

Equipment Damaged or Derailed:
 Number of trains involved: Rolling stock involved
 Derailed Power Units: Yes No No. Units Derailed DG cars involved Yes No DG cars total
 Derailed Rolling Stock: Yes No No. Cars Derailed DG released Yes No DG Released total

Infrastructure Damaged:
 Length Track Damage: Estimated/Actual Time to return to service: (YY/MM/DD) ____/____/____
 Other Damage: _____

Train Data: Train Type: Freight Method of Train Control: Rule 105 CTC
 Train No./Designation: _____ Passenger SCS CMBS
 Train Speed: _____ mph Direction of Travel: _____ Work OCS Other
 Conductor: _____ Years of Experience: _____ Hours on Duty: _____
 Engineer: _____ Years of Experience: _____ Hours on Duty: _____

Rolling Stock Damaged or Derailed in Incident:

Car No.	Car Type*	Car Contents	Car Wt.(1000#)	Derailed	Carrying DG	DG Released	Wt.VolLost
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Description/Cause:

Use Additional page if necessary for multiple trains or additional cars, or more detailed explanation.
 Attach Sketch and/or photos where available.

Reported by: _____ Contact Phone #: _____ Report date (DD/MM/YY) ____/____/____