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 ____ Hr : ____ Min ☐ AM ☐ PM
5. Location of Accident (City and State)	6. FRA Tox Box Number

7. Event which Qualifies Accident for Mandatory Post-Accident Testing (one must be checked)

NOTE: All accident events (not incidents) must meet the railroad property damage reporting threshold.

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)
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 employee
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.

8. Name and Address of Collection Facility	9. Telephone Number of Collection Facility
	( )

10. Employee(s) Whose Samples are Contained in this Shipping Box.

NOTE: A sample set identification number is pre-printed on FRA Form 6180.74 and differs for each person.

NAME OF EMPLOYEE	JOB TITLE (engineer, conductor, etc.)	TRAIN ID/ON TRACK EQUIPMENT	SAMPLE SET 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? If yes, include ATF in box.	____ YES ____ NO

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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. ____ YES ____ NO

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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.	____ YES ____ NO

MEDICAL REVIEW OFFICER

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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.	____ YES ____ NO

OMB. No. 2130-0526

★U.S. GPO: 1995-617-305

COLLECTION SITE

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FRA F 6180.73 (Rev. 06-17)

OMB. No. 2130-0526

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EMPLOYER

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