet Involved **EXISTING FLEET NEW FLEET** Fleet No Fleet has been added. Please add a fleet. Vehicle Action \* Going Straight Making a transit stop Leaving a transit stop Negotiating a curve Making a left turn Making a right turn O Changing lanes Going Backwards Stopped O Parked Collision Type \* O Head-On Rear-Ended Rear-Ending Other Front Impact Side Impact Sideswipe Other Rear Impact Roof/top of vehicle Transit Vehicle Speed \* Was this vehicle towed from the scene due to disabling damage as a result of the collision?\* ○ Yes ○ No DELETE CLOSE BACK NEXT VIEW FORM

Collision Other Vehicle Involved	
Please provide the following Other Vehicle Involved details.	
Other Vehicle Identifier: 1	
Other Vehicle Type *	
Automobile	
○ Light Truck or SUV	
○ Motorcycle/Moped/Scooter	
○ Tractor Trailer	
Rail Vehicle	
○ Non-revenue Rail Vehicle(Maintenance)	
○ Charter/Tour Bus	
○ School Bus	
○ Other	
Please Describe	
Other Vehicle Action *	
○ Going Straight	
○ Making a left turn	
Making a right turn	
○ Going backwards	
○ Changing lanes	
Stopped	
Negotiating a curve	
○ Parked	
Other Vehicle Collision Type*	
○ Head-On	
○ Rear-Ended	
○ Rear-Ending	
Other Front Impact	
○ Side Impact	
○ Sideswipe	
Other Rear Impact	
O Roof/top of vehicle	

Was this vehicle towed from the scene due to disabling damage as a result of the collision?\*

This screen will appear only if a non-transit vehicle is involved.

> NEXT VIEW FORM

○ Yes ○ No

### Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

l ann ann amh cif an imir m	
This screen will appear only if an injury is involved.	
•	

**DELETE PERSON** 

ADD PERSON

### Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1	
Person Outside Vehicles*	This screen will appear only if a fatalit
Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
O Pedestrian crossing in crosswalk	
O Pedestrian crossing not in crosswalk	
Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles *	
○ Transit vehicle rider	
○ Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	▼Select Gender ▼
Suicide	Trespasser
DELETE CLOSE	BACK NEXT VIEW FORM

# Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions?*			
○ Yes ○ No			
Evacuation Details *	This screen will appear only if an evacuation is involved.		
Max of 200 characters			
What was evacuated?*			
○ Vehicle/Vessel			
Revenue Facility: transit station/center or terminal			
Revenue Facility: other			
Non-revenue Facility			
Other			
Please Describe:			
Was this a self-evacuation? *			
○ Yes ○ No			

# <u>Safety – Non-Rail Non-Transit Collision Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

Event Date*		
mm/dd/yyyy	曲	
Please select the I	Month, Day and Year for this ev	ent.
Mode/Type of S	ervice*	
Select Mode / T	ype of Service	•
Tell us what typ	e of event is being reporte	1.
	priate category listed below t	
A collision		
A derailment	(including yard derailments a	nd non-revenue vehicles)
A fire		
A hazardous i	material spill	
An earthquak	e / flood / hurricane / tornad	o / other high winds / snow storm / ice storm, etc. (Act of God)
-		bing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / urity event / other system security event
Personal secu		rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal
security even		smoke, power failure, runaway train, other)

# Major Event Report (S&S-40) - Set Up Screen 2 (Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

#### **Person Information**

Were there Fatalities or Injuries involved with the event being reported?
One or more fatalities
Enter the number of fatalities
One or more injuries (immediate medical transport away from scene)
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Were there Property Damages associated with the event being reported?
Property damages equal to, or greater than, \$25,000.
No property damages to report or total property damage is less than \$25,000.
Caracida dellas assessadas de
Enter the dollar amount of estimated property damage
Event Details
Did this event involve an evacuation for life safety reasons? *
○ Yes ○ No
Were Transit Revenue Vehicles involved in this event?*
○ Yes ○ No
Did this collision result in a tow-away due to disabling damage?*
○ Yes ○ No
CLOSE

