Southeastern Pennsylvania Transportation Authority
Subway-Elevated Division
OPERATOR'S ACCIDENT INCIDENT REPORT

INCIDENT # 07/28/21 0018 (mm / dd / yy)

DAY ☐ SUN ☐ MON ☐ TUES ☒ WED ☐ THU ☐ FRI ☐ SAT DATE 07 / 28 / 21 TIME ____ : ____ ☐ AM ☒ PM

DISTRICT ☐ BSS ☒ MFSE DIRECTION ☐ N ☐ S ☒ E ☐ W WEATHER ☒ CLEAR ☐ CLOUDY ☐ FOGGY ☐ RAINING ☐ SLEETING ☐ SNOWING

ACCIDENT ☐ AT ☐ BTWN ____ STATION Springarden AREA ☒ PAID ☐ UNPAID

TYPE ☐ STATION ACCIDENT ☒ TRAIN ACCIDENT ☐ MISCELLANEOUS INCIDENT ACCIDENT WAS ☐ ALLEGED ☐ OBSERVED

DESCRIBE THE ACCIDENT OR INCIDENT IN DETAIL: Coming into East Bound side of Springarden Station saw guy at the Edge yellow line on platform put Train in Emergency Train did not stop on the dot man Fell in Track

James Rogan-EL
EMPLOYEE NAME (print)

[redacted]
ACCOUNT #

7
YRS SERVICE

[redacted]
EMPLOYEE'S SIGNATURE

78
RUN #

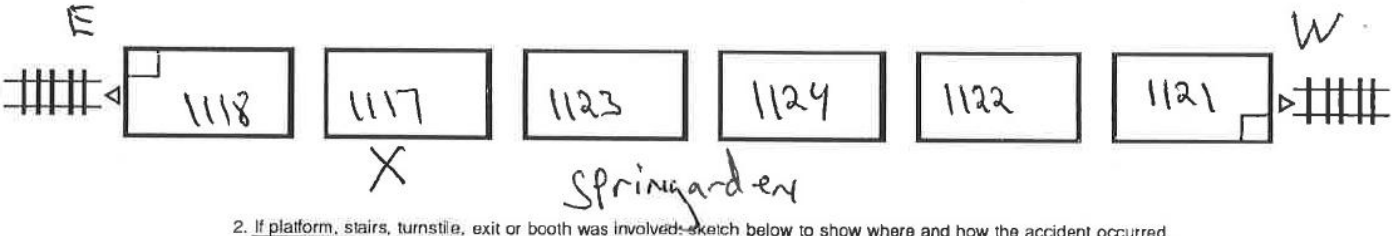
7-28-21
DATE OF REPORT

CLASSIFICATION ☐ CASHIER ☐ CONDUCTOR ☐ STATIONPERSON ☐ TRAINPERSON ☐ OTHER ____

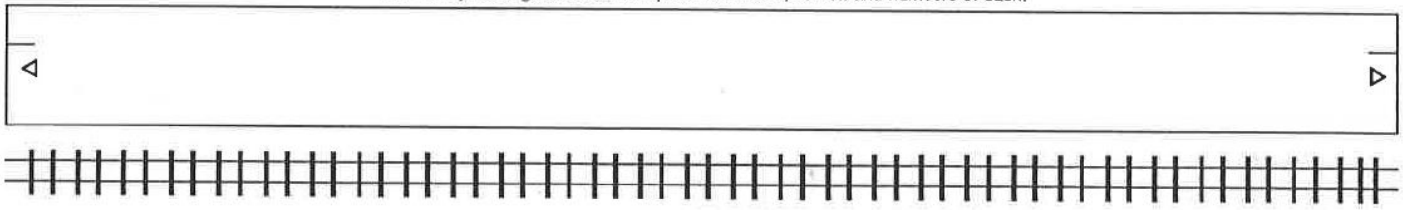
CHECK IF MADE ON OWN TIME ☐

ACCIDENT DIAGRAM:

1. If train was involved: record car numbers, crew positions, signal number, direction of travel and mark with an (X) the exact location of the accident. Sketch relative position of platform if accident occurred in a station.



