

## Surface Accident and Incident Report Form Guidance

This form must be completed for any injury, incident involving TfL asset, dangerous occurrence and near miss in respect of staff, customers, contractors and members of the public. The accident and incident reporting form should be completed within 24 hours of the incident occurring.

If you require further information about completing this form consult either the online guide or contact the safety team by email at: [STincidents@tfl.gov.uk](mailto:STincidents@tfl.gov.uk). For guidance around the roles and responsibilities of employees and managers during an incident please visit the TfL Management System



[Read the Privacy Statement by clicking here...](#)



## SECTION A: DETAILS OF THE PERSON MAKING REPORT

Name	Job title	Department	Email	Date
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## SECTION B: ABOUT THE INCIDENT (for an assault also complete Section E)

My Business Area (mandatory field)

## Buses

- ☐ CPOS
- ☐ Cycle Hire Scheme
- ☐ Dial-a-Ride
- ☐ Finance & Commercial
- ☐ Licensing, Regulation and Charging
- ☐ London River Services
- ☐ Network Management
- ☐ Project & Programme Delivery
- ☐ Sponsorship
- ☐ Surface Support Areas
- ☐ Taxi & Private Hire
- ☐ Transport Innovation
- ☐ Victoria Coach Station

Please note an email notification



#### Details of the incident

Date of incident	Day of week	Time	Station/Stand Location	Incident Location	Weather
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="E.g. Stratfor"/>	<input type="text"/>	<input type="text"/>

Programme/Project Involved (where applicable)

Name of Contractor: Programme/Project: Work Package No: Project Manager:

Category of Incident (mandatory field)

- ☐ Assault
- ☐ Collision
- ☐ Environmental Incident
- ☐ Fire
- ☐ Medical Incident
- ☐ Near Miss Incident
- ☐ Personal Injury Event
- ☐ Robbery
- ☐ Safety Critical Failure
- ☐ Slip/Trip/Fall
- ☐ Vandalism/Hooliganism
- ☐



Category of person affected in the incident (mandatory field)

- ☐ Passenger/Customer
- ☐ TfL RPI
- ☐ Bus / Coach Driver
- ☐ TfL RTEO
- ☐ Compliance Officer
- ☐ Bus Station Controller
- ☐ Network Traffic Controller
- ☐ TfL Non-Operational staff
- ☐ TfL Operational Staff
- ☐ Other Contractor staff
- ☐ Member of public
- ☐ Ticket Office Staff
- ☐ Station Assistant
- ☐ Controller
- ☐ Conductor
- ☐ Other not listed
- ☐ Not Applicable



## SECTION C: INJURY DETAILS (only complete section for injuries)

### Injury Status

Nature of any injury experienced



### Treatment offered

### Details of injured person

Forename:Surname:Age Category: Gender:

Employee Number:Job role: Department:



Add Additional Injuries

First Aid administered by:London Ambulance Ref No:Police Officer(s) Number:Police Station:Crime/Cad Ref

## SECTION D: ABOUT ANY ASSET OR THIRD PARTY INVOLVED

Asset involved in the incident

Type of Asset:Asset Number (TfL):Nature of asset damage:

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- ☐ Diesel/Oil Spillage
- ☐ Tree or Plant Damage
- ☐

Your Vehicle Details (Additional RTC form may be required)

Vehicle Type: Make/Model:Colour: Registration Number:Insurance Form Completed:Fleet Vehicle:

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Third Party Vehicle Details

Vehicle Type: Make/Model:Colour: Registration Number:Running/Fleet Number:Route Number:

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Name of 3rd party driver:Company or Address:FORS Registered:Vehicle Damage:

			Select or type...	Select or type...
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## SECTION E: ASSAULT AND AGGRESSION

Nature of Physical Assault:Nature of Non-Physical Violence:

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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## SECTION F: DETAILS OF WHAT ACTUALLY HAPPENED

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CCTV Coverage

Name

Insert new email

**SECTION G: INITIAL INVESTIGATION** This section should be completed by a manager or the person responsible for the work area

#### Overview of Incident

Provide full details of the incident following a fact finding exercise. This should also include injury details, treatment, immediate steps taken to make accident area safe.

#### Key Findings

Provide the relevant investigation findings including the immediate cause of the incident, lessons learned and any recommendations.

#### Root Cause

Provide details of the underlying reason why incident occurred e.g. lack of training, management failing, lack of planning etc. The Safety Team can provide assistance with this.

#### Remedial Actions Taken

Provide details of actions taken or proposed to prevent a similar incident from happening again.

Lost Time  
Injury?

☐ No ☐ Yes

Working days lost (not including day of  
incident)

Return to work interview  
date:

#### Status of Incident

Incident Closed

Further Investigation Required

Date of investigation

No

Select...

#### Attach file



[Click here to attach a file](#)

#### Save form

Although this form can be accessed anytime it is important that you save this form for your local records. You can either convert to PDF or print directly from the browser. For help converting to PDF [click here](#).

#### Section for administration use only

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[Click here to open admin control](#)