73

## **Basic Information**

Event Date	Event Time *		
Oct 31, 2022			
	HH:MM AM/PM		
Approximate Address of Event *			
Latitude*	Longitude *		
Suicide	Attempted Suicide		
Event Description *			
This field is limited to 2000 characters.			
Is there another person to contact for more detailed information reg	arding this event?*		
○ Yes ○ No			
DELETE CLOSE	NEXT		

#### **Collision Non-Transit Event**

Please provide the following Collision Event details. Location \* Revenue facility: parking facility Non-revenue facility Other Please Describe Collision With\* Private Vehicle(s) Private Vehicle with a Person O Private Vehicle with Fixed Object Non-revenue vehicle Other **Please Describe** Number of other vehicles involved \* DELETE CLOSE **VIEW FORM NEXT** BACK

#### Collision Other Vehicle Involved

Other Vehicle Identifier: 1

# This screen will appear only if a non-transit vehicle is involved.

#### Other Vehicle Type \*

- Automobile
- Light Truck or SUV
- Motorcycle/Moped/Scooter
- Tractor Trailer
- Rail Vehicle
- Non-revenue Rail Vehicle(Maintenance)
- O Charter/Tour Bus
- School Bus
- Other

#### Please Describe

#### Other Vehicle Action \*

- Going Straight
- Making a left turn
- Making a right turn
- Going backwards
- O Changing lanes
- Stopped
- Negotiating a curve
- O Parked

#### Other Vehicle Collision Type\*

- O Head-On
- Rear-Ended
- Rear-Ending
- Other Front Impact
- Side Impact
- Sideswipe
- Other Rear Impact
- O Roof/top of vehicle

Was this vehicle towed from the scene due to disabling damage as a result of the collision?\*

○ Yes ○ No

DELETE CLOSE BACK NEXT VIEW FORM

## Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1	This can an will appear and if an inium	
Person Outside Vehicles*	This screen will appear only if an injury	
Person waiting/leaving from transit	is involved.	
Transit employee / contractor		
○ Transit vehicle operator		
Other worker (e.g., commercial worker, utilities worker, etc.)		
O Pedestrian: bicyclist		
O Pedestrian crossing in crosswalk		
Pedestrian crossing not in crosswalk		
Pedestrian walking along road		
O Pedestrian Other		
Other		
Please Describe		
Person Inside Vehicles*		
○ Transit vehicle rider		
○ Transit vehicle operator		
Other transit staff		
Occupant of other vehicle		
Age Range *	Gender*	
Select Age	Select Gender  ▼	
Attempted suicide	Trespasser	
DELETE CLOSE	BACK NEXT VIEW FORM	

**DELETE PERSON** 

ADD PERSON

#### Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1	
Person Outside Vehicles*	This screen will appear only if a fatality
O Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
O Pedestrian crossing in crosswalk	
Pedestrian crossing not in crosswalk	
Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles *	
Transit vehicle rider	
Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	Select Gender  ▼
Suicide	Trespasser
DELETE CLOSE	Trespasser  BACK NEXT VIEW FORM

# Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions?*		
○ Yes ○ No		
Evacuation Details *	This screen will appear only if an evacuation is involved.	
Max of 200 characters	//	
What was evacuated?*		
○ Vehicle/Vessel		
Revenue Facility: transit station/center or terminal		
Revenue Facility: other		
Non-revenue Facility		
Other		
Please Describe:		
Was this a self-evacuation?*		
○ Yes ○ No		

