This document depicts screens/fields from the 2023 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

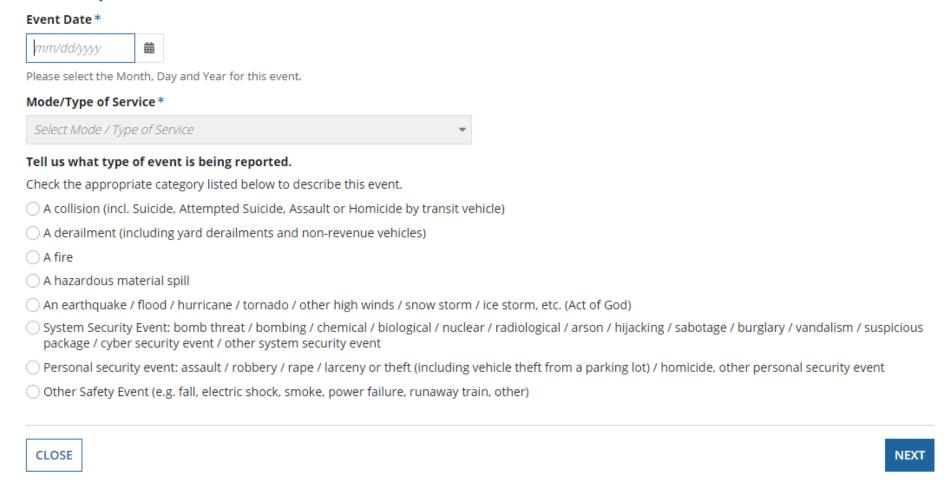
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## <u>Safety - Rail Collision Event (back to top)</u>

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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

### **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 used on the rail fixed guideway)</li> </ul>	not 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 guideway</li> </ul>	ne rail 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	
	Active devices: quad gates
O Indoors	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 *
	O 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.

#### 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			
Injury Type *			
-Please Select an Injury Type-	•		This screen will appear only if an ir
Person Outside Vehicles*			is involved.
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			
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 *	
No Attempted suicide/Assault		○ Trespasser	
Attempted suicide		Not a trespasser	
Assault		O Insufficient informatio	n
Transported from scene for medical attention			
DELETE CLOSE			BACK NEXT VIEW FORM

### 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 app	hear only if	a fatality
O Person waiting/leaving from transit		is involved.	car offig if a	aratanty
○ Transit employee / contractor		is irrvoived.		
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 *			
No Suicide/Homicide	○ Trespasser			
Suicide	O Not a trespasser			
○ Homicide	O Insufficient informa	ition		
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	DAGIL MENT
DELETE CLOSE	BACK NEXT VIEW FORM

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

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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

New Report Information	
Event Date *	
mm/dd/yyyy 🛗	
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 (incl. Suicide, Attempted Suicide, Assault or Homicide by transit v	ehicle)
A derailment (including yard derailments and non-revenue vehicles)	
○ A fire	
A hazardous material spill	
O An earthquake / flood / hurricane / tornado / other high winds / snow storm	ı / ice storm, etc. (Act of God)
<ul> <li>System Security Event: bomb threat / bombing / chemical / biological / nuclei package / cyber security event / other system security event</li> </ul>	ear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious
$\bigcirc$ 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 tr	ain, other)

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 evacuatio
○ 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	BACK	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	dded. Please add a fleet.
Number of Cars in Rail Transit Train *	Number of Cars Derailed *
Train Action*	
○ Going Straight	
○ Making a transit stop	
Cleaving a transit stop	
Negotiating a curve	
O 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 fatality is involved.
.5 5 5 5
Gender*
Select Gender ▼
Trespasser

## 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?	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	BACK NEXT VIEW FORM				

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

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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

New	Rei	port	Info	rma	tion
4644		9016		ш	

Event Date\*

event bate		
mm/dd/yyyy 🛗		
Please select the Month, D	Day and Year for this event.	
Mode/Type of Service*	ĸ	
Select Mode / Type of Se	'ervice •	
Tell us what type of ev	ent is being reported.	
Check the appropriate ca	ategory listed below to describe this event.	
A collision (incl. Suicio	de, Attempted Suicide, Assault or Homicide by transit ve	hicle)
A derailment (includir	ng yard derailments and non-revenue vehicles)	
A fire		
A hazardous material	l spill	
An earthquake / flood	d / hurricane / tornado / other high winds / snow storm	/ ice storm, etc. (Act of God)
	nt: bomb threat / bombing / chemical / biological / nuclearity event / other system security event	ar / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious
Personal security eve	nt: assault / robbery / rape / larceny or theft (including	vehicle theft from a parking lot) / homicide, other personal security event
Other Safety Event (e	e.g. fall, electric shock, smoke, power failure, runaway tra	ain, other)
CLOSE		NEXT

