



The Belt Railway Company of Chicago

Internal Control Plan

Maintained in compliance with 49 CFR Part 225.33

Accident/Incident Reporting

Effective August 15, 2016
Updated December 22, 2025

Table of Updates:

Last Update:	Pages Changed:	Source:	Notes:
August 15, 2016	Full Revision	BRC-DIR RULE/COMP	New Revised Document
December 1, 2017	Appendix A, A2	BRC-DIR RULE/COMP	Update Titles
December 1, 2017	A2, Appendix C	BRC-DIR RULE/COMP	Update Chart
December 10, 2018	Full update and revision	BRC-DIR STRAT PLNG/COMP	New Revised Edition
November 22, 2019	Revise organizational contacts	BRC-DIR STRAT PLNG/COMP	Updated Names/Titles, Remove Appendix B
January 15, 2021	Revise organizational contacts	BRC-Chief Engineer BRC-Director of Police & Risk Management	Updated Names/Titles
March 21, 2021	Revise organizational contacts	BRC-Superintendent Mechanical	Updated Names/Titles
January 10, 2023	Revise organizational contacts	BRC-Sr. Dir. Safety & Compliance BRC-Asst. Safety Dir.	Updated Names/Titles
January 31, 2023	Revise organizational contacts	BRC-Sr. Dir. Safety Compliance	Updated Names/Titles
July 15, 2023	Revise organizational contacts	BRC-Superintendent Safety BRC Superintendent Transportation	Updated Names/Titles
April 10, 2024	Revise organizational contacts	BRC-Chief Mechanical & Engineering Officer	Updated Names/Titles
December 22, 2025	p. 3-9, Appendix A, inclusion of Appendix B, Forms,		Revise organizational contacts, reporting structure, inclusion of internal forms, remove reference to any internal procedures not in effect, specify internal procedures in effect

Purpose

The Federal Railroad Administration (FRA) requires that railroads maintain an Internal Control Plan (ICP) to support the proper reporting of all railroad train accidents, incidents, injuries, and occupational illnesses arising from the operation of the railroad (49 CFR, Part 225.33). The Belt Railway Company of Chicago (BRC) has developed this ICP to help ensure compliance with the provisions of this regulation. This ICP is available for inspection by the FRA, employees, and state inspectors at the office of the BRC Reporting Officer and will be posted at all reporting locations and at the BRC General Office Building. The plan is maintained by Edward DeVries, General Counsel, Secretary, and Director of Human Resources. The BRC will amend this plan, as necessary, to reflect changes to its internal reporting procedures.

Policy Prohibiting Harassment or Intimidation

The BRC is committed to provide complete, timely and accurate reporting of all accidents, incidents, injuries, and occupational illnesses arising from the operation of the railroad. We strive to fully comply with both the letter and spirit of the FRA's accident reporting regulation. The BRC does not tolerate harassment or intimidation that is intended to discourage or prevent employees from receiving proper medical treatment or reporting accidents, injuries, or occupational illnesses. Any employee who violates this policy is subject to disciplinary action up to and including termination.

Medical Transportation and Treatment

If transportation to a hospital or clinic is requested by an employee who is injured during employment, the railroad shall promptly arrange to have the injured employee transported to the nearest hospital or clinic where the employee can receive safe and appropriate medical care.

Complaint Procedures:

If an employee has a complaint about the way in which an injury was handled, they have multiple means to report the issue. Primary is the utilization of the BRC Ethics Hotline, which allows for receipt of the complaint by an independent contractor, which is then forwarded to the BRC for investigation and resolution.

Alternatively, the employee can contact the General Counsel, Secretary and Director of Human Resources, the Superintendent, or the Manager of Human Resources and Labor Relations with written or verbal complaints. All complaints will be thoroughly investigated. It is requested that all verbal complaints also be submitted in writing to help facilitate the investigation process.

The BRC will investigate all complaints covered by this policy and take appropriate disciplinary action where warranted.

If the General Counsel, Secretary and Director of Human Resources is the subject of the complaint, the report will be made to the President.

If the President is the subject of the complaint, the report will be made to the General Counsel, Secretary and Director of Human Resources; and

If a report is made to the Superintendent or Manager of Human Resources and Labor Relations, and the employee believes the response does not adequately address the concern, the employee may additionally report the concern to the President or to the General Counsel, Secretary and Director of Human Resources.

- Any Employee, Supervisor, Manager or Officer who feels he/she has been harassed or intimidated so as not to report an accident, incident, injury, or illness should contact the President or the General Counsel, Secretary and Director of Human Resources. The complaint will be handled in as confidential manner as is possible.
- In addition, the BRC has a Whistleblower Policy in place (Appendix A).
- A prompt investigation will be undertaken of the alleged violation.
- The President or General Counsel, Secretary and Director of Human Resources undertaking the investigation will meet with the employee making the allegation to obtain further information pertaining to the nature of claim being made.
- Employees who make complaints, or who participate in a company investigation of such report, will be expected to fully cooperate with the Company by providing complete and accurate information as requested. An employee who makes a complaint under this policy should be prepared to provide the person investigating the complaint with as much detailed information as possible of the alleged behavior or conduct in question, including names of any witnesses to facilitate the investigation.
- If the investigation determines that a violation has occurred, appropriate disciplinary action, up to and including dismissal, will be taken and a record of this action will be entered into the employee's personnel file.

- The employee making the complaint will be advised of the results to the extent appropriate and reasonable.

The Policy Statement and Complaint Procedures will be disseminated to all employees, supervisory personnel, and management by posting this Internal Control Plan at all reporting locations, and at the railroad's General Office Building, Bedford Park, IL. The BRC shall provide "Whistleblower" protection to any person subject to this policy.

No Retaliation

Retaliation against an individual for making a complaint under this policy is strictly prohibited. If an employee believes he/she is being retaliated against he/she should immediately report the matter to any of the persons responsible for receiving harassment or intimidation concerns under this policy.