# <u>Safety - Non-Rail Fire Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

<b>New Repo</b>	rt In	formation
vent Date*		
mm/dd/yyyy	曲	
lease select the N	Month, E	Day and Year for this event.
Mode/Type of S	ervice *	4
Select Mode / Ty	vpe of S	ervice •
ell us what typ	e of ev	ent is being reported.
heck the approp	priate c	ategory listed below to describe this event.
A collision		
A derailment	(includi	ng yard derailments and non-revenue vehicles)
A fire		
A hazardous r	materia	l spill
An earthquak	e / floo	d / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
		it: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / us package / cyber security event / other system security event
Personal secu security event	-	ent: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal
Other Safety E	Event (e	.g. fall, electric shock, smoke, power failure, runaway train, other)
CLOSE		NEXT

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

# Person Information Were there Fatalities or Injuries involved with the event being reported? One or more fatalities Enter the number of fatalities One or more injuries (immediate medical transport away from scene) Enter the number of injuries No fatalities or injuries to report **Property Damages** Were there Property Damages associated with the event being reported? Property damages equal to, or greater than, \$25,000. No property damages to report or total property damage is less than \$25,000. Enter the dollar amount of estimated property damage **Event Details** Did this event involve an evacuation for life safety reasons?\* Yes No CLOSE NEXT

## **Basic Information**

Event Date	Event Time *		
Nov 27, 2022			
	HH:MM AM/PM		
Approximate Address of Event *			
Latitude *	Longitude *		
Event Description*			
This field is limited to 2000 characters.		/.	
Is there another person to contact for more detailed info	rmation regarding this event?*		
○ Yes ○ No			
DELETE CLOSE		NEXT	
52252		HEAT	

#### Non-Rail Fire Event Details Please provide the following fire event details. Location \* O In or on vehicle Revenue facility: transit center Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way: outside vehicle Other Please Describe Fire Type \* O Fuel O Cable Battery Smoking(e.g. tobacco) materials Other Electrical Brake Component Other Please Describe Transit Vehicle Fuel Type (If applicable) Not Applicable O Bio-diesel Bunker Fuel O Compressed Natural Gas O Diesel O Dual Fuel Electric Battery Electric Propulsion ( Ethanol Gasoline Grain Additive O Hybrid Diesel Hybrid Gasoline ○ Kerosene Cliquefied Natural Gas Liquefied Petroleum Gas/Propane Methanol Other Please Describe

DELETE CLOSE

83

BACK NEXT VIEW FORM

## Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1	This can an will appear and if an inium	
Person Outside Vehicles*	This screen will appear only if an injury	
Person waiting/leaving from transit	is involved.	
Transit employee / contractor		
○ Transit vehicle operator		
Other worker (e.g., commercial worker, utilities worker, etc.)		
O Pedestrian: bicyclist		
O Pedestrian crossing in crosswalk		
Pedestrian crossing not in crosswalk		
Pedestrian walking along road		
O Pedestrian Other		
Other		
Please Describe		
Person Inside Vehicles*		
○ Transit vehicle rider		
○ Transit vehicle operator		
Other transit staff		
Occupant of other vehicle		
Age Range *	Gender*	
Select Age	Select Gender  ▼	
Attempted suicide	Trespasser	
DELETE CLOSE	BACK NEXT VIEW FORM	

**DELETE PERSON** 

ADD PERSON

#### Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1		
Person Outside Vehicles *		This screen will appear only if a fatalit
Person waiting/leaving from transit		is involved.
Transit employee / contractor		
Transit vehicle operator		
Other worker (e.g., commercial worker, utilities worker, etc.)		
O Pedestrian: bicyclist		
O Pedestrian crossing in crosswalk		
O Pedestrian crossing not in crosswalk		
O Pedestrian walking along road		
O Pedestrian Other		
Other		
Please Describe		
Person Inside Vehicles *		
○ Transit vehicle rider		
○ Transit vehicle operator		
Other transit staff		
Occupant of other vehicle		
Age Range *	Gender*	
Select Age	▼Select Gender	▼
Suicide	Trespasser	
DELETE CLOSE		DACK NEXT MEMEORIA
DELETE   CLOSE		BACK NEXT VIEW FORM

# Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions?*		
○ Yes ○ No		
Evacuation Details *	This screen will appear only if an evacuation is involved.	
Max of 200 characters		
What was evacuated?*		
○ Vehicle/Vessel		
Revenue Facility: transit station/center or terminal		
Revenue Facility: other		
Non-revenue Facility		
Other		
Please Describe:		
Was this a self-evacuation?*		
○ Yes ○ No		

# <u>Safety - Non-Rail Hazardous Materials Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

The state of the state of	t Information
Event Date *	
mm/dd/yyyy	曲
Please select the N	onth, Day and Year for this event.
Mode/Type of S	vice*
Select Mode / T	ne of Service •
Tell us what typ	of event is being reported.
Check the appro	riate category listed below to describe this event.
○ A collision	
A derailment	ncluding yard derailments and non-revenue vehicles)
○ A fire	
A hazardous i	aterial spill
O An earthquak	/ flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
	/ Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burgla picious package / cyber security event / other system security event
Personal secu security event	ty event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other pers
	ent (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information
Were there Fatalities or Injuries involved with the event being repor
One or more fatalities
Enter the number of fatalities
One or more injuries (immediate medical transport away from scene)
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Were there Property Damages associated with the event being repo
Property damages equal to, or greater than, \$25,000.
No property damages to report or total property damage is less than \$25,000.
Enter the dollar amount of estimated property damage
Event Details
Did this event involve an evacuation for life safety reasons?*
○ Yes ○ No

## **Basic Information**

Event Date	Event Time *	
Nov 27, 2022		
	HH:MM AM/PM	
Approximate Address of Event *		
Latitude *	Longitude *	
Event Description*		
This field is limited to 2000 characters.		/.
Is there another person to contact for more detailed info	rmation regarding this event?*	
○ Yes ○ No		
DELETE CLOSE		NEXT
52252		HEAT

#### **Rail Hazardous Material Event Details**

Please provide the following nazardous material spill details
Location*
○ In Vehicle
Revenue facility: transit center
Revenue facility: parking facility
Revenue facility: other
Non-revenue facility
Other
Please Describe
Material Type (If applicable) *
○ Not Applicable
○ Bio-diesel
O Bunker Fuel
○ Diesel
Electric Propulsion
Gasoline
Compressed Natural Gas
O Dual Fuel
○ Electric Battery
○ Ethanol
O Hybrid Diesel
O Hybrid Gasoline
○ Grain Additive
Kerosene
Cliquified Natural Gas
Cliquified Petroleum Gas
○ Methanol
Other
Please Describe

90

## Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1	This can an will appear and if an inium
Person Outside Vehicles*	This screen will appear only if an injury
Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
O Pedestrian crossing in crosswalk	
Pedestrian crossing not in crosswalk	
Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles*	
○ Transit vehicle rider	
○ Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	Select Gender  ▼
Attempted suicide	Trespasser
DELETE CLOSE	BACK NEXT VIEW FORM

**DELETE PERSON** 

ADD PERSON

#### Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1	
Person Outside Vehicles*	This screen will appear only if a fatality
O Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
O Pedestrian crossing in crosswalk	
O Pedestrian crossing not in crosswalk	
Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles *	
Transit vehicle rider	
Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	Select Gender
Suicide	Trespasser
DELETE CLOSE	BACK NEXT VIEW FORM

# Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

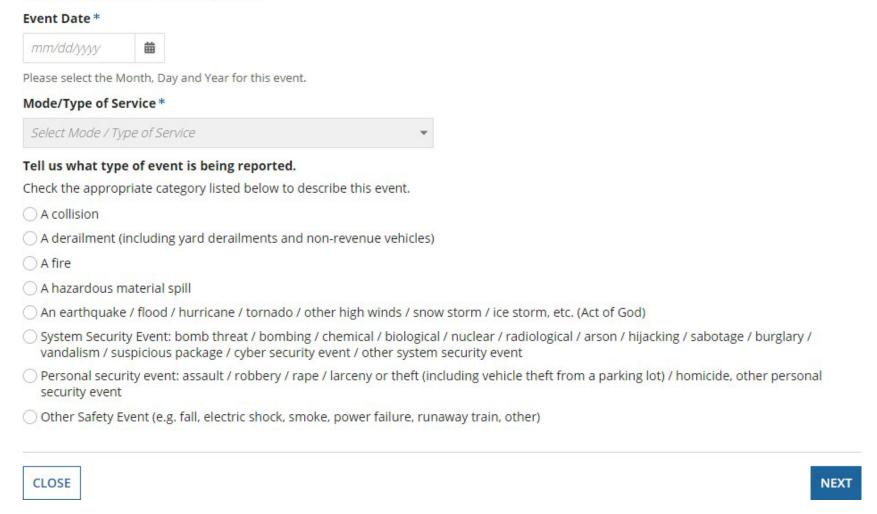
entially unsafe conditions?*
This screen will appear only if an evacuation is involved.
//

## <u>Safety - Non-Rail Act of God Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

#### **New Report Information**



# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information
Were there Fatalities or Injuries involved with the event being repor
One or more fatalities
Enter the number of fatalities
One or more injuries (immediate medical transport away from scene)
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Were there Property Damages associated with the event being repo
Property damages equal to, or greater than, \$25,000.
No property damages to report or total property damage is less than \$25,000.
Enter the dollar amount of estimated property damage
Event Details
Did this event involve an evacuation for life safety reasons?*
○ Yes ○ No

## **Basic Information**

Event Date	Event Time *	
Nov 27, 2022		
	HH:MM AM/PM	
Approximate Address of Event *		
Latitude *	Longitude *	
Event Description*		
This field is limited to 2000 characters.		/.
Is there another person to contact for more detailed info	rmation regarding this event?*	
○ Yes ○ No		
DELETE CLOSE		NEXT
52252		HEAT

#### Please provide the following Act of God Event details. Type\* Earthquake ○ Flood Hurricane Tornado Other High Winds Lightning Snow Storm O Ice Storm Other Please Describe Location of Property Damage, Injuries, or Fatalities\* In vehicle / vessel Revenue facility: transit station/center or terminal Revenue facility: parking facility Revenue facility: other Please Describe Non-revenue facility Please Describe Right-of-way: grade crossing Right-of-way: not a grade crossing Roadway: grade crossing Roadway: intersection Roadway: not a grade crossing or intersection Roadway: transit stop Other Please Describe

BACK NEXT VIEW FORM

**Act of God Event Details** 

## Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1	This can an will appear and if an inium
Person Outside Vehicles*	This screen will appear only if an injury
Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
O Pedestrian crossing in crosswalk	
Pedestrian crossing not in crosswalk	
Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles*	
○ Transit vehicle rider	
○ Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	Select Gender  ▼
Attempted suicide	Trespasser
DELETE CLOSE	BACK NEXT VIEW FORM

**DELETE PERSON** 

ADD PERSON

#### Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1	
Person Outside Vehicles*	This screen will appear only if a fatality
Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
O Pedestrian crossing in crosswalk	
Pedestrian crossing not in crosswalk	
O Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles *	
○ Transit vehicle rider	
○ Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	Select Gender ▼
Suicide	Trespasser
DELETE CLOSE	BACK NEXT VIEW FORM

# Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

entially unsafe conditions?*
This screen will appear only if an evacuation is involved.
//

## <u>Safety - Non-Rail Other Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

Other Safety Event (e.g., fall, electric shock, smoke, power failure, runaway train, other)

