Civil SERVICE COMMISSION
CITY AND COUNTY OF SAN FRANCISCO

CIVIL SERVICE COMMISSION REPORT TRANSMITTAL (FORM 22)

Refer to Civil Service Commission Procedure Number Two for Instructions on Completing and Processing this Form

1. Civil Service Commission Register Number: 0083-26-3

2. For Civil Service Commission Meeting of: 8/17/26

3. Check One:
   - Ratification Agenda
   - Consent Agenda
   - **Regular Agenda X**
   - Human Resources Directorσ Report

4. Subject: SFMTA Workers Compensation Battery Pay Denial

5. Recommendation: Uphold Denial of Battery Pay

6. Report prepared by: James Radding Telephone number: 415-646-2822

7. Notifications: **Please see attached**

8. Reviewed and approved for Civil Service Commission Agenda: [redacted]y 23, 2026

   SFMTA Human Resources Director: Kimberly Ackerman [redacted]

   Date: July 23, 2026

9. Submit the original time-stamped copy of this form and person(s) to be notified (see Item 7 above) along with the required copies of the report to:

   Executive Officer
   Civil Service Commission
   25 Van Ness Avenue, Suite 720
   San Francisco, CA 94102

10. Receipt-stamp this form in the ACSC RECEIPT STAMP≅ box to the right using the time-stamp in the CSC Office.

CSC RECEIPT STAMP

X Attachment

NOTIFICATIONS

Wai Tim Wong
[redacted]

Kimberly W. Ackerman Chief People Officer, SFMTA Human Resources
1 South Van Ness Ave. 6th Floor
San Francisco, CA 94103
Email: [redacted]

Ify Omokaro, Senior Leave Services & Accommodations Manager, SFMTA Human Resource
1 South Van Ness Ave. 6th Floor
San Francisco, CA 94103
Email: [redacted]

James Radding, Workers' Compensation Manager, SFMTA Human Resource
1 South Van Ness Ave. 6th Floor
San Francisco, CA 94103
Email: [redacted]

Attachments

CITY AND COUNTY OF SAN FRANCISCO
CIVIL SERVICE COMMISSION
SAN FRANCISCO MUNICIPAL TRANSPORTATION AGENCY

Register No.: 0083-26-3

Appellant: Wai Tim Wong

Department: San Francisco Municipal Transportation Agency (SFMTA), Transit Operations

Matter: Appeal of Denial of Battery Pay Under Article XI, Section 16.170 of the San Francisco Charter / Civil Service Commission Rules

Incident Record No.: 17612

Date of Incident: February 14, 2022

BACKGROUND

On Monday, February 14, 2022, at approximately 4:10 p.m., Operator Wai Tim Wong was operating the J-Church light rail vehicle ([redacted]) inbound on Church Street. After completing a service stop at Church and 16th Street, the operator was departing the stop, traveling straight ahead at approximately 2 mph, when several juveniles, believed to have come from the nearby 22-line bus stop across the street, approached from the opposite side of the street on the left side of the train and threw watermelon pieces into the operator's cab. The fruit struck the operator's [redacted]

The operator reported being startled and experienced [redacted] following the impact. He contacted the Transportation Management Center (TMC) to report the incident (TMC Incident No. -116317) but declined medical attention at the time.

At the direction of the responding supervisor, the operator was interviewed at the Church and Duboce stop, where he rinsed [redacted] at the C&D booth facility restroom. He again declined medical assistance. No injuries, witnesses, or corroborating documentation of the alleged conduct were recorded.

AUTHORITY / STANDARDS

Under Article XI, Section 16.170 of the San Francisco Charter (Disability Benefits), an employee of the City and County of San Francisco is entitled to disability benefits if incapacitated for duty as a result of bodily injury or illness caused by criminal violence sustained in the course of and arising out of the performance of duty, for a period not exceeding twelve (12) months. Entitlement under this provision

requires both (a) an incident constituting criminal violence directed at the employee, and (b) resulting incapacitation for duty. Both elements must be established by the evidentiary record.

FINDINGS

1. No identified assailant. The Person Involved record (Record No. 4433) lists the responsible party only as "Unknown," described solely by approximate age range (teen, 13–18) and gender. Without an identified individual, there is no basis in the record to establish that a specific person acted with the intent necessary to constitute criminal violence directed at the appellant.