# 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	NET CONTRACTOR OF THE PARTY OF
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 ○ Yes ○ No	ing this event?*
DELETE CLOSE	NEXT

#### 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.

screen will appear only if a fatality
olved.
•

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

Please provide the following Evacuation Event details.

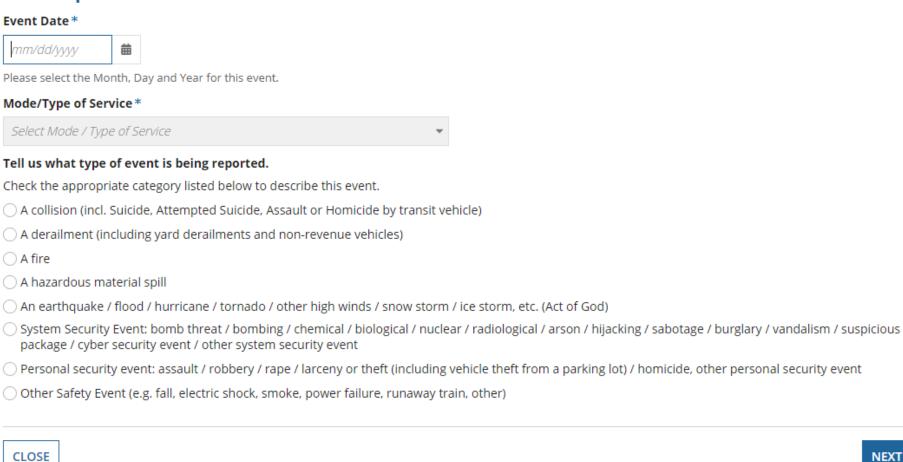
Did this event involve an evacuation of a transit facility or vehicle right-of-way?	e due to potentia	lly unsafe conditions	or an eva	cuation	to the rail
Evacuation for Life Safety Reasons					
Evacuation to rail right-of-way		This screen will		_	an
Customer self-evacuation		evacuation is in	volved.		
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:					
					1
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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

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

39941 - Full Reporter Test #1 - Safety CY 2022

Dal	rso	n I	nf	or	m	ati	1	n
re	30		ш	U		au	U	п

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.

ear only if a fatality
-
Т

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

Please provide the following Evacuation Event details.

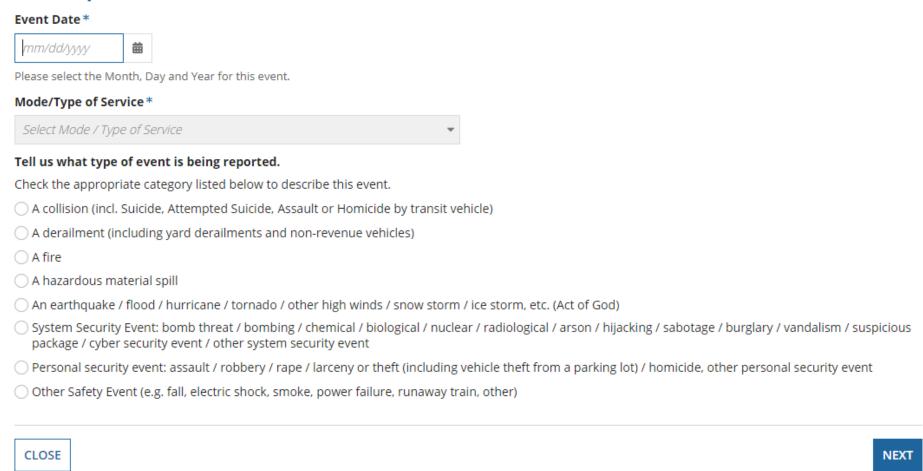
Did this event involve an evacuation of a transit facility or vehicle due to potenti right-of-way?	due to potentially unsafe conditions or an evacuation to the rail	
Evacuation for Life Safety Reasons		
Evacuation to rail right-of-way	This screen will appear only if an evacuation is involved.	
Customer self-evacuation		
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 Act of God Event (back to top)</u>