39941 - Full Reporter Test #1 - Safety CY 2022

#### **New Report Information** Event Date \* mm/dd/yyyy 曲 Please select the Month, Day and Year for this event. Mode/Type of Service \* Select Mode / Type of Service Tell us what type of event is being reported. Check the appropriate category listed below to describe this event. A collision A derailment (including yard derailments and non-revenue vehicles) ○ A fire A hazardous material spill An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God) System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information
Were there Fatalities or Injuries involved with the event being repor
One or more fatalities
Enter the number of fatalities
One or more injuries (immediate medical transport away from scene)
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Were there Property Damages associated with the event being repo
Property damages equal to, or greater than, \$25,000.
No property damages to report or total property damage is less than \$25,000.
Enter the dollar amount of estimated property damage
Event Details
Did this event involve an evacuation for life safety reasons?*
○ Yes ○ No
CLOSE

## **Basic Information**

Event Date	Event Time *
Nov 27, 2022	
	HH:MM AM/PM
Approximate Address of Event *	
Latitude*	Longitude *
Event Description*	
This field is limited to 2000 characters.	
Is there another person to contact for more detailed information regard	ing this event?*
○ Yes ○ No	
DELETE CLOSE	NEXT

#### Please provide the following Other Event details. Type \* Smoke Fumes/Noxious Odors Electric Shock Outside Conditions(powerlines, pantographs, etc.) O Power Failure Maintenance Related Slip/Trip/Fall Other Please Describe Location \* O Boarding/alighting: with stairs O Boarding/alighting: with lift or ramp Boarding/alighting: other In vehicle/vessel: securement issue In vehicle/vessel: not a securement issue O Vehicle Exterior Roadway Revenue facility: elevator related Revenue facility: escalator related Revenue facility: ramp Revenue facility: stairway Revenue facility: platform/stop/waiting area Revenue facility: parking facility Revenue facility: other Non-revenue facility Other Please Describe

104

Other Event Details

## Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

This screen will appear only if an injury is involved.	
•	

**DELETE PERSON** 

ADD PERSON

#### Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1	
Person Outside Vehicles*	This screen will appear only if a fatality
Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
Pedestrian crossing in crosswalk	
Pedestrian crossing not in crosswalk	
O Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles *	
○ Transit vehicle rider	
○ Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	Select Gender ▼
Suicide	Trespasser
DELETE CLOSE	BACK NEXT VIEW FORM

# Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions?*		
○ Yes ○ No		
Evacuation Details *	This screen will appear only if an evacuation is involved.	
Max of 200 characters		
What was evacuated?*		
○ Vehicle/Vessel		
Revenue Facility: transit station/center or terminal		
Revenue Facility: other		
Non-revenue Facility		
Other		
Please Describe:		
Was this a self-evacuation?*		
○ Yes ○ No		

## <u>Security – Non-Rail Personal Security Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information	New	Report	Informa	tion
------------------------	-----	--------	---------	------

## **Event Date\*** 曲 mm/dd/yyy Please select the Month, Day and Year for this event. Mode/Type of Service \* Select Mode / Type of Service Tell us what type of event is being reported. Check the appropriate category listed below to describe this event. A collision A derailment (including yard derailments and non-revenue vehicles) ○ A fire A hazardous material spill An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God) System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information
Were there Fatalities or Injuries involved with the event being repo
One or more fatalities
Enter the number of fatalities
One or more injuries (immediate medical transport away from scene
Enter the number of injuries
No fatalities or injuries to report
Property Damages
Were there Property Damages associated with the event being repo
Property damages equal to, or greater than, \$25,000.
No property damages to report or total property damage is less than \$25,000.
Enter the dollar amount of estimated property damage
Event Details
Did this event involve an evacuation for life safety reasons?*
○ Yes ○ No
CLOSE

## **Basic Information**

Event Date	Event Time *	
Nov 27, 2022		
	HH:MM AM/PM	
Approximate Address of Event *		
Latitude *	Longitude *	
Event Description*		
This field is limited to 2000 characters.		
Is there another person to contact for more detailed information regardi	ing this event?*	
○ Yes ○ No		
DELETE CLOSE	NEXT	