Dissemination Policy

The BRC Reporting Officer will update and post the "Monthly Report of Injury and Illness" at employee on duty points in Bedford Park, IL. Additionally, a copy of the Company's Anti-Harassment and Anti-Intimidation Policy and Complaint Procedures will also be maintained on this bulletin board and on the corporate website. Paper or electronic copies of the policy are available by contacting the Belt Railway Company of Chicago Reporting Officer, currently Clint Jonas, Manager of Rules and Compliance.

Internal Reporting System and Forms:

The BRC uses the FRA's Accident/Incident Report Generator (AIRG) software for the collection and internal recording of accident and incident information. AIRG is an MS Windows-based computer program which facilitates the processing and allows for the electronic submission of all FRA-required monthly reports and logs required under 49 CFR Part 225.

The following internal forms are used to collect and record accident and incident information in the field by employees and supervisors and are located in Appendix B:

Incident Report: Incidents, Injuries, Derailments, Collisions, Trespassers BRC

- AIRG
 - Highway - Rail Crossing Incident
 - Railroad Employee Injury and/or Illness Record
- Supervisor Form (*Completed by Supervisor Reporting of Injury*)
- Employee Form (*Completed by Employee Reporting Injury and Witness*)
- Belt Apps, Accident File "AF" (*Reportable/Incident, digital only*)
- Belt Apps, Safety Incident "SI" (*Incident, digital only*)
- Mechanical Inspection Form (*Completed by Locomotive or Car Inspector*)

Procedures for Processing Internal Forms

The following is a summary of the procedures used for processing internal accidents, incident, injury, and occupational illness forms.

1. The FRA Reporting Officer is responsible for updating as needed and making available copies of the internal forms to employees throughout the Company.
2. Employees must notify a supervisor/manager of an accident, incident, injury, or occupational illness as soon as possible, but not later than the end of the tour of duty. The employee is required to complete and submit applicable forms and statements as set forth in the applicable GCOR or other applicable operating rules.
3. Employees who are incapacitated need to complete the applicable forms as soon as they are able.
4. Supervisors/managers are required to complete applicable BRC accident/incident internal forms.
5. Supervisors/managers are required to submit all accident and injury reports to Ramon Ortiz, Captain, BRC Police after an accident or incident.
6. Supervisors/managers are required to hand-deliver original forms or electronically submit documents to Ramon Ortiz, Captain, BRC Police, Bedford Park, IL.
7. The BRC Reporting Officer reviews the forms for completeness and accuracy.
8. The BRC Reporting Officer files copies of all forms. The BRC General Office Building, 6900 S. Central Avenue, Bedford Park, IL 60638 is the primary file location for all incidents.

Internal Review Procedures

The General Counsel, Secretary and Director of Human Resources will review the Belt Railway Company of Chicago accident, incident, injury, and occupational illness records once during each calendar year.

This review will include the overall performance of the railroad in adhering to the provisions of this plan and analysis of individual records for accuracy and completeness. The reviewer will

perform additional investigation as deemed necessary to evaluate any files that seem inconsistent with expected reporting practice.

Adjustments to the reporting process and corrective action will be taken if the review identifies exceptions.

A copy of the audit results will be maintained at the BRC General Office Building, 6900 S. Central Avenue, Bedford Park, IL 60638.

Internal Procedures for Collecting Cost Data and Compiling Costs

1. In the event of a train accident, supervisors/managers are required to complete the applicable BRC Accident/Incident Reports. This includes sections requiring estimated equipment, lading, track and signal damages and environmental clean-up costs.
2. The BRC Reporting Officer reviews the forms for completeness and accuracy and records the final cost estimates in the Incident Report.

Internal Procedures Ensuring Adequate Communication

To ensure adequate communication between the BRC Reporting Officer and other departments responsible for collecting, receiving, processing, and reporting accidents and incidents, The BRC's internal procedures include the following:

1. An open communication policy
2. A written Accident and Incident Reporting Guide for use by BRC Managers and Supervisors
3. Ready access by all employees to the BRC Reporting Officer
4. A corporate policy that requires prompt verbal notification of incidents to BRC senior leadership.
5. A periodic conference call where FRA reportable, and non-reportable incidents are discussed and evaluated.
6. Recording of data on AIRG and BRC's digital application, Belt Apps, which is maintained by BRC's server for tracking of accident and incident performance.
7. Publishing of Safety Bulletins and Alerts on selected incidents to communicate incident and lessons-learned to supervisors and the workforce.

Internal Procedures for Updating and Amending Accident and Incident Information

At the end of each calendar month, the BRC Reporting Officer will perform a closeout to update accident and incident information prior to reporting to the FRA. This closeout includes the following:

1. The BRC Reporting Officer solicits final cost estimates related to rail equipment, highway rail crossing accidents and incidents from all applicable departments.
2. The BRC Reporting Officer reviews all occupational injury and illness data in the "Occupational Injury or Illness Report" log required in 49 CFR part 225.25 and rail equipment and highway rail grade crossing incident data in the AS/400 Derailment Reporting Database.
3. The BRC Officer will then complete and submit the final report to the FRA electronically.
4. In the event an accident or incident was omitted in the final report, the railroad will submit an amended report along with a letter that explains the reason for the changes and late filing. Amended reports and explanations will also be submitted if final cost estimates are received from the mechanical, track and/or car departments with a 10% variance from the initial cost estimate and the variance exceeds the current FRA dollar threshold by 10%.
5. When the medical status of an employee with an occupational injury or illness changes from non-reportable to reportable within 180 days of the event or a reporting error is discovered, the same process is followed to amend the report.

Organizational Description

The BRC is a Class III switching carrier. The Organizational Chart is attached as Appendix C.

Organizational Components:

The following are the BRC components that regularly come into possession of information pertinent to the preparation of reports under 49 CFR 225.33, the managers of the components, and the officers to whom they are responsible:

- Ramon Ortiz, Captain, Police Dept.
- Patrick McCarron, Chief Mechanical Officer, Mechanical Dept.
 - Robert Perham, Assistant Superintendent, Mechanical Dept.
 - Nate Smith, Assistant Chief Mechanical Officer, Mechanical Dept.
- R. Jason Charbonneau, Superintendent Transportation, Transportation Dept.
 - Mark Labbe, Senior Manager Operations, Safety & Compliance Carlos Medina, Asst. Supt. Of Transportation, Transportation Dept.