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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

### **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
○ Yes ○ No
Did this event involve a runaway train? *
○ Yes ○ No
1 8 1 19.5

35

CLOSE

## **Basic Information**

Event Date Nov 27, 2022	Event Time *	
	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	
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 fatality is involved.
.5 5 5 5
Gender*
Select Gender ▼
Trespasser

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

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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

ehicle)
ı / ice storm, etc. (Act of God)
ear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious
vehicle theft from a parking lot) / homicide, other personal security event
ain, other)

CLOSE



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

39941 - Full Reporter Test #1 - Safety CY 2022

_	_			
Person	100	OWN	-	0.10
PPISON		$\mathbf{n}$		

CLOSE

## **Basic Information**

Event Date	Event Time *	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		
SEEST SEEST		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 fatality is involved.
.5 5 5 5
Gender*
Select Gender ▼
Trespasser

## 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 vehi 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			DA GI	NEVE	WEW 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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

New Report Information	
Event Date*	
mm/dd/yyyy 🛗	
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 (incl. Suicide, Attempted Suicide, Assault or Homicide by transit vehicle)	
A derailment (including yard derailments and non-revenue vehicles)	
○ A fire	
A hazardous material spill	
O An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storn	ı, etc. (Act of God)
<ul> <li>System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / cyber security event / other system security event</li> </ul>	ogical / arson / hijacking / sabotage / burglary / vandalism / suspiciou
O Personal security event: assault / robbery / rape / larceny or theft (including vehicle the	ft 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	NEX

## **Basic Information**

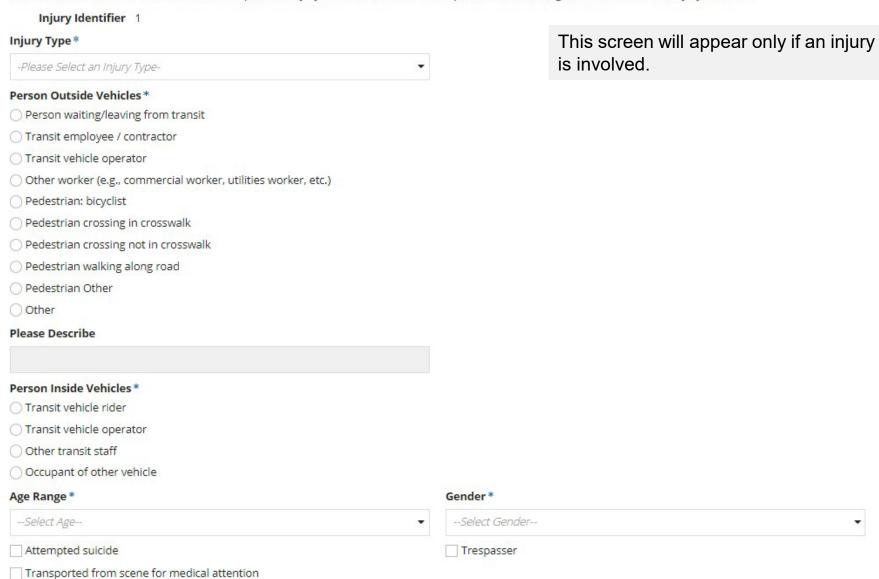
Nov 27, 2022	Event Time *		
	HH:MM AM/PM		
Approximate Address of Event *			
Latitude *	Longitude*		
Event Description*			
This field is limited to 2000 characters.	//		
Is there another person to contact for more detailed information regard	ing this event?*		
○ Yes ○ No			
DELETE CLOSE	NEXT		
SEE	NEXT		

## **Security Event Details**

Please provide the following Security Event details.						
Security Event Types*						
Assault						
Robbery						
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						
Please Describe						
DELETE CLOSE				В	ACK NEXT	VIEW FO

