



**Motive Power & Equipment Violation Report Form**

1. Subject:	2. Violation of: <input type="checkbox"/> 40 CFR <input type="checkbox"/> 49 CFR <input type="checkbox"/> Statute <small>Part or Statute      Rule      Subrule</small>	3. Report No.:	5. Inspection Report No. - Report Date:
		4. Related Viol. Rpt No.(s):	

6. Additional Regulations Violated:

7. Operating Railroad:	8. RR Initials:	10. Name of Inspector(s):	11. ID Number:
		9. RR Division:	

12. Date(s) of Violation:	13. Time of Violation:	14. Inspection Point:	15. Track No./ Name:
---------------------------	------------------------	-----------------------	----------------------

16. Location of Inspection: <small>City      County      State</small>	17. Location of Violation: <small>City      County      State</small>
---------------------------------------------------------------------------	--------------------------------------------------------------------------

18. Location Where Equipment Originated: <small>City or County      State</small>	19. Location Where Locomotives are Maintained and Previous Periodic & Daily Inspection Information: <small>City &amp; State:</small> Periodic Inspection: <small>Date:</small> <small>City &amp; State:</small> Daily Inspection: <small>Date:</small> <small>City &amp; State:</small>
--------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Details Constituting Violation of Federal Regulation**

20. Line Item:	21. Equipment Initials and No.:	22. Equipment Description:	23. Train ID:	24. Type of Service: <input type="checkbox"/> Passenger <input type="checkbox"/> Freight
----------------	---------------------------------	----------------------------	---------------	---------------------------------------------------------------------------------------------

25. Name of Defective Component:

26. Location of Defective Component:

27. Equipment Status:

28. Position of Equipment and/or Train with Relation to Some Fixed Object at Time of Inspection and/or Violation:

29. Defect is: <input type="checkbox"/> Old <input type="checkbox"/> New	30. How Long Had Equipment Been At Place of Violation:	31. Equipment Marked for Repairs: <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------------------------------------------------------------	--------------------------------------------------------	--------------------------------------------------------------------------------------------

**Air Brake Related Information (Parts 232 and 238)**

32. Failure to Perform Air Brake Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	33. Type of Brake Test Required:	
34. Brakes Overdue for Periodic Attention: <input type="checkbox"/> Yes <input type="checkbox"/> No	35. Brakes Overdue for Single Car Test: <input type="checkbox"/> Yes <input type="checkbox"/> No	36. SCT Device Available: <input type="checkbox"/> Yes <input type="checkbox"/> No

37. Time				38. Train Consist - Locomotives - Cars - Operative Brakes					
Locos/ Air On	Brakes Applied	Brakes Released	Train Departed	Controlling Loco. Initials & No.	Number of Locomotives in Train	Number of Cars in Train	Number of Operative Brakes	Number of Non-air/ Inop/Cut-out Brakes	Percentage of Operative Brakes

39. State Facts Which Determine Type of Air Brake Test Required:

40. Description of Use, Movement, or Events Constituting Violation:

41. Describe Repair Facilities:

42. Description of Non-compliance:

43. Railroad Response or Remedial Action Taken in Response to Violation:

44. Violation Narrative:

45. Date of Report:	46. Signature of Inspector(s):	47. Railroad Notification:      Time:      Date:  Name:  Title:
---------------------	--------------------------------	-----------------------------------------------------------------------------

Public reporting burden for this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. According to the Paperwork Reduction Act of 1995, a federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information unless it displays a currently valid OMB control number. The valid OMB control number for this information collection is 2130-0509. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to: Information Collection Officer, Federal Railroad Administration, 1120 Vermont Ave., N.W., Washington, D.C. 20590.