



RAILROAD ACCIDENT/INCIDENT NOTIFICATION AND INITIAL INVESTIGATION REPORT

Federal Railroad Administration

Accident/Incident Severity Level High Medium Low

Report Number Date Time

ACCIDENT/INCIDENT SUBMITTER AND RAILROAD/COMPANY/SHIPPER INFORMATION

3A. Name	3B. Title	3C. Phone	3D. Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4A. Railroad\Company Name		4B. Railroad Code	Filter Railroad Class I
4C. Railroad\Company Name		4D. Railroad Code	Filter Railroad Class I
4E. Railroad\Company Name		4F. Railroad Code	Filter Railroad Class I

ACCIDENT/INCIDENT TYPE, LOCATION, DATE & TIME

5A. State	5B. County	5C. Town/City	5D. RR Milepost
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5E. Railroad Subdivision		5F. Latitude	5G. Longitude
<input type="text"/>		<input type="text"/>	<input type="text"/>
5H. Accident/Incident Type Select...		5I. Accident/Incident Time Select...	5J. Accident/Incident Date
<input type="text"/>		<input type="text"/>	<input type="text"/>

METHOD OF OPERATIONS TRAIN/EQUIPMENT INFORMATION

6A. Method of Operations Select...	6B. Description
<input type="text"/>	<input type="text"/>

7. No	Train Kind	Train No.	Direction	Number of Loco(s)	Number of Cars	Speed	Equipment Derailed
1	Select...	<input type="text"/>	Select...	<input type="text"/>	<input type="text"/>	<input type="text"/> MPH <input type="radio"/> Est. <input type="radio"/> Rec.	<input type="text"/>

CASUALTIES

8A. Classification of Casualties (check all that apply and complete the number killed, seriously injured, and/or slightly injured)

<input type="checkbox"/> Rail Employee	<input type="checkbox"/> Rail Passenger	<input type="checkbox"/> Contractor	<input type="checkbox"/> Hwy User	<input type="checkbox"/> Trespasser	<input type="checkbox"/> Other
No. Killed 0	No. Killed: 0	No. Killed: 0	No. Killed: 0	No. Killed: 0	No. Killed: 0
No. Seriously Injured 0	No. Seriously Injured 0	No. Seriously Injured 0	No. Seriously Injured 0	No. Seriously Injured 0	No. Seriously Injured 0
No. Slightly Injured 0	No. Slightly Injured 0	No. Slightly Injured 0	No. Slightly Injured 0	No. Slightly Injured 0	No. Slightly Injured 0
8B. Total Number Killed 0		8C. Total Number Seriously Injured 0		8D. Total Number Slightly Injured 0	

HAZARDOUS MATERIALS CARS DERAILED OR SIGNIFICALLY DAMAGED & EVACUATION INFO

9.	Car Type	Init. No.	Cargo Name	Cargo Hazard Material Class	Cargo Qty	Fire, Explosion, Etc.
1	Select...			Select...	Select...	<input type="radio"/> Yes <input type="radio"/> No

10. Number of Cars Derailed or Damaged	<input type="text"/>	11. Populated Area	<input type="radio"/> Yes <input type="radio"/> No	12. Evacuation	<input type="radio"/> Yes <input type="radio"/> No	13. Number of People Evacuated	<input type="text"/>
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HIGHWAY-RAIL INTERFACE ACCIDENT/INCIDENT INFORMATION

14A. Highway-Rail Crossing Incident	<input type="radio"/> Yes <input type="radio"/> No	14B. DOT Grade Crossing Number	<input type="text"/>	14C. Grade Crossing Address or Name	<input type="text"/>
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15A. Warning Device	<input type="radio"/> Active <input type="radio"/> Passive	15B. Device Operational	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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15C. Quiet Zone	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
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15D. Highway Traffic Signal Pre-emption Interconnection	<input type="radio"/> Yes <input type="radio"/> No
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16A. Motor Vehicle Type	Select...	16B. Maximum Authorized Train Speed	<input type="text"/> MPH	16C. Posted Highway Speed	<input type="text"/> MPH
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17A. Type of Roadway	<input type="radio"/> City <input type="radio"/> County <input type="radio"/> State <input type="radio"/> Private <input type="radio"/> Federal
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18A. Was this incident investigated by a law enforcement or other official agency?	Select...
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18B. If this incident was investigated, provide the name, address and phone number of the investigating agency	<input type="text"/>
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OTHER PERTINENT INFORMATION

19A. Estimated Property Damage	Select...	20A. This A/I Meets The Criteria for FRA-Post Accident Toxicological Testing	<input type="radio"/> Yes <input type="radio"/> No
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20B. Number of Employees Tested Under FRA-Post Accident Authority	<input type="text"/>
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20C. Were Employees Tested Under Railroad Authority	<input type="radio"/> Yes <input type="radio"/> No
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20D. No. of Employees Tested Under Railroad Authority	<input type="text"/>
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21. Location of Locomotive for Inspection Purposes (Applies LAX A/Is Only {49 CFR Part 229.17})	<input type="text"/>
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22a. Contributing Cause(s)	<input type="text"/>
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22b. Probable Cause of Accident	<input type="text"/>
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SYNOPSIS OF ACCIDENT/INCIDENT

<input type="text"/>

FRA F 6180.39i (9-04)

OMB Approval Expires XXXX

Public reporting burden for this information collection is estimated to average 90 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-XXXX. All responses to this collection of information are voluntary. 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.