### 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		
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.

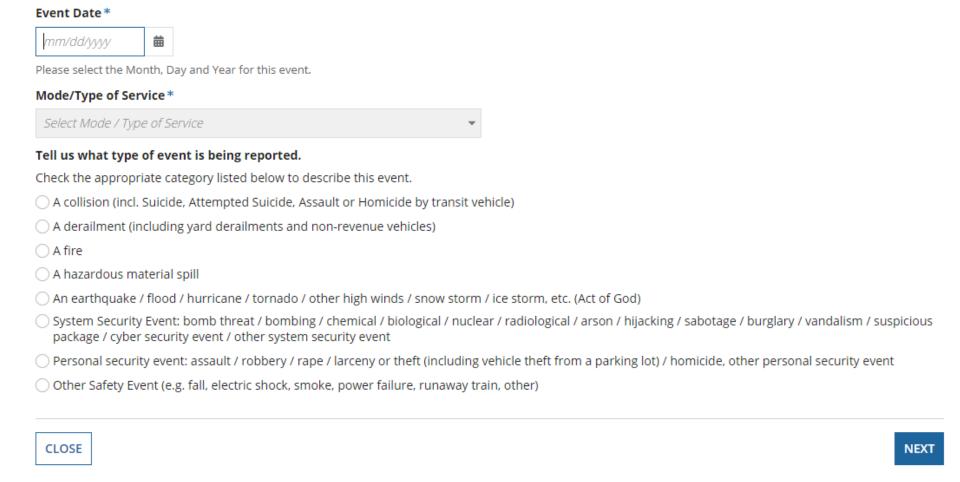
Did this event involve an evacuation of a transit facility or vehicle due to potential right-of-way?	lly unsafe conditions or an evacuation to the rail
Evacuation for Life Safety Reasons	
Evacuation to rail right-of-way	This screen will appear only if an
Customer self-evacuation	evacuation is involved.
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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

New Report Information	Ν	lew	Report	Informa	tion
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# 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 regard	ing this event?*
○ Yes ○ No	
DELETE CLOSE	NEXT
DELETE	NEXI

### **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
Hijacking Sabotage Cyber Burglary Vandalism Other System Security Event
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
18 29
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
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

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## 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		
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	<b>.</b>
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 potentia right-of-way?	lly unsafe conditions	or an eva	cuation	to the rail
Evacuation for Life Safety Reasons				
Evacuation to rail right-of-way				
Customer self-evacuation	This screen will	appea	r only if	an
Evacuation Details *	evacuation is in	volved.		
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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

Ν	lew	Re	port	Inform	ıation
IV	CVV	VE	וטוע		iation

Event Date\*

mm/dd/yyyy 🛗		
Please select the Month, Da	ay and Year for this event.	
Mode/Type of Service*		
Select Mode / Type of Se	ervice •	
Tell us what type of eve	ent is being reported.	
Check the appropriate ca	tegory listed below to describe this event.	
A collision (incl. Suicid	e, Attempted Suicide, Assault or Homicide by transit	vehicle)
A derailment (includin	g yard derailments and non-revenue vehicles)	
○ A fire		
O A hazardous material	spill	
O An earthquake / flood	/ hurricane / tornado / other high winds / snow storr	n / ice storm, etc. (Act of God)
	: bomb threat / bombing / chemical / biological / nucl ity event / other system security event	ear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious
O Personal security ever	nt: assault / robbery / rape / larceny or theft (including	g vehicle theft from a parking lot) / homicide, other personal security event
Other Safety Event (e.	g. fall, electric shock, smoke, power failure, runaway t	rain, other)

CLOSE

# 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.
$\hfill \square$ 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

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## **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

#### General Non-Rail

#### Collision/Non-Rail Event Information

Please provide the following collision event details

Number of Non-Rail Transit Vehicles Involved *	Ferry				
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	Collision/Non-Rail Event Information  Please provide the following collision event details  Number of Transit Ferries Involved*  Location*  Revenue facility: terminal center  Parking facility  Revenue facility: other  Non-revenue facility  Other				
Please Describe	Please Describe				
Collision With *      Motor Vehicle     Person     Animal     Fixed Object     Transit vehicle	Collision With *  Person Animal Vessel Dock / Terminal center Other Please Describe				
Other Please Describe	DELETE CLOSE			BACK NEXT	VIEW FORM
Number of Other Vehicles Involved  DELETE CLOSE		BACK NEXT	VIEW FORM		

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#### Non-Rail Collision Information

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

Non-Rail Collision Event Details

#### Generic Non-Rail

Weather×
○ Clear
○ Cloudy
○ Foggy/Misting
Raining
○ Snowing/Sleeting
O Other
Please Describe
Lighting *
O Daylight
O Twilight
O Dark O 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
○ Not applicable
O Other
Please describe
Roadway Conditions *
O Dry
○ Wet
○ Snow/Slush
○ Ice
○ Debris
0
O Other

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.