2. No corroborating witness. The Witness section of the Transit Inspector Report contains no records. The only account of the incident comes from the appellant himself, relayed secondhand through the inspector's narrative. There is no independent verification of who threw the object, how many individuals were involved, or their intent.

3. Nature of contact does not establish criminal violence. The contact at issue consisted of watermelon fragments, not a weapon, physical strike, or other instrumentality associated with criminal violence. The transient, non-dangerous nature of the object, combined with the absence of any evidence of aim, proximity, or deliberate targeting of the appellant, does not support a finding that the conduct rose to the level of criminal violence contemplated by Section 16.170.

4. No documented injury or incapacitation. The Injury Details section of the report confirms the appellant was not injured, no ambulance was called, and there were zero fatalities or hospital-transported parties. The appellant declined medical attention on two separate occasions — once at the scene and again when interviewed by the responding supervisor. He was returned to duty and completed his service that same day. The record therefore does not establish the "incapacitation for duty" element required to support a disability benefits award, independent of whether the underlying conduct is characterized as criminal violence.

5. The appellant's own account does not allege targeted criminal conduct. The appellant's version of events states that juveniles "came from the opposite side of the street" and threw fruit that "fell on his left side ear and head" — language describing incidental or opportunistic conduct as the train passed, rather than a deliberate act of violence directed specifically at him.

DISCUSSION AND ANALYSIS

The record, developed through the Transit Inspector Report and subsequent review, does not support a finding that the appellant sustained bodily injury as a result of criminal violence within the meaning of Article XI, Section 16.170. The absence of an identified assailant precludes any determination that a specific individual acted with intent to commit violence against the appellant. The absence of witness corroboration leaves the appellant's own secondhand account as the sole source of facts. The object involved was low-severity and perishable in nature, and the appellant sustained no injury requiring medical treatment, declining care on two occasions and returning to full duty the same day. Taken together, the evidence does not satisfy either the criminal violence prong or the incapacitation prong required for entitlement to battery pay under the cited provision.

CONCLUSION

Upon thorough review of the evidence and the pertinent Charter provision, it is evident that Wai Tim Wong's request for battery pay is not justified. The incident, as documented, does not meet the criteria established under Article XI, Section 16.170.

RECOMMENDATION

The Civil Service Commission is respectfully advised to uphold the Department's decision and deny Wai Tim Wong's request for battery pay in compliance with City policy.

Respectfully submitted,

_ [redacted] _____

[Name]
[Title], SFMTA Workers' Compensation Program
Date: July 23, 2026

HANNA LEUNG
Professional Law Corporation
1933 Ocean Avenue, San Francisco, CA 94127
Tel 1.415.933.9988 | Fax 1.415.933.9088
www.HannaLeungLaw.com | Info@HannaLeungLaw.com
Tax ID: 46-4009452

Hanna Leung 梁中明律師 Dan H. Pelin 丹湖律師 Stacy McCorquodale 麥嘉蒂律師

April 28, 2026

CIVIL SERVICE COMMISSION
City and County of San Francisco
25 Van Ness Avenue, Suite 720
San Francisco, California 94102-6033
Executive Officer

RE: Wai Tim Wong v SFMTA
Date of Injury: 02/14/2022; CT-02/14/2021-02/14/2022
Claim No.: [redacted]
WCAB No.: ADJ15955499; ADJ15955982

Battery Pay Request

Facts

The claimant Mr. Wai Tim Wong is a transit operator working for the San Francisco Municipal Railway. On February 14, 2022, around 4:30pm, he was driving a MUNI bus on th[redacted]ith his window opened. After he crossed the intersection of Church and 16th, he felt a great force struck him on the left side of his head. The force made him sway to the right, he felt the impact on his [redacted]. He later realized the object was a small watermelon, thrown by a group of mischievous teenagers.

We have enclosed the medical reports of [redacted]

Issues

This worker's compensation claim is accepted by Interare, however the claim adjuster opined that this incident does not meet the criteria of a battery assault. We disagree with the claim adjuster's assessment and we are requesting an approval by the Human Resource Director.

Discussion

San Francisco Administrative Code 16.170 provides Battery Pay (or Assault Pay) for San Francisco City employees. It provides full salary continuation in lieu of standard temporary disability for up to 12 months if injured by criminal assault while on duty.

