

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.	
2. Name of Other Railroad or Other Entity with Consist Involved				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.	
4. U.S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>	
7. Type of Accident/ Incident (single entry in code box)		1. Derailment 2. Head on collision 3. Rear end collision		4. Side Collision 5. Raking collision 6. Broken train collision		7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction	
						10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts	
						13. Other (describe in narrative) Code	
8. Cars Carrying HAZMAT		9. HAZMAT Cars Damaged/Derailed		10. Cars Releasing HAZMAT		11. People Evacuated	
12. Subdivision							
13. Nearest City/Town		14. Milepost (to nearest tenth)		15. State Abbr. Code		16. County	
17. Temperature (F) (Specify if minus) ° F		18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark		19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow		20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry	
21. Track Name/ Number		22. FRA Track Class (1-9, X) Code		23. Annual Track Density (gross tons in millions)		24. Time Table Direction Code 1. North 3. East 2. South 4. West	
25. Type of Equipment Consist (single entry)		1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work train		5. Single Car 6. Cut of cars 7. Yard/switching 8. Light loco(s)		9. Maint./inspect. Car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing	
						D. EMU E. DMU Code	
						26. Was Equipment Attended? Code 1. Yes 2. No	
27. Train Number/Symbol							
28. Speed (recorded speed, if available) R - Recorded E - Estimated MPH Code		30. Type of Territory (enter code(s) that apply) Signalization (Mandatory) 1. Signaled <input type="checkbox"/> 2. Not Signaled <input type="checkbox"/> Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> * Mandatory to the extent that all applicable codes are entered				30a. Remotely Controlled Locomotive? 0 = Not a remotely controlled operation 1 = Remote control portable transmitter 2 = Remote control tower operation 3 = Remote control portable transmitter - more than one remote control transmitter Code	
29. Trailing Tons (gross tonnage, excluding power units)							
31. Principal Car/Unit		a. Initial and Number		b. Position in Train		c. Loaded (yes/no)	
(1) First Involved (derailed, struck, etc.)						32. If railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol Drugs	
(2) Causing (if mechanical, cause reported)						33. Was this consist transporting passengers? (y/n)	
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		Mid Train		Rear End	
		b. Manual		c. Remote		d. Manual	
						e. Remote	
(1) Total in Train						35. Cars (Include EMU, DMU, and Cab Car Locomotives.)	
(2) Total Derailed						a. Loaded	
						b. Pass.	
						c. Freight	
						d. Pass.	
						e. Caboose	
36. Equipment Damage This Consist		37. Track, Signal, Way, & Structure Damage		38. Primary Cause Code		39. Contributing Cause Code	
Number of Crew Members				Length of Time on Duty			
40. Engineers/ Operators		41. Firemen		42. Conductors		43. Brakemen	
						44. Engineer/Operator Hrs: Mins:	
						45. Conductor Hrs: Mins:	
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others	
Fatal						49a. Special Study Block A	
Nonfatal						49b. Special Study Block B	
50. Latitude				51. Longitude			
52. Narrative Description (Be specific, and continue on separate sheet if necessary)							
53. Typed/Printed Name & Title of Preparer				54. Signature		55. Date	
NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report..." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).							
This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.							