

**NOTICE TO RAILROAD EMPLOYEE INVOLVED IN RAIL EQUIPMENT ACCIDENT/INCIDENT
ATTRIBUTED TO EMPLOYEE HUMAN FACTOR**

EMPLOYEE STATEMENT SUPPLEMENTING RAILROAD ACCIDENT REPORT

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB No. 2130-0500

PART I - NOTICE TO RAILROAD EMPLOYEE (To be completed by reporting railroad)

Name of Reporting Railroad	Date of Accident/Incident ____/____/____ mo day year	Accident/Incident No.	Location of Accident/Incident <small>(State, nearest city/town)</small>
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Causes reported on Form FRA F6180.54		
Applicable to this person?	Code	Description
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

Employee's Name (First, middle, last)	Job Title	Name of Employing Railroad
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Employee's Home Address

PURPOSE OF THIS FORM. A rail accident occurred that may have at least partly been caused by human error (human factor). The railroad involved with this accident is sending you this form because it is required by federal law to send this form to any railroad employee it believes may have at least been partly responsible for causing the accident/incident.

Since the railroad has named you as an employee who may have been involved in this accident, the railroad is required by federal law to complete **Part I** of this form and give you an opportunity **within 45 days** from the date that the notice was mailed or hand delivered to you to give in **Part II** of this form your version of events relating to this accident. If you would like to complete this form but are unable to do so within the time limit, you must provide an explanation to FRA and the railroad for the need for more time. While the railroad is required by federal law to send this form to you, **you are not legally required to complete this form.** If you decide to complete the form, the railroad may, upon reviewing your supplement, decide to revise its accident report.

In **Part II** of this form, you may submit a supplemental statement to FRA on any aspect of the railroad's report. If you decide that you would like to send the railroad and FRA a statement, **please follow the INSTRUCTIONS.**

Name of Railroad Representative	Signature of Railroad Representative	Date Signed	Date Mailed/Hand Delivered
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If the employee decides to return this form to the railroad, the form should be sent to: [name and address of railroad representative]

PART II - SUPPLEMENT - EMPLOYEE STATEMENT REGARDING RAILROAD ACCIDENT REPORT

I would like to supplement the railroad's accident report with the following statement:

(Continue statement on separate sheet, if required, and mail with statement)

I have carefully read this statement and confirm that it is true to the best of my knowledge and belief.

Signature	Date Signed	Date Mailed/Hand Delivered to FRA: _____	Date Mailed/Hand Delivered to Railroad: _____
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Your Telephone Number Home: () _____ Work: () _____	Your home or mailing address
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NOTE: This Notice and Employee Supplement under 49 C.F.R. 225.12 are part of the reporting railroad's accident report to FRA 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).

INSTRUCTIONS TO RAILROAD EMPLOYEE REGARDING COMPLETION OF PART II OF FORM FRA F 6180.78

If you decide to complete this form, please follow these instructions:

1. Complete only Part II of this form.
2. Print or type your statement.
3. You may attach any relevant supporting documents, diagrams, photographs, or other evidence.
4. Sign and date your statement.
5. Send your original statement to the Federal Railroad Administration (FRA) at the following address:

Operating Practices Division
Federal Railroad Administration
RRS-11, Mail Stop 25
1200 New Jersey Avenue, S.E.
Washington, D.C. 20590

6. Send a copy of your statement to your railroad.
7. Keep a copy of your statement for your own records.
8. Additional information concerning completion of this form may be obtained at FRA's website at www.FRA.DOT.GOV.

FREQUENTLY ASKED QUESTIONS

Q. Who is a railroad employee?

A. FRA defines an employee for purposes of filling out this form as a Worker on Duty-Railroad Employee; Employee, Railroad Employee not on duty; Worker on Duty-Contractor; or Worker on Duty-Volunteer. If you fit into any of these categories, you are a railroad employee for purposes of filling out this form.

Q. Do I have to fill out the form?

A. No. Neither the railroad nor FRA requires you to fill out this form. Employee statements on this form are voluntary and optional, not mandatory, and deciding not to send this form to FRA and the railroad does not imply that the employee admits or endorses the railroad's conclusions as to the cause of the accident or any other allegations. See 49 C.F.R. 225.12(g).

Q. Will my statements remain confidential?

A. Information that the employee wishes to withhold from the railroad must not be included in this Supplement. If the employee wishes to provide confidential information to FRA, the employee should not use the Supplement form (part II of Form FRA F 6180.78), but rather provide such confidential information by other means, such as a letter to the employee's collective bargaining representative, or to the Office of Safety Assurance and Compliance, Federal Railroad Administration, RRS-10, Mail Stop 25, 1200 New Jersey Avenue, S.E., Washington, D.C. 20590. The letter should include the name of the railroad making the allegations, the date and place of the accident, and the rail equipment accident/incident number.

Q. Is this form part of the railroad's accident report to FRA, and as such, may it be used in private litigation?

A. No. This form under 49 C.F.R. 225.12 is part of the railroad's accident report to FRA 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).

Willful false statements can result in imposition of civil penalties.

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 10 minutes (Part I) and 1.5 hour (Part II) 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.