Battery crime is defined as an intentional, and harmful physical contact of another person without their consent. This intentional harmful act includes indirect contact like throwing of a rock, brick, or any object that can cause harm.

In this case, Mr. Wong was criminally attacked by a third party who threw a watermelon and hit Mr. Wong on the [redacted]

Conclusion

Mr. Wong should be awarded his Battery Pay for the time that he was absent from work due to this incident. Furthermore, the time off should not be charged against his regular earned sick leave credits. We request that the Human Resource Director approves Mr. Wong's Battery Pay, and sick-leave credits reinstalled.

Sincerely,

[redacted]

HANNA C. LEUNG, ESQ
Attorney at Law
HCL / dw

cc. [redacted]

EMPLOYER'S REPORT OF OCCUPATIONAL INJURY OR ILLNESS

OSHA CASE NO.

FATALITY ☐

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers compensation benefits or payments is guilty of a felony.

California law requires employers to report within five days of knowledge every occupational injury or illness which results in lost time beyond the date of the incident OR requires medical treatment beyond first aid. If an employee subsequently dies as a result of a previously reported injury or illness, the employer must file within five days of knowledge an amended report indicating death. In addition, every serious injury, illness, or death must be reported immediately by telephone or telegraph to the nearest office of the California Division of Occupational Safety and Health

1. FIRM NAME
SFMTA

1a. Policy Number

Please do not use this column

2. MAILING ADDRESS: (Number, Street, City, Zip)
1 South Van Ness, San Francisco, CA 94103

2a. Phone Number

CASE NUMBER

3. LOCATION if different from Mailing Address (Number, Street, City and Zip)

3a. Location Code

OWNERSHIP

4. NATURE OF BUSINESS: e.g. Printing contractor, wholesale grocer, sawmill, hotel, etc.
Public Transportation

5. State unemployment insurance acct.no

INDUSTRY

6. TYPE OF EMPLOYER: ☐ Private ☐ State ☑ County ☐ City ☐ School District ☐ Other Gov't. Specify: _____

[redacted]

OCCUPATION

SEX

AGE

DAILY HOURS

DAYS PER WEEK

WEEKLY HOURS

WEEKLY WAGE

COUNTY

26. HOW INJURY/ILLNESS OCCURRED. DESCRIBE SEQUENCE OF EVENTS. SPECIFY OBJECT OR EXPOSURE WHICH DIRECTLY PRODUCED THE INJURY/ILLNESS, e.g., Worker slipped back to inspect work and slipped on scrap material. As he fell, he brushed against fresh weld, and burned right hand. USE SEPARATE SHEET IF NECESSARY

NATURE OF INJURY

27. Name and address of physician (number, street, city, zip)

27a. Phone Number

PART OF BODY

28. Hospitalized as an inpatient overnight? ☐ No ☐ Yes If yes, name and address of hospital (number, street, city, zip)

28a. Phone Number

29. Emergency treated in emergency room? ☐ Yes ☐ No

SOURCE

ATTENTION This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes. See CCR Title 8 14300.29 (b)(8)-(10) & 14300.35(d)(2)(E)2.

Note: Shaded boxes indicate confidential employee information as listed in CCR Title 8 14300.29(b)(7)(B)*.

EVENT

30. EMPLOYER NAME
Tim Wong

31. SOCIAL SECURITY NUMBER
[redacted]

32. DATE OF BIRTH (mm/dd/yy)
[redacted]

SECONDARY SOURCE

33. HOME ADDRESS (Number, Street, City, Zip)
[redacted]

33a. PHONE NUMBER
[redacted]

34. SEX ☐ Male ☐ Female

35. OCCUPATION (regular job title, NO initials, abbreviations or numbers)
Transit Operator

35a. DATE HIRED (mm/dd/yy)
[redacted]

36. EMPLOYER USUALLY WORKS
_____ hours per day, _____ days per week, _____ total weekly hours

37a. EMPLOYMENT STATUS
☑ Regular, full-time ☐ part-time
☐ temporary ☐ seasonal

37b. UNDER WHAT CLASS CODE OF YOUR POLICY WHERE WAGES ASSIGNED

EXTENT OF INJURY

38. GROSS WAGES/SALARY
$ _____ per _____

39. OTHER PAYMENTS NOT REPORTED AS WAGES/SALARY (e.g. tips, meals, overtime, bonuses, etc.)?
☐ Yes ☐ No

Date (mm/dd/yy)

[redacted]

40. [redacted] authorizes for the purpose of processing a workers' compensation or other insurance claim, and under certain circumstances to a public health or law enforcement agency or their consultant hired by the employer (CCR Title 8 14300.29). CCR Title 8 14300.40 requires provision upon request to certain state and federal workplace safety agencies.