- Chris Gorski, Asst. Supt. Of Transportation, Transportation Dept.
- Michael Chand, Asst. Supt. Of Transportation, Transportation Dept.
- Clint Jonas, Manager, Operating Rules and Compliance, Transportation Dept.
- Jerry Peck, President and Acting Chief Engineer
 - Thomas Lyons, Assistant Chief Engineering Officer, Engineering Dept.
 - Mark Ferguson, Assistant Chief Engineering Officer, Engineering Dept.

Custodian and Location of FRA F6180.107 Forms and Supporting Documentation:

The F6180.107 forms and supporting documentation are held by the BRC Reporting Officer at the General Office Building, 6900 S. Central Avenue, Bedford Park, IL 60638.

Appendix A - BRC Whistleblower Policy Statement:



Belt Railway Company of Chicago

WHISTLEBLOWER POLICY

The Belt Railway Company of Chicago (BRC) is committed to fostering a workplace conducive to open communication regarding the Company's business and operating practices and to protecting employees from unlawful retaliation and discrimination for reporting unlawful conduct. The BRC is committed to operating in compliance with all applicable laws, rules, and regulations.

If an employee has a reasonable belief that an employee or the Company has engaged in any action that violates any applicable law or regulation, including, but not limited to, conduct which the employee reasonably believes constitutes a violation of federal law, rule or regulation relating to railroad safety or security, or a hazardous railroad safety or security condition, the employee may submit a written or verbal complaint to General Counsel, Secretary, and Director of Human Resources of the Company.

The employee also has the option of using the BRC Ethics Hotline to report business conduct issues. Access to the hotline is provided for employees allowing submission of concerns by both telephonic and electronic means.

It is requested that all verbal complaints also be submitted in writing, to help facilitate the investigation process.

If the General Counsel, Secretary, and Director of Human Resources is the subject of the complaint, the report will be made to the President.

If the President is the subject of the complaint, the report will be made to the General Counsel, Secretary and Director of Human Resources.

Reports made under this policy will be investigated promptly. In conducting its investigation, the Company will strive to handle the report in as confidential manner as is possible, consistent with the need to conduct an adequate investigation. Further information on reporting

and investigating reports can be found in the company's Internal Control Plan (ICP), a copy of which is posted at the BRC General Office Building.

No Retaliation

Retaliation against an individual for making a complaint under this policy is strictly prohibited by BRC policy.

If an employee believes he or she is being retaliated against he/she should immediately report the matter to any of the persons responsible for receiving harassment or intimidation concerns under this policy.

Reports determined to be made in bad faith, or maliciously and/or knowingly to be false, may be subject to discipline up to and including termination.

Appendix B - Forms:

APPENDIX H
Forms

Form FRA F 6180.54	Rail Equipment Accident/Incident Report
Form FRA F 6180.55	Railroad Injury and Illness Summary
Form FRA F 6180.55a	Railroad Injury and Illness Summary (Continuation Sheet)
Form FRA F 6180.56	Annual Railroad Report of Employee Hours and Casualties, by State
Form FRA F 6180.57	Highway-Rail Grade Crossing Accident/Incident Report
Form FRA F 6180.78	Notice to Railroad Employee Involved in Rail Equipment Accident/Incident Attributed to Employee Human Factor
	Employee Statement Supplementing Railroad Accident Report
Form FRA F 6180.81	Employee Human Factor Attachment
Form FRA F 6180.97	Initial Rail Equipment Accident/Incident Record
Form FRA F 6180.98	Railroad Employee Injury and/or Illness Record
Form FRA F 6180.107	Alternative Record for Illnesses Claimed to be Work-Related
Form FRA F 6180.150	Highway User Injury Inquiry Form

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.							
2. Name of Other Railroad or Other Entity with Consist Involved				2a. Alphabetic Code		2b. Railroad Accident/Incident No.							
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.							
4. U.S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month day year		6. Time of Accident/Incident AM PM							
7. Type of Accident/ Incident (single entry in code box)		1. Derailment 2. Head on collision 3. Rear end collision		4. Side Collision 5. Raking collision 6. Broken train collision		7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction		10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts		13. Other (describe in narrative) Code			
8. Cars Carrying HAZMAT		9. HAZMAT Cars Damaged/Derailed		10. Cars Releasing HAZMAT		11. People Evacuated		12. Subdivision					
13. Nearest City/Town		14. Milepost (to nearest tenth)		15. State Abbr.		Code		16. County					
17. Temperature (F) (Specify if minus)		° F	18. Visibility (single entry)	Code	19. Weather (single entry)	Code	20. Type of Track	Code					
			1. Dawn 2. Day	3. Dusk 4. Dark	1. Clear 2. Cloudy	3. Rain 4. Fog	5. Sleet 6. Snow						
21. Track Name/ Number				22. FRA Track Class (1-9, X)	Code	23. Annual Track Density (gross tons in millions)	24. Time Table Direction		Code				
25. Type of Equipment Consist (single entry)				1. Freight Train 2. Passenger Train-Pulling 3. Commuter Train-Pulling 4. Work train	5. Single Car 6. Cut of cars 7. Yard/switching 8. Light loco(s)	9. Maint./inspect. Car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing	D. EMU E. DMU	Code	26. Was Equipment Attended? 1. Yes 2. No	Code	27. Train Number/Symbol		
28. Speed (recorded speed, if available)				Code	30. Type of Territory (enter code(s) that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled				<input type="checkbox"/>	30a. Remotely Controlled Locomotive? 0 = Not a remotely controlled operation 1 = Remote control portable transmitter 2 = Remote control tower operation 3 = Remote control portable transmitter - more than one remote control transmitter			
R - Recorded E - Estimated				MPH	Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track				<input type="checkbox"/>	Code			
29. Trailing Tons (gross tonnage, excluding power units)					Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. Principal Car/Unit		a. Initial and Number		b. Position in Train		c. Loaded (yes/no)		32. If railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.					
(1) First Involved (derailed, struck, etc.)								<table border="1"> <tr> <td>Alcohol</td> <td>Drugs</td> </tr> </table>				Alcohol	Drugs
Alcohol	Drugs												
(2) Causing (if mechanical, cause reported)								33. Was this consist transporting passengers? (y/n)					
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End	Mid Train		Rear End		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)	Loaded		Empty			
(1) Total in Train			b. Manual	c. Remote	d. Manual	e. Remote	(1) Total in Equipment Consist	a. Freight	b. Pass.	c. Freight	d. Pass.		
(2) Total Derailed							(2) Total Derailed						
36. Equipment Damage This Consist		37. Track, Signal, Way, & Structure Damage				38. Primary Cause Code		39. Contributing Cause Code					
Number of Crew Members								Length of Time on Duty					
40. Engineers/ Operators	41. Firemen		42. Conductors		43. Brakemen		44. Engineer/Operator Hrs:		45. Conductor Hrs:		Mins:		
Casualties to:	46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A		49b. Special Study Block B				
Fatal													
Nonfatal													
50. Latitude						51. Longitude							
52. Narrative Description (Be specific, and continue on separate sheet if necessary)													
53. Typed/Printed Name & Title of Preparer						54. Signature				55. Date			
NOTE: This report is part of the reporting railroad's accident report 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).													
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 2 hours 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.													

