

# BLE Safety Task Force PRELIMINARY INCIDENT REPORT

I. NTSB Accident Number



## INCIDENT INFORMATION

2. Nearest City/Place		3. State	4. Date	5. Local Time	6. Time Zone
7. Weather Conditions (Multiple Entry)			8. Rail Signal System		
01. <input type="checkbox"/> Clear	05. <input type="checkbox"/> Snow	01. <input type="checkbox"/> CTC			
02. <input type="checkbox"/> Cloudy	06. <input type="checkbox"/> Sleet	04. <input type="checkbox"/> Train Order			
03. <input type="checkbox"/> Rain	07. <input type="checkbox"/> Hail	02. <input type="checkbox"/> ABS			
04. <input type="checkbox"/> Fog	08. <input type="checkbox"/> Other _____	05. <input type="checkbox"/> Other _____			
		03. <input type="checkbox"/> Track Warrant			

## TRAIN NO. 1 INFORMATION

9. Railroad			10. Train Identification		11. Number of Locomotive Units	
12. Number of Cars		13. Train Length (Feet)	14. Loads/Empties	15. Trailing Tons	16. Number of Units Derailed	17. Number of Cars Derailed
18. Type of Train			19. Event Recorder Information			
01. <input type="checkbox"/> Freight		04. <input type="checkbox"/> Yard	01. Chain of Custody: (a) _____ (b) _____ (c) _____			
02. <input type="checkbox"/> Passenger		05. <input type="checkbox"/> Work Train	02. Throttle Position at critical occurrence: _____			
03. <input type="checkbox"/> Commuter		06. <input type="checkbox"/> Other _____	03. Automatic Brake Handle Position: _____ 04. Train Speed: _____ mph			
20. Damage Estimate		21. Number of Cars Haz Mat involved	22. Number of Cars Haz Mat released	23. Evacuation		24. Number Evacuated
				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		
Injury Summary		A	B	C	D	E
		Fatal	Serious	Minor	None	Total
25. Employees						
26. Passenger						
27. Motorist						
28. Other						
29. Total						
30. Type of Accident (Multiple Entry)						
01. <input type="checkbox"/> Collision, head-on		06. <input type="checkbox"/> Railroad crossing	11. <input type="checkbox"/> Employee fatality			
02. <input type="checkbox"/> Collision, rear-end		07. <input type="checkbox"/> Fire	12. <input type="checkbox"/> Passenger fatality			
03. <input type="checkbox"/> Collision, side		08. <input type="checkbox"/> Explosion	13. <input type="checkbox"/> Haz. Mat. released			
04. <input type="checkbox"/> Derailment		09. <input type="checkbox"/> Locomotive derailed	14. <input type="checkbox"/> Other _____			
05. <input type="checkbox"/> Highway crossing		10. <input type="checkbox"/> Cars derailed				
31. Direction of travel		32. Maximum Authorized Speed	33. No. of Crew Members	34. Toxicological Testing Performed		35. Last Crew Change Point
				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		

## TRAIN NO. 2 INFORMATION

36. Railroad			37. Train Identification		38. Number of Locomotive Units	
39. Number of Cars		40. Train Length (Feet)	41. Loads/Empties	42. Trailing Tons	43. Number of Units Derailed	44. Number of Cars Derailed
45. Type of Train			46. Event Recorder Information			
01. <input type="checkbox"/> Freight		04. <input type="checkbox"/> Yard	01. Chain of Custody: (a) _____ (b) _____ (c) _____			
02. <input type="checkbox"/> Passenger		05. <input type="checkbox"/> Work Train	02. Throttle Position at critical occurrence: _____			
03. <input type="checkbox"/> Commuter		06. <input type="checkbox"/> Other _____	03. Automatic Brake Handle Position: _____ 04. Train Speed: _____ mph			
47. Damage Estimate		48. Number of Cars Haz Mat involved	49. Number of Cars Haz Mat released	50. Evacuation		51. Number Evacuated
				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		
Injury Summary		A	B	C	D	E
		Fatal	Serious	Minor	None	Total
52. Employees						
53. Passenger						
54. Motorist						
55. Other						
56. Total						
57. Type of Accident (Multiple Entry)						
01. <input type="checkbox"/> Collision, head-on		06. <input type="checkbox"/> Railroad crossing	11. <input type="checkbox"/> Employee fatality			
02. <input type="checkbox"/> Collision, rear-end		07. <input type="checkbox"/> Fire	12. <input type="checkbox"/> Passenger fatality			
03. <input type="checkbox"/> Collision, side		08. <input type="checkbox"/> Explosion	13. <input type="checkbox"/> Haz. Mat. released			
04. <input type="checkbox"/> Derailment		09. <input type="checkbox"/> Locomotive derailed	14. <input type="checkbox"/> Other _____			
05. <input type="checkbox"/> Highway crossing		10. <input type="checkbox"/> Cars derailed				
58. Direction of travel		59. Maximum Authorized Speed	60. No. of Crew Members	61. Toxicological Testing Performed		62. Last Crew Change Point
				1. <input type="checkbox"/> Yes 2. <input type="checkbox"/> No		

## VEHICLE INFORMATION (GRADE CROSSING ONLY)

63. Vehicle Operator		Injury Summary				
64. Type of Vehicle		A	B	C	D	E
		Fatal	Serious	Minor	None	Total
65. Number of passengers		66. Driver				
		67. Passengers				
		68. Total				

