



Internal Assault Protocol Review Evaluation Sheet

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This document is intended to facilitate discussion between Metro Transit staff and IBT 120 representatives regarding specific physical and/or non-physical assaults occurring in the last quarter of operations. Each review will be scheduled for one hour, with suggested times listed next to each instruction. Metro Transit will provide copies of all applicable information related to the incident. The committee will evaluate each incident individually and independent of other incidents.

Definitions

Physical Assault of a Transit Worker

An assault on a transit worker in which the attack involves physical contact with the transit worker. This could include any physical contact with the victim from the attacker's body, a weapon, a projectile, or other item.

Non-physical Assault of a Transit Worker

An assault on a transit worker in which the attack involves no physical contact with the transit worker. This could include verbal threats, intimidation, harassment, or other interference with a transit worker's duties.

Instructions

1. Complete "General Information" section of evaluation sheet. (independent work, five minutes)
2. Complete "Document Review" section of the evaluation sheet. (independent work, five minutes)
3. Watch video of the incident in its entirety. (committee, 15-20 minutes or more if needed)
 - a. Individual committee members may request to go back to specific points in the video.
 - b. Take notes throughout video if needed.
4. Complete "Incident Review" section of evaluation sheet. (independent work, may be completed during video review, 5-10 minutes)
5. Discuss if the incident may have been prevented, recommend mitigations, and how the incident can be used as a learning opportunity for other operators. Determine consensus risk rating of the actual incident and a consensus risk rating after implementing recommended mitigations. (committee, 20 minutes)
6. Record findings in Metro Transit Assault Register for public consumption.

Likelihood	5	Very High					
	4	High					
	3	Moderate					
	2	Low					
	1	Very Low					
			Negligible	Could cause minor first aid treatment	May cause minor injury, or minor property damage	May cause severe injury or major property damage	May cause death or permanent injury or destruction of property
			A	B	C	D	E
			Severity				

General Incident Information

Date of Incident:		Location:	
Time of Incident:		Operator(s):	
Route:		Risk Rating:	

One sentence description of incident based on available information:

Document Review

	Complete YES	NO	Objective YES	NO	N/A
Operator Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicable Photos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Documents (please list):					

Incident Review

Exceptions to procedure by operator(s):

Exceptions to procedure by supervisor(s):

Operator barrier use:

Exceptions to post-incident procedures:

Findings & Recommendations

Mitigation(s) to prevent similar incidents in the future:

Risk rating after mitigation in place: _____

E1	Operator Barrier	B2
B2	Operator Barrier	A1
C2	Operator Barrier, mental health/school officials assistance	B1
C2	Require de-escalation training for all operators, require operators to not enforce fare	A2
N/A Declassified incident as assault	Require de-escalation training for all operators, require operators to not enforce fare	N/A Declassified incident as assault