OMB No. 2130-0526

U.S. Department of Transportation
Federal Railroad Administration

ACCIDENT INFORMATION REQUIRED FOR POST-ACCIDENT TOXICOLOGICAL TESTING (49 CFR PART 219)

NOTE: This form must be completed by the Railroad Representative present at the collection facility.

1. Name of Reporting Railroad	2. Name(s) of Other Railroads Involved in Accident
3. Date of Accident (month/day/year)	4. Time of Accident _____ : _____ (Hr / Min) ☐ AM ☐ PM
5. Locations of Accident (City and State)	6. Nearest Railroad Station

7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)

NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.

MAJOR TRAIN ACCIDENT:
- _____ Fatality
- _____ $1,000,000 damage or more (to railroad property)
- _____ Release of hazardous material (and evacuation)
- _____ Release of hazardous material (and reportable injury from product)

IMPACT ACCIDENT:
- _____ Reportable injury
- _____ Damage of $150,000 or more (to railroad property)

PASSENGER TRAIN ACCIDENT:
- _____ Reportable injury to any person in the accident

TRAIN INCIDENT:
- _____ Fatality to on-duty railroad employee

8. Name and Address of Collection Facility	9. Telephone Number of Collection Facility ( )

10. Employee(s) Whose Samples are Contained in this Shipping Box.

NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.

NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN DESIGNATION	SAMPLE SET IDENTIFICATION NUMBER

11. Name of Medical Review Officer	12. Address of Medical Review Officer Telephone: ( )
13. Name of Railroad Representative	14. Address of Railroad Representative Telephone: ( )

15. Signature of Railroad Representative	16. Date (month/day/year)	17. Was a breath alcohol test conducted pursuant to the above accident under FRA Authority? _____ Yes _____ No

Public reporting burden for this information collection is estimated to average 10 minutes 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 2130-0526. 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.