Expires 08/31/2018

OMB No. 2130-0526

3

U.S. Department of Transportation

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

Federal Railroad NOTE: This form must be completed by the Railroad Representative present at the collection facility. Administration		
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 PM
5. Locations of Accident (City and State)		6. Nearest Railroad Station
7. Event which Qualifies Accident for Mandatory Pondon NOTE: All accident events (not incidents) must MAJOR TRAIN ACCIDENT: ———————————————————————————————————	- :	ge reporting threshold. ore (to railroad property)
IMPACT ACCIDENT: PASSENGER TRAIN ACCIDENT:	Release of hazardous mate Reportable injury Damage of \$150,000 or mo Reportable injury to any pe	
TRAIN INCIDENT:	Fatality to on-duty railroad employee	
10. Employee(s) Whose Samples are Contained in NOTE: A sample set identification number is NAME OF EMPLOYEE	· · · -	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 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? No tes per response, including the time for reviewing 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.