FORM 5020 (Rev7) June 2002

FILING OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION

Estado de California
Departamento de Relaciones Industriales
DIVISION DE COMPENSACIÓN AL TRABAJADOR

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

PETITION DEL EMPLEADO PARA DE COMPENSACIÓN DEL TRABAJADOR (DWC 1)

Employee: Complete the "Employee" section and give the form to your employer. Keep a copy and mark it "Employee's Temporary Receipt" until you receive the signed and dated copy from your employer. You may call the Division of Workers' Compensation and hear recorded information at (800) 736-7401. An explanation of workers' compensation benefits is included in the Notice of Potential Eligibility, which is the cover sheet of this form. Detach and save this notice for future reference.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them. You may receive written notices from your employer or its claims administrator about your claim. If your claims administrator offers to send you notices electronically, and you agree to receive these notices only by email, please provide your email address below and check the appropriate box. If you later decide you want to receive the notices by mail, you must inform your employer in writing.

[redacted]

Empleado: Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia firmada y fechada de su empleador. Ud. puede llamar a la División de Compensación al Trabajador al (800) 736-7401 para oír información grabada. Una explicación de los beneficios de compensación de trabajadores está incluido en la Notificación de Posible Elegibilidad, que es la hoja de portada de esta forma. Separe y guarde esta notificación como referencia para el futuro.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos. Es posible que reciba notificaciones escritas de su empleador o de su administrador de reclamos sobre su reclamo. Si su administrador de reclamos ofrece enviarle notificaciones electrónicamente, y usted acepta recibir estas notificaciones solo por correo electrónico, por favor proporcione su dirección de correo electrónico abajo y marque la caja apropiada. Si usted decide después que quiere recibir las notificaciones por correo, usted debe de informar a su empleador por escrito.

[redacted]

Employee—complete this section and see note above. *—complete esta sección y note la notación arriba.*

1. Name. *Nombre.* Tim Labuda [redacted] Today's Date. *Fecha de Hoy.* 2/15/22
2. Home Address. *Dirección Residencial* [redacted]
3. City. *Ciudad.* SF. State. *Estado.* CA. Zip. *Código Postal.* [redacted]
4. Date of Injury. *Fecha de la lesión (accidente).* 2/14/22 Time of Injury. *Hora en que ocurrió.* _____ a.m. 4:28 p.m.
5. Address and description of where injury happened. *Dirección y lugar donde ocurrió el accidente* Church & 16th Street
6. Describe injury and part of body affected. *Describa la lesión y parte del cuerpo afectada* [redacted]
7. Social Security Number. *Número de Seguro Social del Empleado* [redacted]
8. ☑ Check if you agree to receive notices about your claim by email only. ☐ *Marque si usted acepta recibir notificaciones sobre su reclamo solo por correo electrónico.* Employee's e-mail. [redacted] *Correo electrónico del empleado.*
   You will receive benefit notices by regular mail if you do not choose, or your claims administrator does not offer, an electronic service option. *Usted recibirá notificaciones de beneficios por correo ordinario si [redacted] rador de reclamos no le ofrece, una opción de servicio electrónico*
9. Signature of employee. *Firma del empleado.* [redacted]

Employer—complete this section and see note below. *Empleador—complete esta sección y note la notación abajo.*

10. Name of employer. *Nombre del empleador.* SFMTA
11. Address. *Dirección.* 1 South Van Ness, San Francisco, CA 94103
12. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* 2/14/22
13. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* 2/15/22
14. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador* 2/15/22
15. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros*
    INTERCARE Holding Insurance Services, PO Box 579, Roseville, CA 95661
16. Insurance Policy Number. *El número de la póliza de Seguro.* Self-Insured
17. Signature of employer representative. *Firma del representante del empleador.* [redacted]
18. Title. *Título.* Clerk 19. Telephone. *Teléfono.* [redacted]

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within **one workday** of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

