



Erie Metropolitan Transit Authority
127 East 14th Street
Erie, Pennsylvania 16503

EMTA Incident Response Process Guide

EMTA defines an Incident as *an event that causes damage to a vehicle, individual, or property which is not considered an accident*. Examples include, but are not limited to:

- Passenger Behavior Problem
- Medical Emergency
- Vehicle Problem
- Passenger Dispute
- Passenger Hygiene
- Equipment/Facility Issue(s)
- Route Problem
- Pick-up/Drop-off Problem
- Care Provider Problem
- Parent Problem
- Vandalism
- Other (Supervisor's Discretion)

Once an Incident has been established, employees, dispatchers, supervisors, and any other required official(s) should work together in order to resolve the incident as quickly as possible. Incident Report forms are available to all workers through Dispatch. An example has been attached to this process guide for reference.

A Near Miss/Hazards Report helps to reduce the likelihood of an event escalating into an accident or incident. Reporting Near Miss/Hazards is a voluntary process and will not subject employees to discipline. It is important to note that a Near Miss/Hazard is separate from an Incident, and that both processes utilize their own form.

The incident reporting process has been streamlined for quick reference. Please note each step and its actionable timeline. While circumstances of each incident may vary, the following outline represents the majority of chronological steps to take once an incident has been established:

1. Driver to radio dispatch detailing the Incident.
Immediate
2. Dispatch to relay information to an Operations Supervisor.
Immediate
3. Dispatch to gather all information using the Dispatch Incident Accident Reporting Form.
Immediate
4. Driver to complete a Driver Incident Report Form.
Upon returning to EMTA – Report to Dispatch
 - a. If the bus was not in motion and a passenger falls or is injured in any way, Drivers have been instructed to gather the passenger's name, address, and contact information **prior to their return.**
 - b. If an ambulance has been dispatched to the scene, the operations supervisor needs to be notified via Dispatch **immediately.**
5. Dispatch to complete their incident report (pink form), turning it into their supervisor along with the Driver's report.
Within 24 hours
6. Supervisor to review the audio and video content.
As soon as incident report and driver's report received
7. Supervisor to fill out their portion of the Incident Report.
After reviewing footage and/or incident details
 - a. Supervisor to determine if the incident is reference only or requires follow-up with an injured participant and/or medical or law enforcement personnel.
8. Review incident for insurance submission.
Within 48 hours
9. Review incident for submission to Vicky (to FTA) and/or Jeremy.
Timeline depends on the severity of the incident
10. Review incident for prospective post-Incident driver's retraining.
Within 1-3 days of incident occurrence
11. Supervisor to file all relevant incident reporting documentation in appropriate locations.
Within 1-5 days of incident occurrence, depending on severity

EMTA is committed to the safety and security of all our passengers and employees alike. Prompt responses to incidents help mitigate further damage as well as the potential for reoccurrence. Safety is a shared responsibility. If you have any questions, please see dispatch, your supervisor, or the Operations Supervisor or Compliance Manager for assistance.

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Incident Report Form

If a line is not applicable write N/A

Employee's Name:

Names of Other Persons Involved in Incident:

Route #: Bus #: Date of Incident: Time of Incident:

Location of Incident:

**Number of
Passengers on
Board: (If incident
occurred on an EMTA
vehicle)**

Was Anyone Injured:

Employee: Yes No
Passenger: Yes No

**If Someone Was Injured Did They Require
Medical Attention?**

Yes No

Name of Injured Person(s):

Who Provided Medical Attention:

Check Type of Incident:

- | | |
|---|---|
| <input type="checkbox"/> Passenger Behavior Problem | <input type="checkbox"/> Route Problem |
| <input type="checkbox"/> Medical Emergency | <input type="checkbox"/> Pick-Up/Drop Off Problem |
| <input type="checkbox"/> Vehicle Problem | <input type="checkbox"/> Care Provider Problem |
| <input type="checkbox"/> Passenger Dispute | <input type="checkbox"/> Parent Problem |
| <input type="checkbox"/> Passenger Hygiene | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> Equipment/Facility Issues | <input type="checkbox"/> Other: Describe |

Describe Incident Checked:

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Incident Report Form

Scenario BEFORE Incident Occurred:

Scenario AFTER Incident Occurred:

<p>Passenger Remarks: <i>(If Incident Occurred on EMTA Vehicle)</i></p>	<p>Passenger Actions: <i>(If Incident Occurred on EMTA Vehicle)</i></p>
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<p>Who Was Contacted Regarding the Incident?</p>	<p>Time of Contact:</p>
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<p>Printed Name of Person Completing Report:</p>	<p>Job Title:</p>
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<p>Signature of Person Completing Report:</p>	<p>Date:</p>
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This portion of report to be completed by Supervisor.

<p><input type="checkbox"/> Incident Requires Follow-Up and Resolution <i>(Complete Recommended Action Section)</i></p>	<p><input type="checkbox"/> For Documentation Only – No Follow-Up Required</p>
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Incident Report Form

Investigating Supervisor's Findings:

Recommended Action:

Responsible for Corrective Action: Operations Maintenance

Date of Supervisor's Investigation:

Name of Responsible Supervisor:

Date Corrective Action to be Completed:

Investigating Supervisor's Signature:

Job Title:

Supervisor of Safety & Security: (Print)

Job Title:

Supervisor of Safety & Security: (Signature)

Date: