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U.S. Department
of Transportation
**Federal Railroad
Administration**

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

NOTE: This form must be completed by the Railroad Representative present at the collection facility.

1. Name of Railroad or Regulated Service Contractor		2. Name(s) of Other Railroads or Regulated Service Contractors																	
3. Date of Accident (month/day/year)		4. Time of Accident <div style="text-align: right; margin-right: 20px;"> _____ : _____ Hr Min </div> <input type="checkbox"/> AM <input type="checkbox"/> PM																	
5. Location of Accident (City and State)		6. FRA Tox Box Number																	
<p>7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)</p> <p>NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.</p> <p>MAJOR TRAIN ACCIDENT: ___ Fatality ___ \$1,500,000 damage or more (to railroad property) ___ Release of hazardous material (and evacuation) ___ Release of hazardous material (and reportable injury from product)</p> <p>IMPACT ACCIDENT: ___ Reportable injury ___ Damage of \$150,000 or more (to railroad property)</p> <p>PASSENGER TRAIN ACCIDENT: ___ Reportable injury to any person in the accident</p> <p>TRAIN INCIDENT: ___ Fatality to on-duty railroad employee</p> <p>HUMAN-FACTOR HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT: ___ Regulated employee failed to provide for safety of highway traffic before interfering with highway-rail grade crossing signal system. ___ Train crewmember failed to flag highway traffic after highway-rail grade crossing signal system failure. ___ Regulated employee who is or who should have been performing the duties of an appropriately equipped flagger failed to flag highway traffic after highway-rail grade crossing signal system failure. ___ Fatality of any on-duty regulated employee. ___ Regulated employee violated FRA regulation or railroad operating rule which may have contributed to accident cause or severity.</p>																			
8. Name and Address of Collection Facility		9. Telephone Number of Collection Facility ()																	
<p>10. Employee(s) Whose Samples are Contained in this Shipping Box.</p> <p>NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: center;">NAME OF EMPLOYEE</th> <th style="width: 25%; text-align: center;">JOB TITLE (engineer, conductor, etc.)</th> <th style="width: 25%; text-align: center;">TRAIN ID/ON TRACK EQUIPMENT</th> <th style="width: 25%; text-align: center;">SAMPLE SET IDENTIFICATION NUMBER</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN ID/ON TRACK EQUIPMENT	SAMPLE SET IDENTIFICATION NUMBER	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____																
_____	_____	_____	_____																
_____	_____	_____	_____																
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? If yes, include ATF in box.																	
		<input type="checkbox"/> YES <input type="checkbox"/> NO																	

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