***Empleador:** Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de **un día hábil** desde el momento de haber sido recibida la forma del empleado.*

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

☐ Employer copy *Copia del Empleador* ☐ Employee copy *Copia del Empleado* ☐ Claims Administrator *Administrador de Reclamos* ☐ Temporary Receipt/*Recibo del Empleado*

Rev. 1 1 2016

SFMTA | Municipal Transportation Agency

Employee Injury Report

TYPE: ☑ Assault ☐ Traffic Accident ☐ Other

NAME: Tim Wong

HOME ADDRESS: [redacted]

HOME PHONE [redacted] **CELLULAR:** [redacted]

DATE OF INJURY/INCIDENT: 2/14/22 **TIME:** 4:28 pm.

LOCATION OF INCIDENT: Church & 16th St.

EMPLOYEE'S DIVISION: GRN

RUN: 47 **LINE:** [redacted] **VEHICLE NUMBER:** [redacted]

SECTION I – Injuries	YES	NO
1. Were you injured?	☐	☑
2. If injured, did you receive medical care?	☐	☑
3. If so, where?		
4. Was an ambulance called to the scene?	☐	☑
5. Were you hospitalized for more that 24 hrs?	☐	☑
6. Did you notify your dispatcher of your injury/accident/assault?	☐	☑
Date: [redacted] Time: [redacted]		
7. Did you notify Central Control of your injury/accident/assault?	☑	☐
Date: 2/14/22 Time: 4:28 pm		

SECTION II – Law Enforcement		
8. Were police on scene?	☐	☑
Officer Name: _____ Badge # _____		
9. Did you file or was a police report taken regarding this incident?	☐	☑
Report # _____		
10. Description of Assailant:		
Male ☐ Female ☐ White ☐ Black ☐ Hispanic ☐ Asian ☐ Other ☐ _____		
Age _____ Height _____ Weight _____ Hair Color _____		
11. Did you know the person(s) who assaulted you prior to this incident?	☐	☑
Explain _____		
12. Can you identify your assailant if you saw them again?	☐	☑

13. Was anyone cited by the police in this incident? ☐ I was ☐ Other involved party ☑ None
Was anyone arrested by the police in this incident? ☐ I was ☐ Other involved party ☑ None

SECTION III – Witnesses\Other Involved Parties

	YES	NO
14. Was anyone else injured in this incident?	☐	☑
15. Were there any witnesses or other persons involved in this incident?	☐	☑

Name _____ Phone _____
This persons relationship to you: ☐ - MTA Employee ☐ - Friend/Acquaintance of Employee ☐ - Stranger

Name _____ Phone _____
This persons relationship to you: ☐ - MTA Employee ☐ - Friend/Acquaintance of Employee ☐ - Stranger

Name _____ Phone _____
This persons relationship to you: ☐ - MTA Employee ☐ - Friend/Acquaintance of Employee ☐ - Stranger

SECTION IV – Other Information

16. Did this incident involve a dispute regarding: Fare ☐ Parking Citation ☐ Transfer ☐
17. Did this incident involve a mechanical malfunction? ☐ ☑
18. Did you fill out a defect card regarding this incident? ☑ ☐
19. Did an inspector arrive for this incident? ☑ ☐
Inspector Name _____ Phone _____
20. Did this incident involve any other vehicles? ☐ ☑
Make: _____ Model: _____ License # _____
Make: _____ Model: _____ License # _____

EMPLOYEE'S STATEMENT OF THE INCIDENT: _____

I was traveling inbound on Church passed 16th St. Someone threw Watermelon through the Drivers Window and hit on my [redacted]

Employee's Signature [redacted] Date 2/15/22

Supervisor's Signature _____ Date _____

Operator Driver Report - Record No. [redacted]

Workflow Status: Closed (Completed)

Report Information

Report Details

Record No.	[redacted]
Created By	Tim Wong
Date Created	02/15/2022 10:50:53
Date Modified	2/15/22 15:37:49
Modified By	[redacted]
Date Submitted	02/15/2022 11:58:06
Submitted By	Tim Wong
Are you completing this form for yourself or digitizing the responses of the operator/driver involved collected through another	Completing form for myself

[redacted]

source?	
Operator/Driver Involved	Tim Wong
Was TMC contacted?	Yes
TMC Incident No.	-116317
TMC Incident No. Missing?	No