2. If platform, stairs, turnstile, exit or booth was involved: sketch below to show where and how the accident occurred. Use the symbols given below to represent turnstile, stairs.. and numbers of each.



STATION AREA

REPORT CHECKED AT DEPOT BY:							
CLAIM				CLASS			
CODE	YEAR	NUMBER	COLL.	ACC.	VEH.		

	SIGNAL #	▷	DIRECTION OF TRAVEL
	PERSON	UP →	STAIRS #
E	EXIT		TURNSTILE
		C	CASHIER BOOTH #

TRAIN ACCIDENT
(Fill in if train involved)

BLOCK # 78 CAR # 1118 1117 1123 1124 1122 1121 END FORWARD ☐ 1 ☐ 2 ☐ A ☐ B

SIDE ☐ OPERATING ☒ NON-OPERATING SWITCH # _____ BENT # _____ SIGNAL # _____ DOOR # _____ ☐ N/A

TYPE OF ACCIDENT ☐ FALL ☐ FALL BTWN TRAIN & PLATFORM ☐ STRUCK BY DOORS ☒ STRUCK BY TRAIN ☐ OTHER _____

PERSON WAS ☐ ALIGHTING ☐ BOARDING ☐ JUMPING ☐ LAYING ON TRACK ☐ ON-BOARD ☒ OTHER Fell in Track

MOTION OF VEHICLE ☐ FULL SPEED ☐ SERIES SPEED _____ MPH ☐ STANDING ☐ STARTING ☒ STOPPING

RAIL ☐ CROSSOVER ☐ CURVE ☒ STRAIGHT

GRADE ☐ DOWNGRADE ☒ LEVEL ☐ UPGRADE

WHEN DID YOU FIRST OBSERVE THE PERSON OR OBJECT INVOLVED? distance? _____

DESCRIPTION OF PERSON OR OBJECT Caucasian Male

POSITION OF OBJECT OR PERSON AFTER CONTACT ☐ N/A Under Train

BODY PART ☒ NONE ☒ ARM ☒ FOOT ☐ HAND ☒ HEAD ☒ LEG ☒ NECK ☒ TORSO

DOORS REVERSED ☐ YES ☐ NO

TRAIN PUT IN EMERGENCY ☒ CINESTON ☐ CORD ☐ NO

STATION ACCIDENT
(Fill in if fall or bump and no train is involved)

PERSON WAS ☐ RUNNING ☐ STANDING ☐ WALKING ☐ OTHER _____

LOCATION ☐ CROSS BRIDGE ☐ ELEVATOR ☐ ESCALATOR ☐ EXIT ☐ PLATFORM ☐ STAIRWAY # _____ ☐ TURNSTILE ☐ OTHER _____

DESCRIPTION OF PERSON (clothing, glasses, carrying objects..) _____

AREA CROWDED ☐ YES ☐ NO SURFACE ☐ DRY ☐ WET LIGHTS ☐ ON ☐ OFF FOREIGN OBJECTS ☐ YES (specify) _____ ☐ NO

MISCELLANEOUS INCIDENT

TYPE OF INCIDENT ☐ DISTURBANCE/EJECTMENT/SICKNESS ☐ INJURY BY EQUIPMENT ☐ PROPERTY DAMAGE BY EQUIPMENT ☐ INJURY OR PROPERTY DAMAGE BY OTHER PASSENGERS OR PERSONS ☐ ROBBERY/THEFT/ASSAULT ☐ OTHER _____

