U.S. Departme

U.S. Department of Transportation

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.

Administration NOTE. This form must be	completed by the Railloc	и пергезептат	ive present at the collection laci	my.	
Name of Reporting Railroad		2. Name(s) of Other Railroads Involved in Accident			
3. Date of Accident (month/day/year)		4. Time of A	.ccident :	in AM PM	
5. Locations of Accident (City and State)		6. Nearest Railroad Station			
7. Event which Qualifies Accident for Mandatory Post-Accider	nt Testing (one must be c	hecked)			
NOTE: All accident events (not incidents) must meet the railroad property damage reporting			eshold.		
MAJOR TRAIN ACCIDENT: Fatality					
\$1,000,000 damage or more			e (to railroad property)		
Release of hazardous mater		erial (and evacuation)			
Release of hazardous mate		erial (and reportable injury from product)			
IMPACT ACCIDENT: Reportable injury					
Damage of \$150,000 or mor		re (to railroad property)			
PASSENGER TRAIN ACCIDENT: Reportable injury to any person in			ident		
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 Shipp	-				
NOTE: A sample set identification number is pre-printe		and differs for e	each person.	CAMPLE CET	
JOB TITLE NAME OF EMPLOYEE (engineer, conductor, etc.)		SAMPLE SET TRAIN DESIGNATION 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			
		Telephoi	ne: ()		
	T				
15. Signature of Railroad Representative 16. Date (month/day/		year)	 Was a breath alcohol test pursuant to the above acc 		
			FRA Authority?	No	
Public reporting burden for this information collection is estim	ated to average 10 minute	es ner resnons	e, including the time for reviewi	ng instructions, searching existing data	

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.