Incident Details

Date and Time of Incident	02/14/2022 16:28:00
Have you verified that the Date and Time of the Incident are correct to the best of your knowledge?	Yes
Initial Incident Type Category	Security
Secondary Incident Type Category	
Incident Type Subcategory (Security)	Assault - Operator
Mode	Light Rail Vehicle

[redacted]

Incident Narrative	I was heading inbound on church street crossed 16th street , someone at outbound nearside bus stop throw watermelon through the operator cab window and hit my [redacted]
Did you take photographs?	No
Damage to City Property	No

Incident Location Details

Right of Way (ROW) Type	Surface Operations - Semi-Exclusive ROW (Rail or BRT)
Surface Location Type	Other Location/Address
Location: Other Location/Address	church and 16th street far side
Traffic Control	Signal Control
Signal Control	Green Ball
Did the incident occur at a transit stop or station?	No
Did the incident occur when the operator was approaching or going over a switch?	No
Additional Location Detail	

Operator/Driver Details

First Name	Tim
Last Name	Wong
Email Contact	
Your Personal Phone No.	[redacted]
What phone is this (mobile, home, and/or work phone)?	mobile
Is your classification '9163 Transit Operator'?	Yes
Your Home Division	GREEN/MME
Have you verified that Your Home Division is correct?	Yes
DSW ID	[redacted]
CAP ID	[redacted]
Job Code	9163
Driver License No.	[redacted]
License Expiration	[redacted]

[redacted]

Date	
VTT Expiration Date	10/07/2025
Medical Expiration Date	08/14/2022
RWP Expiration Date	
Do you have any comments or revisions for the personal information above?	No
Were you working your regular run or block?	Yes
Were you assigned to an extra board or floating extra board?	No
Were you working on your RDO?	No

SFMTA Vehicle Details

Vehicle's Division	Green/MME
Run No.	47
Line No.	J (CHURCH)

Direction	Inbound
Revenue Collecting Vehicle No.	1473 - Breda LRV
Vehicle Manufacturer	Breda LRV2

Nos. of Additional Vehicles in Consist (If Applicable)

Vehicle No.	Vehicle Description

Have you verified that the Run, Line, Direction, and Vehicle Number are correct to the best of your knowledge? Yes

Vehicle Action at Time of Incident (Not Collisions)

- ☐ Backing
- ☐ Passing Other Vehicle
- ☐ Changing Lanes or Merging
- ☐ Maneuvering to Avoid Object, Person, or Vehicle
- ☐ Negotiating a Curve
- ☐ Slowing/Stopping
- ☐ Stopped in Traffic
- ☐ Stopped at Signal
- ☑ Going Straight
- ☐ Making Left Turn
- ☐ Making Right Turn
- ☐ Making U Turn
- ☐ Sudden Stop
- ☐ Stalled/Disabled

[redacted]

☐ Stalled/Disabled with Flasher On ☐ Double-Parked ☐ Door Opening/Door Open ☐ Skidding	☐ Standing/Loading/Unloading ☐ Pulling from Curb/Zone ☐ Parked (Not in Zone) ☐ Starting ☐ Traveling Wrong Way ☐ Other	☐ Pulling to Curb/Zone ☐ Parking ☐ Parked in Zone ☐ Sudden Start ☐ Entering/Exiting Driveway
Which geographical direction was the vehicle facing at the time of the incident?	North	
Approximate Vehicle Speed at Time of Incident (mph)	5 mph	
Was there any damage to the SFMTA vehicle?	No	

Injury Details

Were you injured?	No
Were other people injured?	No
Was ambulance called?	No

Environmental Details

Weather	**Clear**
Traffic	**Light**
Lighting	**Daylight**
Road Condition	**Dry**
Was construction present?	**No**

Form Status

I have completed this form to the best of my ability and am ready to submit the form for review.	**Yes**

Review Details

Reviewed By	[redacted]
Review Date	02/15/2022
Review Comments	COMPLETE

Private Document Attachment

[redacted]

Attachment Name	URL
[redacted] T Wong Intake[redacted].pdf	
Operator Driver Report - Record No. 17634 - Signed.pdf	

Workflow Tracking

[redacted]

Submitted By
SFMTA API
SFMTA API
Karee Stubbs
Tim Wong
SFMTA API

Merge Templates

[redacted]