PERSON WAS A ☐ PASSENGER ☐ PEDESTRIAN ☐ OTHER _____

LOCATION ☐ CATWALK ☐ ON SEPTA VEHICLE ☐ PARKING LOT ☐ STREET ☐ TRACK ☐ PLATFORM ☐ OTHER _____

ON THE SCENE

POLICE AT SCENE ☒ YES ☐ NO RESCUE AT SCENE ☒ YES ☐ NO SUPERVISOR AT SCENE ☒ YES ☐ NO

POLICE CAR # _____ POLICE NAME _____ BADGE # _____ POLICE NAME _____ BADGE # _____

RESCUE # _____ # CLAIM INJURIES _____ # OF WITNESSES _____ INCIDENT CARD SERIAL # _____

INJURED PERSONS

NAME / PHONE #	DOB	INJURY	REMOVED BY
ADDRESS	SSN	HOSPITAL	REMOVED HOW
			Police# _____ Rescue# _____
			Walked Carried Refused
			Police# _____ Rescue# _____
			Walked Carried Refused
			Police# _____ Rescue# _____
			Walked Carried Refused

SEPTA FORM 5007

© SEPTA 1993 C:\REFNO\10850.WP5-F0158

Southeastern Pennsylvania Transportation Authority

Employee Injury Report
Effective January 1, 2020

Supervisor Immediately Email Completed Employee Injury Report to SEPTA's Risk Management Department at 9301SEPTA@sedgwick.com

EMPLOYEE INFORMATION

Date Employee Reported Injury 07/28/21 Date of Injury 07/28/21 Time of Injury 2:28 AM/PM

Employee Name: Last BoGan-El First James M.I. C

Current Employee Home Address: Street 1500 Yerkes St Apt #:

City Phila State Pa Zip Code 19150

Contact Phone Number (215) 833-1432 Employee Account Number 17925

Work Location and Management Center Market Frankford Line Last Four Social Security No. 3536

Employee's description of accident which caused injury: (Include What happened, How it happened, and Where it happened also indicate if you feel you are experiencing a recurrence) Man Fell in Track @ Springarden Station East

What Part of the body was injured? ***(Please indicate the parts of your body which were injured circle L for Left and R for Right)***

Mental L R

L R

Exact location of where accident happened Springarden Station

Name of any witness to accident

Phone Number of Witness

Employee Signature [redacted]

07/28/21 Date Employee Signed

☐ I do not require treatment at this time

MEDICAL APPOINTMENT INFORMATION

___/___/___ Date of Appointment

_____ AM/PM Time of Appointment

Name of Panel Health Care Provider

Address of Panel Health Care Provider

City/County State Zip Code

Supervisor to provide employee a copy of page 1 of this report to take to the panel health care provider
Employee is to take a copy of page 1 of this report and give to the Panel Health Care Provider for their information

Southeastern Pennsylvania Transportation Authority

Employee Injury Report, Effective January 1, 2020

SUPERVISOR'S REPORT OF INJURY

Injured Employee's Name: Last Bogan-EL First James

Date of Injury 07/28/2021 Employee Account Number [redacted]

Name of Supervisor: Last. Gilbert First

Supervisor's Account Number 12646 Supervisor's Phone Number ([redacted]

Supervisor's explanation of how the accident occurred, based on investigation (What, How, Where, When, and Why):

While coming to a station stop at Spring Garden Eastbound track two operator J. Bogan-EL notice a man standing on the yellow line. The operator stated he began to slow down when he notice the man wasn't moving away from the yellow line. The operator stated he place the train in emergency prior to the man falling into the track however the train did not stop before →

Did employee work the day before the accident: (YES) NO If no: Sick Injured Day Off

Was the accident preventable: YES NO IF yes, explain

Could equipment failure or a non-SEPTA third party (Contractor, Private Auto) have contributed to or caused the injury and/or accident? If so, please provide the names and addresses of those that may be responsible.

Was there SEPTA property damage as a result of the accident? YES (NO) If yes, please fax a copy of the vehicle accident report when received.

Name of Third Party:

Address of Third Party:

Phone Number of Third Party:

[redacted]

Supervisor's Signature

07/28/2021

Date Supervisor Signed

*****IMPORTANT*****

Supervisor is to immediately email the completed Employee Injury Report to SEPTA's Risk Management Department at 9301SEPTA@sedgwick.com

Place a copy of the Employee Injury Report in the employee's file

SEPTA Employee Injury Report - Page 2 of 2