#### Non-Rail Collision Information

Please provide the following Collision Right of Way details.

Non-Rail Collision Event Details

Ferry

	ti		

- O Clear
- O Foggy/Misting
- O Raining
- O Snowing/Sleeting O Other

#### Please Describe

#### Lighting\*

- O Daylight
- O Twilight.
- O Sun in eyes of transit vehicle operator
- O Sun in eyes of other vehicle operator

#### Non-Rail Roadway Information

#### Roadway Configuration \*

- Limited Access Highway
- Divided Highway
- Bridge
- Intersection/Grade Crossing
- □ Tunnel
- Private Property
- Ramp
- Other
- Intersection
- Grade Crossing

#### Please Describe

#### Grade Crossing Control (If Applicable)\*

- O Active devices: crossing gates
- O 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\*

- O Dry
- O Wet
- O Snow/Slush
- O Ice
- O Debris
- O Other

Please Describe

#### 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.

n will appear only if an injur
•

**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	
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.

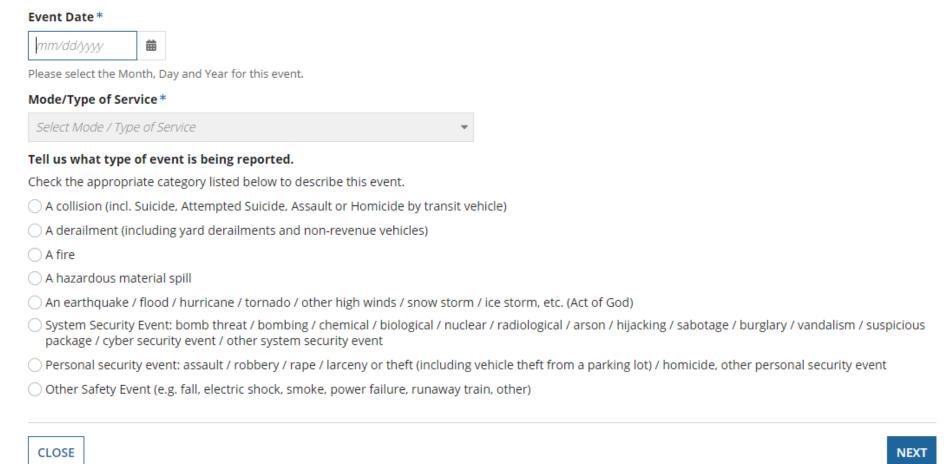
Did this event involve an evacuation of a transit facility or vehic	cle due to potentially unsafe conditions?*
○ Yes ○ No	
Evacuation Details *	This screen will appear only if an evacuation is involved.
Max of 200 characters	
What was evacuated?*	
○ Vehicle/Vessel	
Revenue Facility: transit station/center 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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

N	lew	Re	port	nform	nation



# 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

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## **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

Please provide the following	Other Vehicle Involved details
------------------------------	--------------------------------

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.

This can an will appear and if an initial	Injury Identifier 1		
This screen will appear only if an injury	Person Outside Vehicles*  Person waiting/leaving from transit  Transit employee / contractor		
is involved.			
	○ Transit vehicle operator		
	Other worker (e.g., commercial worker, utilities worker, etc.)		
	O Pedestrian: bicyclist		
	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		
Gender*	Age Range * Select Age		
▼Select Gender ▼			
Trespasser			
	DELETE CLOSE		
▼Select Gender	Select Age ▼		

**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 vehic	cle 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, D	ay and Year for this event.
Mode/Type of S	ervice*	
Select Mode / Ty	ype of S	ervice •
ell us what typ	e of ev	ent is being reported.
heck the appro	priate c	ategory listed below to describe this event.
A collision		
A derailment	(includir	ng yard derailments and non-revenue vehicles)
A fire		
A hazardous r	material	spill
An earthquak	e / flood	d / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
		t: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / is package / cyber security event / other system security event
Personal secu security event	-	nt: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal
Other Safety I	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 *	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 Hybrid Diesel Hybrid Gasoline ○ Kerosene Cliquefied Natural Gas Liquefied Petroleum Gas/Propane Methanol Other Please Describe

DELETE CLOSE

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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.