1. Name of Reporting Railroad	2. Alphabetic Code	3. Report Month & Year	4. State Alphabetic Code	5. County
6. Name of Reporting Officer		7. Official Title		
8. Address		9. Telephone (Area Code) (Number)		

10. If executed within the United States, its territories, possessions, or commonwealths:

I declare (or certify, verify, or state) under penalty of perjury that the information on this form is true and correct.

Executed on _____ (date).

(Signature).

If executed without (i.e., outside of) the United States:

I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information on this form is true and correct.

Executed on _____ (date).

(Signature).

OPERATIONAL DATA & ACCIDENT/INCIDENT COUNTS FOR REPORT MONTH

11. Freight Train Miles	12. Passenger Train Miles	13. Yard Switching Train Miles	14. Other Train Miles
15. Railroad Worker Hours		16. Passenger Miles Operated	17. Number of Passengers Transported
18. REPORTED CASUALTIES		19. NUMBER OF FRA FORMS ATTACHED	
Type of Person	Fatal	Nonfatal	FRA Form Number
Worker on duty – railroad employee			6180.54
Railroad employees not on duty			6180.55a
Passengers on trains			6180.56
Nontrespassers/ on railroad property			6180.57
Trespassers			6180.81
Worker on duty - contractor			
Contractor - other			
Worker on duty - volunteer			
Volunteer - other			
Nontrespassers/ off railroad property			
Grand total	0	0	

20. Remarks Section. Please describe operational, environmental, or other circumstances that account for unusual fluctuations in train miles operated, employee hours, or passenger counts.

NOTE: This report is part of the reporting railroad's accident report 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).

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 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.

RAILROAD INJURY AND ILLNESS SUMMARY

(Continuation Sheet)

SHEET ___ OF ___

OMB No. 2130-0500

1. Name of Reporting Railroad				2. Alphabetic Code	3. Report Month	4. Report Year

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age	
5h. Drug/ Alcohol Test		5i. Injury Illness Code	5j. Physical Act	5k. Location	5l. Event	5m. Tools	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Special Case Codes
A	D										
5s. Latitude								5t. Longitude			
5u. Narrative (Up to 250 Characters)											

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age	
5h. Drug/ Alcohol Test		5i. Injury Illness Code	5j. Physical Act	5k. Location	5l. Event	5m. Tools	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Special Case Codes
A	D										
5s. Latitude								5t. Longitude			
5u. Narrative (Up to 250 Characters)											

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age	
5h. Drug/ Alcohol Test		5i. Injury Illness Code	5j. Physical Act	5k. Location	5l. Event	5m. Tools	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Special Case Codes
A	D										
5s. Latitude								5t. Longitude			
5u. Narrative (Up to 250 Characters)											

NOTE: This report is part of the reporting railroad's accident report 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).

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 20 minutes 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. In trespasser cases and in cases of suicide/attempted suicides, the estimated average time to complete this form is 50 minutes and 65 minutes, respectively. 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.

**ANNUAL RAILROAD REPORT
OF
EMPLOYEE HOURS AND CASUALTIES, BY STATE**

OMB No. 2130-0500

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

1. Reporting Railroad		2. Alphabetic Code	3. Report Year		
4. Establishments Included in this Report		5. Average Employment in Report Year			
6.					
State	Employee Hours	Casualties	State	Employee Hours	Casualties
Alabama			Montana		
Alaska			Nebraska		
Arizona			Nevada		
Arkansas			New Hampshire		
California			New Jersey		
Colorado			New Mexico		
Connecticut			New York		
Delaware			North Carolina		
District of Columbia			North Dakota		
Florida			Ohio		
Georgia			Oklahoma		
Hawaii			Oregon		
Idaho			Pennsylvania		
Illinois			Rhode Island		
Indiana			South Carolina		
Iowa			South Dakota		
Kansas			Tennessee		
Kentucky			Texas		
Louisiana			Utah		
Maine			Vermont		
Maryland			Virginia		
Massachusetts			Washington		
Michigan			West Virginia		
Minnesota			Wisconsin		
Mississippi			Wyoming		
Missouri					
7. Total Employee Hours for the Year 0		8. Total Casualties During the Year 0			
9. Typed Name and Title		10. Signature		11. Date	
<p>NOTE: This report is part of the reporting railroad's accident report 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).</p>					
<p>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 15 minutes 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.</p>					

**HIGHWAY-RAIL GRADE CROSSING
ACCIDENT/INCIDENT REPORT**

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB No. 2130-0500

1. Name of Reporting Railroad				1a. Alphabetic Code		1b. Railroad Accident/Incident No.		
2. Name of Other Railroad or Other Entity Filing for Equipment Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.		
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry)				3a. Alphabetic Code		3b. Railroad Accident/Incident No.		
4. U.S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident		6. Time of Accident/Incident AM <input type="checkbox"/> PM <input type="checkbox"/>		
7. Nearest Railroad Station			8. Subdivision		9. County		10. State Abbr. <input type="text"/> Code	
11. City (if in a city)				12. Highway Name or Number Public <input type="checkbox"/> Private <input type="checkbox"/>				
Highway User Involved				Rail Equipment Involved				
13. Type A. Auto C. Truck-trailer F. Bus J. Other motor vehicle B. Truck D. Pick-up truck G. School bus K. Pedestrian E. Van H. Motorcycle M. Other (specify) <input type="text"/>				17. Equipment 1. Train (units pulling) 4. Car(s) (moving) 2. Train (units pushing) 5. Car(s) (standing) 3. Train (standing) 6. Light loco(s) (moving) 7. Light loco(s) (standing) 8. Other (specify)		A. Train pulling – RCL B. Train pushing – RCL C. Train standing – RCL D. EMU Locomotive(s) E. DMU Locomotive(s)		
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical) 1. North 2. South 3. East 4. West		18. Position of Car Unit in Train				
16. Position 1. Stalled or stuck on crossing 2. Stopped on crossing 3. Moving over crossing		1. Trapped on crossing by traffic 2. Blocked on crossing by gates		19. Circumstance 1. Rail equipment struck highway user 2. Rail equipment struck by highway user		Code 2		
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? 1. Highway user 2. Rail equipment 3. Both 4. Neither				20b. Was there a hazardous materials release by 1. Highway user 2. Rail equipment 3. Both 4. Neither				
20c. State here the name and quantity of the hazardous material released, if any.								
21. Temperature (Specify if minus) ° F		22. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark		Code	23. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow			Code
24. Type of Equipment Consist (single entry)		1. Freight Train 5. Single Car 9. Maint./inspect. Car D. EMU 2. Passenger Train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter Train-Pulling 7. Yard/switching B. Passenger Train-Pushing 4. Work train 8. Light loco(s) C. Commuter Train-Pushing		Code	25. Track Type Used by Rail Equipment Involved 1. Main 2. Yard 3. Siding 4. Industry		Code	26. Track Number or Name
27. FRA Track Class (1-9, X)		28. Number of Locomotive Units		29. Number of Cars	30. Consist Speed (Recorded speed, if available) R - Recorded E - Estimated		Code	31. Time Table Direction 1. North 2. South 3. East 4. West
32. Type of Crossing Warning		1. Gates 4. Wig wags 7. Crossbucks 10. Flagged by crew 2. Cantilever FLS 5. Hwy. traffic signals 8. Stop signs 11. Other (specify) 3. Standard FLS 6. Audible 9. Watchman 12. None		33. Signaled Crossing Warning (See reverse side for instructions and codes)		Code		34. Roadway Conditions A. Dry B. Wet C. Snow/slush D. Ice E. Sand, Mud, Dirt, Oil, Gravel F. Water (Standing, Moving)
35. Location of Warning 1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach				36. Crossing Warning Interconnected with Highway Signals 1. Yes 2. No 3. Unknown		Code		37. Crossing Illuminated by Street Lights or Special Lights 1. Yes 2. No 3. Unknown
38. Highway User's Age		39. Highway User's Sex 1. Male 2. Female		40. Highway User Went Behind or in Front of Train and Struck or was Struck by Second Train		Code	41. Highway User 1. Went around the gate 2. Stopped and then proceeded 3. Did not stop 4. Stopped on crossing	5. Other (specify) 6. Went around/thru temporary barricade (if yes, see instructions) 7. Went thru the gate 8. Suicide/Attempted suicide
42. Driver Passed Standing Highway Vehicle 1. Yes 2. No 3. Unknown				43. View of Track Obscured by (primary obstruction) 1. Permanent structure 3. Passing train 5. Vegetation 7. Other (specify) 2. Standing railroad equipment 4. Topography 6. Highway vehicles 8. Not obstructed		Code		
Casualties to:		Killed	Injured	44. Driver was 1. Killed 2. Injured 3. Uninjured		Code	45. Was Driver in the Vehicle? 1. Yes 2. No	
46. Highway-Rail Crossing Users				47. Highway Vehicle Property Damage (est. dollar damage)			48. Total Number of Vehicle Occupants (including driver)	
49. Railroad Employees				50. Total Number of People on Train (include passengers and train crew)			51. Is a Rail Equipment Accident/ Incident Report Being Filed? 1. Yes 2. No	
52. Passengers on Train								
53a. Special Study Block		Video Taken? <input type="checkbox"/> Yes <input type="checkbox"/> No Video Used? <input type="checkbox"/> Yes <input type="checkbox"/> No		53b. Special Study Block				
54. Narrative Description (Be specific, and continue on separate sheet if necessary)								
55. Typed Name & Title				56. Signature			57. Date	
NOTE: This report is part of the reporting railroad's accident report 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 FOR COMPLETING BLOCK 33

Only if Types 1 - 6, Item 32 are indicated, mark in Block 33 the status of the warning devices at the crossing at the time of the accident, using the following codes:

1. Provided minimum 20-second warning.
2. Alleged warning time greater than 60 seconds.
3. Alleged warning time less than 20 seconds.
4. Alleged no warning.
5. Confirmed warning time greater than 60 seconds.
6. Confirmed warning time less than 20 seconds.
7. Confirmed no warning.

If status code 5, 6, or 7 was entered, also enter a letter code explanation from the list below:

- A. Insulated rail vehicle.
- B. Storm/lightning damage.
- C. Vandalism.
- D. No power/batteries dead.
- E. Devices down for repair.
- F. Devices out of service.
- G. Warning time greater than 60 seconds attributed to accident-involved train stopping short of the crossing, but within track circuit limits, while warning devices remain continuously active with no other in-motion train present.
- H. Warning time greater than 60 seconds attributed to track circuit failure (e.g., insulated rail joint or rail bonding failure, track or ballast fouled, etc.).
- J. Warning time greater than 60 seconds attributed to other train/equipment within track circuit limits.
- K. Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit.
- L. Warning time less than 20 seconds attributed to train operating counter to track circuit design direction.
- M. Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed.
- N. Warning time less than 20 seconds attributed to signal system's failure to detect train approach.
- P. Warning time less than 20 seconds attributed to violation of special train operating instructions.
- R. No warning attributed to signal system's failure to detect the train.
- S. Other cause(s). Explain in Narrative Description.