#### **Security Event Details**

Assault Robbery Rape Motor Vehicle Theft Larceny/Theft Homicide Suicide Attempted Suicide Other Personal Security Event ease Describe  cation * In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	BACK	ease provide the following Security Event details.	
Robbery Rape Motor Vehicle Theft Larceny/Theft Homicide Suicide Other Personal Security Event Please Describe  Location * In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Right-of-way Other	RAC	Security Event Types*	
Rape  Motor Vehicle Theft  Larceny/Theft  Homicide  Suicide  Attempted Suicide  Other Personal Security Event  Please Describe  Location *  In Vehicle/Vessel  Revenue facility: transit station / center or terminal  Revenue facility: parking facility  Revenue facility: other  Non-revenue facility:  Right-of-way  Other	RAC.		
Motor Vehicle Theft Larceny/Theft Homicide Suicide Attempted Suicide Other Personal Security Event Please Describe  Location * In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	RAG		
Larceny/Theft Homicide Suicide Attempted Suicide Other Personal Security Event Please Describe  Location * In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	RACE TO SERVICE TO SER		
Homicide Suicide Attempted Suicide Other Personal Security Event Please Describe  Location * In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	RAI		
Suicide Attempted Suicide Other Personal Security Event Please Describe  Location * In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	RA		
Attempted Suicide Other Personal Security Event  Please Describe  Location * In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	RA		
Other Personal Security Event  Please Describe  Location *  In Vehicle/Vessel  Revenue facility: transit station / center or terminal  Revenue facility: parking facility  Revenue facility: other  Non-revenue facility  Right-of-way  Other	RA	Suicide	
Location*  In Vehicle/Vessel  Revenue facility: transit station / center or terminal  Revenue facility: parking facility  Revenue facility: other  Non-revenue facility  Right-of-way  Other	RA	Attempted Suicide	
Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	RA RA	Other Personal Security Event	
In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	RA	Please Describe	
In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other	RA.		
In Vehicle/Vessel Revenue facility: transit station / center or terminal Revenue facility: parking facility Revenue facility: other Non-revenue facility Right-of-way Other Please Describe	RA	Location*	
Revenue facility: parking facility Revenue facility: other  Non-revenue facility  Right-of-way  Other	R	☐ In Vehicle/Vessel	
Revenue facility: other  Non-revenue facility  Right-of-way  Other	B	Revenue facility: transit station / center or terminal	
Non-revenue facility Right-of-way Other	R	Revenue facility: parking facility	
Right-of-way Other	RA	Revenue facility: other	
Other	RA	Non-revenue facility	
	RA	Right-of-way	
Please Describe	RA	Other	
	RA	Please Describe	
	RA		
	RA		
		DELETE CLOSE	

VIEW FORM

## Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

This screen will appear only if an injur is involved.	
•	

**DELETE PERSON** 

ADD PERSON

#### Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1	
Person Outside Vehicles*	This screen will appear only if a fatality
Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
O Pedestrian crossing in crosswalk	
Pedestrian crossing not in crosswalk	
O Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles *	
○ Transit vehicle rider	
○ Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	Select Gender ▼
Suicide	Trespasser
DELETE CLOSE	BACK NEXT VIEW FORM

## Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehic	le due to potentially unsafe conditions?*
○ Yes ○ No	
Evacuation Details *	This screen will appear only if an evacuation is involved.
Max of 200 characters	
What was evacuated?*	
○ Vehicle/Vessel	
Revenue Facility: transit station/center or terminal	
Revenue Facility: other	
Non-revenue Facility	
Other	
Please Describe:	
Was this a self-evacuation?*	
○ Yes ○ No	

# <u>Security – Non-Rail System Security Event (back to top)</u>

# Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

item itepo	ort Info		
Event Date*			
mm/dd/yyyy	曲		
Please select the N	Month, Day	and Year for this event.	
Mode/Type of S	ervice*		
Select Mode / T	ype of Serv	ce	•
Tell us what typ	e of event	is being reported.	
Check the appro	priate cate	gory listed below to describe	this event.
A collision			
A derailment	(including)	ard derailments and non-rev	enue vehicles)
○ A fire			
A hazardous i	material sp	II	
O An earthquak	e / flood / l	urricane / tornado / other hi	gh winds / snow storm / ice storm, etc. (Act of God)
	-		nical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / other system security event
Personal secu security event		assault / robbery / rape / larc	eny or theft (including vehicle theft from a parking lot) / homicide, other perso
	Event (e.g.		

# Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

# Person Information Were there Fatalities or Injuries involved with the event being reported? One or more fatalities Enter the number of fatalities One or more injuries (immediate medical transport away from scene) Enter the number of injuries No fatalities or injuries to report **Property Damages** Were there Property Damages associated with the event being reported? Property damages equal to, or greater than, \$25,000. No property damages to report or total property damage is less than \$25,000. Enter the dollar amount of estimated property damage **Event Details** Did this event involve an evacuation for life safety reasons?\*

NEXT

Yes No

## **Basic Information**

Event Date	Event Time *	
Nov 27, 2022		
	HH:MM AM/PM	
Approximate Address of Event *		
Latitude*	Longitude *	
Event Description*		
This field is limited to 2000 characters.		
Is there another person to contact for more detailed information regard	ing this event?*	
○ Yes ○ No		
DELETE CLOSE	NEXT	

#### **Security Event Details**

Please provide the following Security Event details.

Security Event Types			
Terrorism Related Events*			
O Bomb threat			
Bombing			
○ Suspicious package			
Chemical/Biological/Nuclear/Radiological			
Other System Security Events*			
Arson			
Hijacking			
Sabotage			
○ Cyber			
Burglary			
Vandalism			
Other System Security Event			
Please Describe			
Location *			
○ In Vehicle/Vessel			
Revenue facility: transit station / center or terminal			
Revenue facility: parking facility			
Revenue facility: other			
O Non-revenue facility			
○ Right-of-way			
Other			
Please Describe			

DELETE

CLOSE

BACK

VIEW FORM

## Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1		This can will an a same to the interest
Person Outside Vehicles*		This screen will appear only if an injury
O Person waiting/leaving from transit		is involved.
Transit employee / contractor		
○ Transit vehicle operator		
Other worker (e.g., commercial worker, utilities worker, etc.)		
O Pedestrian: bicyclist		
O Pedestrian crossing in crosswalk		
O Pedestrian crossing not in crosswalk		
O Pedestrian walking along road		
O Pedestrian Other		
Other		
Please Describe		
Person Inside Vehicles *		
○ Transit vehicle rider		
○ Transit vehicle operator		
Other transit staff		
Occupant of other vehicle		
Age Range *	Gender*	
Select Age	▼Select Gender	▼
Attempted suicide	Trespasser	
DELETE CLOSE		BACK NEXT VIEW FORM

**DELETE PERSON** 

ADD PERSON

#### Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1	
Person Outside Vehicles*	This screen will appear only if a fatality
O Person waiting/leaving from transit	is involved.
Transit employee / contractor	
○ Transit vehicle operator	
Other worker (e.g., commercial worker, utilities worker, etc.)	
O Pedestrian: bicyclist	
O Pedestrian crossing in crosswalk	
O Pedestrian crossing not in crosswalk	
Pedestrian walking along road	
O Pedestrian Other	
Other	
Please Describe	
Person Inside Vehicles *	
Transit vehicle rider	
Transit vehicle operator	
Other transit staff	
Occupant of other vehicle	
Age Range *	Gender*
Select Age	Select Gender
Suicide	Trespasser
DELETE CLOSE	BACK NEXT VIEW FORM

# Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions?*	
Yes No  Evacuation Details *	This screen will appear only if an evacuation is involved.
Max of 200 characters	
What was evacuated?*	
○ Vehicle/Vessel	
Revenue Facility: transit station/center or terminal	
Revenue Facility: other	
O Non-revenue Facility	
Other	
Please Describe:	
Was this a self-evacuation?*	
○ Yes ○ No	