Lothian

INCIDENT REPORT

OM205

REF: _____

Please complete in BLOCK capitals throughout

INCIDENT DETAILS		
Full Name	Payroll No.	Garage
Age	No. of years PSV/PCV held	Company start date
Day	Date	Time
Location		
Reported to Control? Yes / No	Time	Controller

BUS DETAILS		
Full Reg No.	Fleet No.	Route/Block No.
Travelling from	To	Vandal screen in use?
Type of incident		CCTV Fitted? Yes / No

INCIDENT DETAILS (Use other side of sheet if needed)

POLICE		
Did Police attend? Yes / No	P.C. Name	P.C. Number
Station	P.C. Name	P.C. Number
If police did not attend, was incident reported to a Police station? Yes / No		
Station	P.C. Name	P.C. Number
Reference No.		

Company official in attendance? Yes / No	Name

WITNESSES		
Name	Address	Phone Number

Signed _____ **Date** _____