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 2 hours 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.

**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	Accident/Incident No.	Location of Accident/Incident (State, nearest city/town)
		mo day year		
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	
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

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:

(Continues statement on separate sheet if necessary and mail with 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.

Date Mailed/Hand Delivered to FRA:

Signature

Date Signed

Date Mailed/Hand Delivered to Railroad:

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.

EMPLOYEE HUMAN FACTOR ATTACHMENT

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB No. 2130-0500

Name of Reporting Railroad	Railroad Accident/Incident No. (Block 1b, FRA F 6180.54)	Date of Accident/Incident (mo/day/year)
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The railroad has determined that (check only one)

- a. One or more railroad employees was the primary or a contributing cause of the accident.
- b. One or more railroad employees was not the primary or a contributing cause of the accident.
- c. It is uncertain whether one or more railroad employees was a primary or a contributing cause of the accident.

If item "b" or "c" was checked, go to the last line of the form. If item "a" was checked, complete the following:

The railroad has identified (check only one)

- 1. All the railroad employees who were the primary cause or a contributing cause of the accident/incident.
- 2. Some, but not all of the railroad employees who were the primary cause or contributing cause of the accident/incident.
- 3. None of the railroad employees who were the primary cause or a contributing cause of the accident/incident.

If item "3" above was checked, go to the last line of this form.

If item "1" or "2" was checked, complete the following for each employee identified as the primary cause or a contributing cause of the accident/incident. Attach additional pages if needed.

Name of Railroad Employee (last, first, middle)	Job Title	Railroad Code of Employing Railroad	Cause Code(s) Applicable to this Employee
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Describe why the employee was the primary cause or contributing cause of the accident/incident.

Did the employee die as a result of the accident/incident? Yes No

Typed Name and Title	Signature	Date
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Note: 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).

Note: Under 49 C.F.R. 225.29, any person who violates any requirement of 49 C.F.R. Part 225 or causes the violation of any such requirement is subject to a civil penalty. Penalties may be assessed against individuals only for willful violations. A person may also be subject to criminal penalties provided for in 49 U.S.C. 21311.

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 15 minutes 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.

INSTRUCTIONS FOR COMPLETING FORM FRA F 6180.81 “EMPLOYEE HUMAN FACTOR ATTACHMENT”

Requirements

If, in reporting a rail equipment accident/incident on Form FRA F 6180.54, a railroad cites an employee human factor as the primary cause or a contributing cause of the accident, the railroad that cited such employee human factor must complete Form FRA F 6180.81, entitled “Employee Human Factor Attachment.”

The Form FRA F 6180.81 must be attached to its related Rail Equipment Accident/Incident report.

This Form is only used in connection with a reportable rail equipment accident/incident where Form FRA F 6180.54 submitted to FRA identifies an employee human factor as either the primary cause or contributing cause of the accident.

General Instruction

Each employee identified on Form FRA F 6180.81 must be notified that he or she has been identified as a possible primary or a contributing cause of an accident. That notification is to be given on Form FRA F 6180.78. Instructions for completing Form FRA F 6180.78 are noted on the attachment to that form. You also may wish to refer to the [FRA Guide for Preparing Accident/Incident Reports](#), or FRA’s website at www.FRA.DOT.GOV for completion of that form.

FREQUENTLY ASKED QUESTIONS

Q. Under what circumstances must the reporting railroad complete a Form FRA F 6180.81?

A. This form should be completed only when a railroad, in reporting a rail equipment accident/incident to FRA assigns any of the cause codes listed under “Train Operation”-Human Factors as listed in Appendix C to the [FRA Guide for Preparing Accident/Incident Reports](#) as the primary cause or a contributing cause of the rail equipment accident/incident.

Q. What is the definition of a “railroad employee” for purposes of completing this form?

A. “Railroad Employee” means Worker on Duty-Railroad Employee (Class A), Railroad Employee not on Duty (Class B), Worker on Duty-Contractor (Class F), and Worker on Duty-Volunteer (Class H). See 49 C.F.R. 225.5, 225.12.

Q. What is the definition of “the primary cause or a contributing cause”?

A. The “primary cause or a contributing cause” is an act, omission, or physical condition such as alcohol intoxication, fatigue, or legal or illegal drug use that was the main cause or a contributing cause of the accident/incident. If an employee was intoxicated or fatigued, but the accident would have happened anyway and with the same degree of severity, then the intoxication, fatigue is not the primary or a contributing cause. If the employee’s act, omission, or physical condition only remotely contributed to the accident/incident, this is still a contributing cause of the accident.

Q. Should I send a Form FRA F 6180.78 to an employee’s home if the employee died as a result of the accident?

A. No. A Notice for an employee must not be sent if that employee has died as a result of that accident. A Notice is not required and is not recommended for an employee who has died due to any cause by the time that Notice is ready to be sent.

Q. What should I do if the railroad alleges an employee from another railroad is the primary cause or a contributing cause of the accident?

A. You should notify the employee’s railroad that the reporting railroad alleges that the primary or a contributing cause of the accident was that employee. The employee’s railroad should then promptly provide to the reporting railroad the name, title, address, and medical status of that employee.

Q. What if the reporting railroad cannot initially identify an employee as the primary cause or a contributing cause of an accident but subsequently does identify such employee?

A. The reporting railroad should prepare a revised form FRA F 6180.81 and forward it to FRA. In addition, the reporting railroad, will have **15 days** from the date of the revised form to send an FRA F 6180.78 to that employee.

Q. May a reporting railroad ever defer notice to an employee?

A. Yes. Particularly if the employee was seriously injured, a railroad may defer notice to the employee.

Q. Must the reporting railroad attach a Form FRA F 6180.81 to the Form FRA F 6180.54 if the reporting railroad has scheduled or is conducting a formal investigation of the accident to determine if it was caused by human factor, but the investigation is not concluded before the filing of the regular monthly report?