This can an will appear and if an initial	Injury Identifier 1		
This screen will appear only if an injury	Person Outside Vehicles*  Person waiting/leaving from transit  Transit employee / contractor		
is involved.			
	○ Transit vehicle operator		
	Other worker (e.g., commercial worker, utilities worker, etc.)		
	O Pedestrian: bicyclist		
	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		
Gender*	Age Range * Select Age		
▼Select Gender ▼			
Trespasser			
	DELETE CLOSE		
▼Select Gender	Select Age ▼		

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

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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

Now Donart Information

New Report Information	
Event Date *	
mm/dd/yyyy 🛗	
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 describ	pe this event.
A collision (incl. Suicide, Attempted Suicide, Assault	or Homicide by transit vehicle)
O A derailment (including yard derailments and non-r	revenue vehicles)
○ A fire	
A hazardous material spill	
O An earthquake / flood / hurricane / tornado / other	high winds / snow storm / ice storm, etc. (Act of God)
<ul> <li>System Security Event: bomb threat / bombing / chepackage / cyber security event / other system security</li> </ul>	emical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspici rity event
O Personal security event: assault / robbery / rape / la	arceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
Other Safety Event (e.g. fall, electric shock, smoke, p	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

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### 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 can an will appear and if an initial	Injury Identifier 1 Person Outside Vehicles*	
This screen will appear only if an injury		
is involved.	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	
	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	
Gender*	Age Range *	
▼Select Gender ▼	Select Age ▼	
Trespasser	Attempted suicide	
	DELETE CLOSE	
▼Select Gender	Select Age ▼	

**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	
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	<i>Select Gender</i> ▼
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?*		
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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

New Report Information	
Event Date *	
mm/dd/yyyy 🛗	
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 (incl. Suicide, Attempted Suicide, Assault or Homicide by transit vehicle)	
A derailment (including yard derailments and non-revenue vehicles)	
○ A fire	
A hazardous material spill	
O An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice st	orm, etc. (Act of God)
<ul> <li>System Security Event: bomb threat / bombing / chemical / biological / nuclear / rac package / cyber security event / other system security event</li> </ul>	iological / arson / hijacking / sabotage / burglary / vandalism / suspicious
O 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, oth	er)

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

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

#### 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.

This can an will appear and if an initial	Injury Identifier 1 Person Outside Vehicles*	
This screen will appear only if an injury		
is involved.	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	
	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	
Gender*	Age Range *	
▼Select Gender ▼	Select Age ▼	
Trespasser	Attempted suicide	
	DELETE CLOSE	
▼Select Gender	Select Age ▼	

**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.

ntially 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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

#### **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 (incl. Suicide, Attempted Suicide, Assault or Homicide by transit vehicle) 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/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 rep
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
<b>Event Details</b>
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

ACK NEXT VIEW FORM

CLOSE

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.

n will appear only if an injur
•

**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.

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

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

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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

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

Event Date\*

mm/dd/yyyy 🛗	
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 (incl. Suicide, Attempted Suicide, Assault or Homicide by transit vehicle	)
A derailment (including yard derailments and non-revenue vehicles)	
○ A fire	
A hazardous material spill	
O An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice	storm, etc. (Act of God)
<ul> <li>System Security Event: bomb threat / bombing / chemical / biological / nuclear / r package / cyber security event / other system security event</li> </ul>	adiological / arson / hijacking / sabotage / burglary / vandalism / suspicious
$\bigcirc$ Personal security event: assault / robbery / rape / larceny or theft (including vehicles)	le theft from a parking lot) / homicide, other personal security event
Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, o	ther)
CLOSE	NEV

# 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 regardi	ing this event?*
○ Yes ○ No	
DELETE CLOSE	NEXT

### **Security Event Details**

ecurity Event Types*		
Assault		
Robbery		
Rape		
Motor Vehicle Theft		
Larceny/Theft		
Homicide		
Suicide		
Attempted Suicide		
Other Personal Security Event		
Please Describe		
ocation*		
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		

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.

screen will appear only if an injury
volvea.
•

**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 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

44402 - Valley Transit - Full Urban Reporter - Safety CY 2023

New Report Information	
Event Date *	
mm/dd/yyyy 🛗	
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 (incl. Suicide, Attempted Suicide, Assault or Homicide by transit vehicle)	
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)	
<ul> <li>System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary package / cyber security event / other system security event</li> </ul>	/ vandalism / suspicious
O Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event:	nal security event
Other Safety Event (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 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		
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		
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 an an hold or indicate
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	<i>Select Gender</i>	•
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	11 11 12 11 11 11 11 11 11 11 11 11 11 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 vehic	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		