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|---|--|--|--|--|--|---|--|
| 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<br>month   day   year                                       |  | 6. Time of Accident/Incident<br>AM <input type="checkbox"/> PM <input type="checkbox"/>   |  |
| 7. Type of Accident/ Incident (single entry in code box)  |  | 1. Derailment<br>2. Head on collision<br>3. Rear end collision   |  | 4. Side Collision<br>5. Raking collision<br>6. Broken train collision                    |  | 7. Hwy-rail crossing<br>8. RR grade crossing<br>9. Obstruction  |  |
|   |  |  |  |  |  | 10. Explosion-detonation<br>11. Fire/violent rupture<br>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<br>1. Dawn 3. Dusk<br>2. Day 4. Dark  |  | 19. Weather (single entry) Code<br>1. Clear 3. Rain 5. Sleet<br>2. Cloudy 4. Fog 6. Snow |  | 20. Type of Track Code<br>1. Main 3. Siding<br>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<br>1. North 3. East<br>2. South 4. West   |  |
| 25. Type of Equipment Consist (single entry)  |  | 1. Freight Train<br>2. Passenger Train-Pulling<br>3. Commuter Train-Pulling<br>4. Work train   |  | 5. Single Car<br>6. Cut of cars<br>7. Yard/switching<br>8. Light loco(s)                 |  | 9. Maint./inspect. Car<br>A. Spec. MoW Equip.<br>B. Passenger Train-Pushing<br>C. Commuter Train-Pushing  |  |
|   |  |  |  |  |  | D. EMU<br>E. DMU Code   |  |
|   |  |  |  |  |  | 26. Was Equipment Attended? Code<br>1. Yes 2. No  |  |
| 27. Train Number/Symbol   |  |  |  |  |  |   |  |
| 28. Speed (recorded speed, if available)<br>R - Recorded<br>E - Estimated MPH Code  |  | 30. Type of Territory (enter code(s) that apply)<br>Signalization (Mandatory)<br>1. Signaled <input type="checkbox"/><br>2. Not Signaled <input type="checkbox"/><br>Method of Operation/Authority for Movement (Mandatory)<br>1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits<br>4. Block Register Territory 5. Other Than Main Track<br>Supplemental/Adjunct Codes (Mandatory*) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/><br>* Mandatory to the extent that all applicable codes are entered |  |  |  | 30a. Remotely Controlled Locomotive?<br>0 = Not a remotely controlled operation<br>1 = Remote control portable transmitter<br>2 = Remote control tower operation<br>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.<br>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<br>a. Freight b. Pass.  |  |
|   |  |  |  |  |  | c. Empty<br>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<br>Hrs: Mins:   |  |
|   |  |  |  |  |  | 45. Conductor<br>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. |  |  |  |  |  |   |  |