



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.																			
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