A. Yes. The reporting railroad must nevertheless attach the FRA F 6180.81 to the Form FRA F 6180.54. Moreover, when completing the 6180.81 in this situation, the reporting railroad should in the “Brief Description” block, explain that the employees have not been named because the railroad is still conducting a formal investigation. Indicate whether the formal investigation is currently in progress or the date that it is scheduled to begin. Once the investigation is completed, the reporting railroad must file a “corrected copy” of the Form FRA F 6180.81 for each implicated employee.

Q. When must the reporting railroad notify the implicated employee?

A. A Notice for an employee must be sent within **45 days** from the end of the month in which the accident occurred, unless the employee has died, or in the reporting railroad’s discretion, the reporting railroad should defer notice.

INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB No. 2130-0500

1. Date of Accident/Incident (YY/MM/DD)		2. Time of Accident/Incident		AM	✓
3. Name of Railroad		4. Incident Number			
5. Other Railroad or Entity		6. Incident Number			
7. Railroad or Other Entity Responsible for Track Maintenance		8. Incident Number			
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other)					
10. Number of Hazmat Cars Damaged or Derailed		11. Number of Hazmat Cars Releasing Product			
12. Subdivision	13. Nearest City/Town		14. County	15. State	
16. Milepost (to nearest tenth)	17. Specific Site				
18. Speed		Actual	19. Train/Job Number		
		Estimated			
20. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)			21. Type of Track (Main, Yard, Siding, Industry)		
22. Total Locomotive Units in Train	23. Total Locomotives Derailed		24. Total of Cars in Equipment Consist	25. Total Cars Derailed	
26. Equipment Damage (in dollars)			27. Track, Signal, Way & Structure Damage (in dollars)		
28. Primary Cause			29. Contributing Cause		
30. Casualties	Nonfatal	Fatal		Nonfatal	Fatal
Worker on duty – railroad employee			Worker on duty - contractor		
Railroad employees not on duty			Contractor - other		
Passengers on trains			Worker on duty - volunteer		
Nontrespassers/on railroad property			Volunteer - other		
Trespassers			Nontrespassers/off railroad property		
31. Narrative Description (Be specific, and continue on separate sheet if necessary)					
<p>32. Was this accident/incident reported to the FRA? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>33. Name of Railroad Official 34. Signature 35. Telephone Number 36. Date initially signed/completed</p>					
<p>NOTE: This report is part of the reporting railroad's accident report 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).</p> <p>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 30 minutes 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.</p>					

RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB No. 2130-0500

1. Railroad		2. Case/Incident Number				
EMPLOYEE INFORMATION						
3. Last Name, First Name, Middle Initial		4. Date of Birth	5. Sex (M/F)	6. Employee ID Number		
HOME ADDRESS:	8. Street Address <i>(include Apt. No.)</i>	9. City	10. State	11. ZIP		
ESTABLISHMENT/ FACILITY WHERE EMPLOYEE NORMALLY REPORTS:		12. Home Telephone No. <i>(include area code)</i>				
18. Job Title		19. Department Assigned To				
ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION						
LOCATION WHERE ACCIDENT/ INCIDENT/ EXPOSURE OCCURRED:	20. Specific Site					
	21. City	22. County	23. State	24. ZIP		
25. Is this on your premises?	26. Date of Occurrence	27. Time Shift Began	AM	28. Time of Occurrence	AM	29. Was person on duty?
Yes <input type="checkbox"/> No <input type="checkbox"/>		PM		PM		Yes <input type="checkbox"/> No <input type="checkbox"/>
COMPANY NOTIFICATION:	30. Date that Employee Notified Company Personnel of Condition	31. Time that Employee Notified Company Personnel of Condition	AM	32. Person Notified		
33. Describe the general activity this person was engaged in prior to injury/illness.						
34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred. Include a discussion of the sequence of events leading up to it, and the tools, machinery, processes, material, environmental conditions, etc., involved.						
<p>NOTE: This report is part of the reporting railroad's accident report 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).</p>						

INJURY/CONDITION INFORMATION

35. Describe in detail the injury/condition that this person sustained. Include a discussion of the body parts affected. If this is a recurrence, list date of last occurrence.

36. Identify all persons and organizations used to evaluate and/or treat condition. (Include facility, provider, and address)

37. Describe all procedures, medications, therapy, etc., used/recommended for the treatment of condition:

38. Check any of the following consequences resulting from this injury/condition:

<input type="checkbox"/> Death. Date of: _____	<input type="checkbox"/> Hospitalization for treatment as an inpatient.
<input type="checkbox"/> Restriction of work. Reportable days of restricted activity: _____ as of: _____	<input type="checkbox"/> Multiple treatments or therapy sessions.
<input type="checkbox"/> Occupational illness. Date of initial diagnosis:	<input type="checkbox"/> Loss of consciousness.
<input type="checkbox"/> Instructions to obtain prescription medication, or receipt of prescription medication.	
<input type="checkbox"/> Missed a day of work or next shift. Reportable days absent from work: _____ as of: _____	
<input type="checkbox"/> Significant injury/illness, one meeting specific case criteria, or a covered data case.	
<input type="checkbox"/> Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc.	
<input type="checkbox"/> Transfer to another job or termination of employment.	

39. If any of the above consequences occurred, the injury/condition is almost always reportable to FRA on Form FRA F 6180.55a. If you believe this case does not meet the reporting criteria, you must give a brief explanation below of the basis for this decision. Was the case reported? Yes No

40. Has this employee been provided an opportunity to review his or her file? Yes No

41. Preparer's Name	42. Preparer's Title	43. Telephone Number	44. Date initially signed/completed
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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 1 hour 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.

