

ORANGE COUNTY TRANSPORTATION AUTHORITY

OCTAP INCIDENT REPORT (please do not write in shaded areas)

Page _____ of _____

Report Date:	Report Time (24H):	Incident #:
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Reporting Party (RP) Phone #: ()	First Name:	Last Name:
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Other RP Info (Cell phone, Address):

Circle RP Type: CITIZEN CAB DRIVER CAB COMPANY OTHER (Describe):

Circle Incident Category: COMPLAINT INFORMATIONAL COMPLIMENT OTHER (Describe):

Date of Incident:	Time of Incident:
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Incident occurred at (Location/Address/City):

Incident Description:

Physical Description -- Include: (1) Driver Permit # (2) Name (3) Race (4) Age/DOB (5) Height (6) Weight (7) Hair Color, Type & Length (8) Eye Color (9) Unusual marks, scars, etc. (10) Clothing - from head down to shoes

Vehicle Description -- Include: (1) Vehicle Permit # (2) Plate (3) Color (4) Year/Make/Model (5) Cab# (6) Cab Company Name/Other Markings (7) Antenna, Top Light, Sign, Other unusual items. (8) Damage

The above information, to the best of my knowledge is true and correct. By signing below, I am hereby filing an official report with OCTAP.	
Reporting Party Signature:	Date:

Mail to: OCTAP, 550 South Main Street, P.O. Box 14184, Orange, CA 92863-1584

Prepared By (Sign):	Badge:
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