Expires 10/31/2019

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U.S. Department of Transportation

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

of Transportation 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 : AM PM		
5. Locations of Accident (City and State)		6. Nearest Railroad Station		
Event which Qualifies Accident for Mandatory Po NOTE: All accident events (not incidents) mu	- ·	·		
MAJOR TRAIN ACCIDENT:	MAJOR TRAIN ACCIDENT: Fatality			
_	\$1,000,000 damage or mor	nore (to railroad property)		
_	Release of hazardous mate	erial (and evacuation)		
_	Release of hazardous mate	rial (and reportable injury from product)		
IMPACT ACCIDENT: Reportable injury				
Damage of \$150,000 or more (to railroad property)				
PASSENGER TRAIN ACCIDENT:	Reportable injury to any person in the accident			
TRAIN INCIDENT:	Fatality to on-duty railroad	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	· · · =	and differe for each person		
NOTE: A sample set identification number is	JOB TITLE (engineer, conductor, etc.)	SAMPLE SET TRAIN DESIGNATION IDENTIFICATION NUMBE	:R	
			_	
			_	
11. Name of Medical Review Officer		12. Address of Medical Review Officer		
		Telephone: ()		
13. Name of Railroad Representative		14. Address of Railroad Representative		
13. Name of Namoad Representative				
		Telephone: ()		
15. Signature of Railroad Representative	16. Date (month/day)	pursuant to the above accident under Y	'es lo	
Public reporting burden for this information collecti	on is estimated to average 10 minut	es per response, including the time for reviewing instructions, searching exi	sting 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.