ALTERNATIVE RECORD FOR ILLNESSES CLAIMED TO BE WORK-RELATED

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB No. 2130-0500

1. Name of Reporting Railroad		2. Case/Incident Number	
3. Employee's Name (First, middle, last)			
4. Employee's Date of Birth (mm/dd/yy)	5. Employee's Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Employee ID Number	7. Date Employee was Hired (mm/dd/yy)
8. Employee's Home Address (include street address, city, State and ZIP code)			9. Employee's Home Telephone Number (with area code)
10. Name of Facility Where Railroad Employee Normally Reports to Work		11. Location, or Last Known Facility, Where Employee Reports to Work	
12. Job Title of Railroad Employee		13. Department to Which Employee is Assigned	
14. Date on Which Employee or Representative Notified Company Personnel of Condition (mm/dd/yy)		15. Name of Railroad Official Notified	16. Title of Railroad Official Notified
17. Nature of Claimed Illness			
18. Supporting Documentation			
18.a. Custodian of Documents (Name, Title, and Address)		18.b. Location of Supporting Documentation	
19. Narrative			
20. Preparer's Name	21. Preparer's Title	22. Preparer's Telephone Number (with area code)	23. Date initially signed/completed
QUESTIONS AND ANSWERS			
Q1. The only information provided to the railroad was the employee's name and Employee ID Number. Further attempts to complete the other data elements were rejected by the employee and/or his or her attorney. Does this meet FRA requirements?			
A1. Yes. The railroad should continue to complete all the data elements when the information becomes available and should make a good faith effort to obtain the information. However, the railroad is not expected to continue this effort past December 1 of the year that follows the date on which the railroad first received a claim of the illness.			
NOTE: This report is part of the reporting railroad's accident report 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).			
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 75 minutes 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.			

HIGHWAY USER INJURY INQUIRY FORM

DEPARTMENT OF TRANSPORTATION

Federal Railroad Administration (FRA)

OMB No. 2130-0500

PART I – Highway Rail-Grade Crossing Accident/Incident (To be completed by reporting railroad)

1a. Date of Accident/Incident	(mm/dd/yyyy)	1b. Time of Accident/Incident	<input type="checkbox"/> AM <input type="checkbox"/> PM
2a. Name of Railroad		2b. Alphabetic Code	3. Railroad Accident/Incident Number
4. U.S. DOT Grade Crossing Identification Number			
5. Highway Name or Number	6. City (if in a city)	7. County	8. State Abbr.

PART II - Highway User Statement (To be completed by highway user or highway user's representative)

9a. Highway User's Last Name	9b. First Name	9c. Middle Initial	10. Highway User's Age
11. Highway User's Telephone (Primary)	12. Highway User's Telephone (Secondary)	13. Highway User's E-mail Address	
14. Highway User's Mailing Address			
15a. Did you suffer an injury, or injuries, as a result of the highway-rail grade accident/incident described above?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
15b. Narrative Description: If you answered "Yes" to 15a., please describe the nature and severity of your injury, or injuries, the event(s) that caused the injury, or injuries, and any other relevant information. You may continue the Narrative Description on back of form.			
16a. As a result of your injury, or injuries, caused by the highway rail-grade crossing accident/incident, did you (please check all that apply and complete the Narrative Description in 16b.):			
<input type="checkbox"/> (i) Receive medical treatment beyond first aid (i.e. prescription medication or stitches) <input type="checkbox"/> (ii) Lose consciousness <input type="checkbox"/> (iii) Suffer a fractured or cracked bone, or a punctured eardrum diagnosed by a physician or other licensed health care provider <input type="checkbox"/> (iv) Receive transportation from the highway rail-grade crossing accident/incident to a medical facility via emergency medical transportation (EMT) (i.e. ambulance)			
16b. Narrative Description: (1) Describe any medical treatment received as a result of the accident; (2) Provide additional information about the boxes checked in 16a. above; and (3) Provide other related information. You may continue the Narrative Description on back of form.			
17a. Name of Person Completing Part II Check Appropriate Box: <input type="checkbox"/> Highway User <input type="checkbox"/> Highway User's Representative	17b. Highway User's Representative's Name (if applicable): Telephone Number: Relationship:	18. Signature	19. Date
Note: Railroads are required to send this form under 49 CFR 225.			

FORM FRA F 6180.150 (Rev. 08/10) NOTE THAT RAILROAD MUST REPORT ALL REPORTABLE CASUALTIES ON FORM FRA F 6180.55a

OMB approved 12/05/2023, Approval expires 12/31/2026

HIGHWAY USER INJURY INQUIRY FORM
(Continued)

Identifying Information (from first page) :

Date of Accident/Incident (mm/dd/yyyy)	Railroad Accident/Incident Number	
Highway User's Last Name	First Name	Middle Initial

Narrative Description - Continued (If additional space was needed in the Narrative Description boxes (15b. and 16b.), from the other side of this form, please continue the narrative in this box.)

Public reporting burden is estimated to average 50 minutes per response for railroads for their part of this form and 45 minutes for highway users or their representatives for their part of this form. This includes the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. Responses by the railroad are mandatory and responses by highway users or their representatives to this collection of information are voluntary. 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.

THE BELT RAILWAY COMPANY OF CHICAGO

CD-10

REPORT OF INSPECTION MADE OF CAR INT. _____ NO. _____ ON TRACK _____

IN _____ YARD, _____ ILLINOIS

ON THE _____ DAY OF _____, 20_____, AT _____ M.

Is "B" end of car North, South, East, or West _____

Kind of Car: _____ Loaded or Empty _____

Kind of Couplers: A End _____ B End _____

Condition of Couplers: A End _____ B End _____

Height of Couplers: A End _____ B End _____

Kind of Coupling Levers: A End _____ B End _____

Condition of Coupling Levers: A End _____ B End _____

Top or bottom operated coupling levers: A End _____ B End _____

Were Coupling Levers Tested by Operating? _____

Kind of Hand Brake and Condition: _____

Was Hand Brake Tested by Operating? _____

Condition and Kind of Brake Platform: _____

Air Brake Stenciling: _____ Date Built: _____

Condition and Date of Air Hoses: A End _____ B End _____

Condition of: Side Ladders _____ End Ladders _____

Grab Irons _____ Hand Holds _____

Sill Steps _____ Hand Rails _____

Were All Tested and Inspected? _____

Condition and Kind of Running Boards if Applicable: _____

Other parts of Car Inspected and Condition of Same: _____

_____Remarks or Comments: _____

_____We, the undersigned, were present and assisted in making the above inspections, and hereby certify that the facts as stated are true.

