

## Attachment

### Incidents Reporting

If you are using TriP Admin, the spreadsheets will be created automatically by use of the TriP Export function, by clicking the button marked "Incident". The report can then be sent by e-mail to [safetyptd@dot.state.nc.us](mailto:safetyptd@dot.state.nc.us).

If you are not a TriP user, simply fill out the spreadsheet using the directions below, and send them to the e-mail address.

#### Instructions for Spreadsheet Data Entry

**Note: Be sure to fill the columns out exactly as described. Do NOT move the order of the columns or rows. The data is collected in a specific order so that it can be taken from the spread sheets submitted by each system, compiled and analyzed for the purpose of identifying trends in incidents statewide. If you have any questions, please contact Peter T. Albrecht, Manager, Employee Development at (919)733-4713, Ext. 241, or at [palbrecht@dot.state.nc.us](mailto:palbrecht@dot.state.nc.us).**

#### Column A: System Name

Fill in the name of your system as it appears on your grant application.

#### Column B: Employee ID Number

You must enter the Employee ID number. This is the only way that the database can identify the employee, since all of the data is anonymous with regard to the individuals involved in the reported incidents. If you do not enter an employee number, the data cannot be recorded. Do not use an easily recognizable piece of personal data, such as the employee's Social Security number, or their birth date.

**Each employee number must be unique. Be sure to keep track of numbers previously assigned. Develop a system for setting the ID numbers.**

#### Column C: Position

Enter the employee's position (examples: driver, dispatcher, van operator, etc.)

#### Column D: Issue State

This is the state in which the employee's driver's license is issued. In most cases it will be NC for North Carolina. **Use the two-letter USPS code for the state, do not spell out the entire state name (example North Carolina=NC, Tennessee=TN).**

#### Column E: Regular Classed?

This is a drop down box. If the driver has a regular license (not a Commercial Driver's license), the box must say TRUE. If the driver does not have a regular license, the box must say FALSE.

#### Column F: CDL Classed?

This is a drop down box. If the driver has a Commercial Driver's License, the box must say TRUE. If the driver does not have a CDL, the box must say FALSE.

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**Column G: Class Type**

This is a drop down box that shows the three classes (A, B, or C) of driver's license (either regular or CDL). Make sure that the drop box lists one of the classes.

**Column H: Date of Birth**

This shows the date of birth of the employee involved in the incident. The field will default to a format that looks like this: 09/02/1977 (mm/dd/yyyy). If you enter 09/02/77, it will change to show the year as a four-digit number.

**Column I: Hire Date**

This shows the employee's date of hire. This field has the same characteristics as the Date of Birth field.

**Column J: Accident #**

This is the number assigned to the incident. The format should be yyyy/mm/dd/#### (where ### is the number of the incident) to accommodate the characteristics of the field. This allows incidents to be tracked and analyzed over a long period of time, in sequence.

**Column K: Preventable?**

This is a drop down box. If the accident is preventable, the box must say TRUE. If not, the box must say FALSE.

**Column L: Worker's Comp?**

This is a drop down box. If there is a worker's comp claim as a result of the incident, the box must say TRUE. If not, the box must say FALSE.

**Column M: Cited?**

This is a drop down box. If the driver is given a citation as a result of the incident, the box must say TRUE. If not, the box must say FALSE.

**Column N: Damage Area**

This is a drop down box. Pick the selection that most closely matches the vehicle damage resulting from the accident.

**Column O: Accident Cause**

This is a drop down box. Pick the selection that most closely matches the cause of the incident or accident.

**Column P: Type of Involvement**

This is a drop down box. Pick the selection that most closely matches the incident circumstances.

**Column Q: Weather**

This is a drop down box. Pick the selection that most closely matches the weather at the time of the incident.

**Column R: Road Type**

This is a drop down box. Pick the selection that most closely matches the road type of the incident.

**Column S: Geometry**

This is a drop down box. Pick the selection that most closely matches the incident conditions.

**Column: T: Traffic**

This is a drop down box. Pick the selection that most closely matches the incident conditions.

**Column U: Light**

This is a drop down box. Pick the selection that most closely matches the incident conditions.

**Column V: Evasive Action**

This is a drop down box. Pick the selection that most closely matches the driver's action during the incident.

**Column W: Accident Location**

This is a drop down box. Pick the selection that most closely matches the incident conditions.

**Column X: Route**

Enter the name or number of the system route on which the incident occurred.

**Column Y: Vehicle Number**

Enter the number of the system vehicle involved in the incident.

**Column Z: Vehicle Downtime**

Enter the amount of time the vehicle is lost from service.

**Column AA: Vehicle Movement**

This is a drop down box. Pick the selection that most closely matches the incident circumstances.

**Column AB: Location**

This is a description of the specific location of the incident, using local landmarks or street names, as appropriate.

**Column AC: date of Accident**

Enter the date of the incident or accident.

**Column AD: Time of Accident**

Enter the time of the incident or accident.

**Column AE: Injuries**

Enter the number of injuries.

**Column AG: Passenger Injury Cause**

This is a drop down box. Pick the most appropriate cause of passenger injury.

**Column AH: Transit Injuries**

This is a drop down box. Pick the category of employee injured, if any.

**Column AI: Company Vehicle Damage**

Enter the dollar amount of damage to the system vehicle.

**Column AJ: Total Damage**

Enter the dollar amount of total damage resulting from the incident.

**Column AK: Discipline**

Enter the type of disciplinary action taken against the employee involved in the incident, if any.

**Column AL: Description**

Enter a description of the incident or accident.

**Column AM: Amount Collected**

Enter the dollar amount collected from other parties to offset the system expenses resulting from the incident.

**Column AN: Date Received**

Enter the date that the report of the incident is entered.

**Column AO: Post Accident Tested?**

This is a drop down box. If the driver is tested for drugs or alcohol as a result of the incident, the box must say TRUE. If not, the box must say FALSE.