

**INDIANA HARBOR BELT RAILROAD COMPANY**  
**2721 – 161<sup>st</sup> Street**  
**Hammond, IN 46323**

## **INTERNAL CONTROL PLAN**

**For: Federal Railroad Administration Accident/Incident Reporting**

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Attachments:

- Policy Statement as posted on IHB Website and disseminated
- Personal Injuries – Internal Forms
- Unusual Occurrences – Internal Forms

**Policy Statement of the Indiana Harbor Belt Railroad Company  
Concerning Complete and Accurate Reporting of Accidents, Incidents, Injuries and  
Occupational Illnesses Without Harassment or Intimidation**

***POLICY STATEMENT:***<sup>1</sup>

The Indiana Harbor Belt Railroad is committed to the complete, timely and accurate reporting of all accidents, incidents, injuries and occupational illnesses arising from the operation of the railroad to full compliance with the letter and spirit of the Federal Railroad Administration's accident reporting regulations. The IHB is committed to the principle, in absolute terms, that harassment or intimidation of any person that is calculated to discourage or prevent such person from receiving proper medical treatment or from reporting such accident, incident, injury or illness will not be permitted or tolerated and will result in the following disciplinary action against any Employee, Supervisor, Manager or Officer of the railroad committing such harassment or intimidation.

Disciplinary action will be taken, up to and including dismissal against any Officer, Manager, Supervisor or Employee of the railroad committing such harassment or intimidation. Please refer to the Policy and Complaint procedure section for information on how to file a complaint.

***REPORTING GUIDELINES AND REQUIREMENTS:***

**Employee Responsibility**

On the day of the injury or incident, the Employee is required to immediately, verbally advise their direct Supervisor of the occurrence. Employees are then required to complete and file a written Report of Personal Injury, form CT226, with their direct Supervisor before the end of the shift or as soon as possible thereafter. If medical care prevents the Employee from immediately completing an Injury Report, the required report must be completed and filed the next business day. These requirements are contained in:

- 1) Rule R of the current *NORAC Book of Operating Rules*
  - a. Special Instructions R-1, R-2 and R-3 of the current *IHB Timetable*
  
- 2) The "Employee Responsibilities" section of the applicable departmental *Safety Rules and Procedures*
  - a. Rules 1000 – 1004 of the current *IHB Safety Rules and Procedures – Transportation* for Yardmasters, Train Dispatchers, Train and Engine Employees and Switchtender/Operators
  - b. Rules 4000 – 4004 of the current *IHB Safety Rules – Maintenance of Equipment Employees*
  - c. Rules 2000 – 2004 of the current *IHB Safety Rules – Stations and Other Clerical Employees, and*
  - d. Rule 60.5 of the current *IHB Safety Rules and Procedures – Engineering* for Maintenance of Way, Signal and Communications Employees

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<sup>1</sup> 49 CFR Section 225.33(a)(1)

If emergency medical treatment or transportation to a medical facility is required, such care or treatment is to take precedence over written report completion. Timely reporting of accidents, injuries and unsafe conditions by the injured employee is important and necessary for the safety of coworkers and fellow employees.

**Employees who observe any unsafe conditions are to report those conditions immediately to their supervisor.** Each employee is empowered to take immediate action to correct an unsafe condition, if they have the means to safely do so. They may follow up the initial report by making a telephonic report to the “Safety Hotline” at Gibson extension 4965 (219-989-4965).

### **Supervisor Responsibility**

If a Supervisor receives a verbal report of injury, the Supervisor must determine whether or not emergency medical treatment is required, then the Supervisor or his designee is expected to promptly file the information in the reporting system for notification of company personnel. The processing of the initial injury report should occur on the day of receipt or the next possible business day. Completion of Supervisor reports is expected promptly, i.e., within the next business day, but no later than three business days after the reporting of the incident.

### **Posting Requirement**

As required by the Federal Railroad Administration’s Railroad Accident Reporting Final Rule, effective May 1, 2003, all reportable injuries and occupational illnesses are posted within 30 days after expiration of the month during which the injuries and illnesses occurred on bulletin boards throughout the company. This report contains a listing of all reportable injuries and occupational illnesses for the past 12 months. This report remains continuously displayed until replaced each month by the updated report. This listing will contain, at a minimum, the following information:

- Name and address of the establishment
- Calendar year of the cases being displayed
- Incident number used to report the case
- Date of the injury or illness
- Regular job title of employee injured or ill
- Description of the injury or condition
- Number of days employee was absent from work at the time of posting
- Number of days of work restriction at the time of posting
- Date of death
- Annual average number of railroad employees reporting to establishment
- Name, title, telephone number with area code of preparer
- Date report was completed
- When there are no reportable injuries or occupational illnesses associated with an establishment for that month, the listing will make reference to this fact.

An injured employee may obtain any record or report filed with the Federal Railroad Administration pertaining to the employee’s injury or illness upon his/her written request to the Chief Reporting Officer at 2721 – 161<sup>st</sup> Street, Hammond, IN 46323.

An employee, upon written request to the Chief Reporting Officer, 2721 – 161<sup>st</sup> Street, Hammond, IN 46323, may have his/her reportable record of injury or illness removed from the posting.

Supervisor(s) should ensure the postings are available on appropriate employee bulletin boards. Please contact the Chief Reporting Officer, Mr. D.H. Nelson, at (219) 989-4801 if they are not.

***COMPLAINT PROCEDURES:***<sup>2</sup>

*The Federal Railroad Administration requires disclosure to all railroad employees, Supervisors and Management of the railroad's procedures for dealing with complaints of violations of the preceding "Safety Policy":*

Railroad procedures to process a complaint of violation of the Policy:

- 1) Any alleged violation of the Accident, Incident, Injury and Occupational Illness Reporting Policy, or related complaints arising from violation of the above procedures should be reported in writing, if possible, and by phone at (219) 989-4801, if necessary, to the Chief Reporting Officer, 2721 – 161<sup>st</sup> Street, Hammond, IN 46323. IHB will provide "whistle blower" protection to any person making use of this policy.
- 2) Any complaint will be forwarded to the Safety and Security Department and to the appropriate level within the department (generally this will be the next level Manager) where the alleged violation occurred for investigation.
- 3) Railroad procedures to impose the appropriate prescribed disciplinary actions on each employee, Supervisor, Manager or Officer of the railroad found to have violated the Policy:
  - a. If the investigation confirms that a violation has occurred, disciplinary action that is deemed appropriate by Management, up to and including dismissal, may be taken and a record of this action will be entered into the employee's personal record file.
  - b. Any investigation information or results will be forwarded to the appropriate department head for disciplinary action and corrective action.
- 4) The complainant will be notified of the results of the investigation within 30 days of the complaint being filed.

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<sup>2</sup> 49CFR Section 225.33(a)(2)

### ***DISSEMINATION OF POLICY***<sup>3</sup>

IHB disseminates and communicates this policy, complaint procedures and posting requirements to all employees, Managers and craft employees alike, in the following manner:

- 1) A copy of the Accident, Incident, Injury and Occupational Illness Reporting Policy and Commitment Without Harassment or Intimidation is filed electronically on the IHB's website<sup>4</sup> and made accessible to all employees. This notice clearly outlines the policy on reporting and harassment/intimidation, complaint procedures and posting requirements.
- 2) The "Safety Policy" is posted at all major facilities and outlines the railroad's commitment to the health and safety of employees and encourages the reporting of hazards and incidents.

The preceding Policy Statement and Complaint Procedures have been disseminated to all employees, Supervisory personnel and Management.

### ***INTERNAL RECORDING AND REPORTING***

Description of internal forms and the computer reporting system used for the "Collection, Internal Recording and Reporting."

#### **Personal Injuries**

- 1) **CT226 Employee Report of Personal Injury.** On the day of the injury or accident, the employee is required to immediately verbally advise their direct Supervisor of the occurrence. Employees are then required to complete and file a written Report of Personal Injury, form CT226, with their direct Supervisor before the end of the shift or as soon as possible thereafter. If medical care prevents the employee from immediately completing an Injury Report, the required report must be completed and filed the next business day.
- 2) **CT75 Supervisor's Personal Injury Report.** Immediately file page 1. File page 2 of the report within 10 days of the incident.
- 3) **Memo to the Supervisor in Charge of the Personal Injury.** Supervisor's list of forms and a plan of action to complete the inspection of alleged conditions with all required inspections and report of the findings to be faxed to (219) 989-4966.
  - a. **Activity and Train Performance Report**
  - b. **Switch list, Hump list or Industry Switching Report (CT1580)**
  - c. **Consist**
  - d. **Locomotive download** preferably from the lead locomotive(s) involved.
  - e. **CARS 8.5 Derailment/Unusual Occurrence Report** (Immediately if derailment or on track equipment involved)
  - f. **CARS 11.12.9 Electronic Train Record System Sub Menu** if any on track

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<sup>3</sup> 49CFR Section 225.33(a)(2)

<sup>4</sup><http://www.ihbrr.com/bulletins/Policy%20Statement%20of%20the%20Indiana%20Harbor%20Belt%20Railroad%20Company1.pdf>

equipment is involved and/or any train delay or other unusual occurrences are reported or become involved.

- g. **Form 6180.57 Rail/Highway Accidents/Incidents** report if any highway user or trespasser on railroad property is involved.
  - h. **S-87 Switch Inspection Report**
  - i. **CT1560 Car Inspection Report**
  - j. **MW15B MW Roadway/Work Equipment Inspection & Repair Record**
  - k. **S-86 Locomotive Inspection Report**
- 4) **Maintenance**<sup>5</sup>
- a. Personal Injury Reports are maintained in the database for the previous five years as required by the regulations.
  - b. Rail Equipment Accident/Incident Reports are maintained in the database for the previous two years as required by the regulations.
  - c. An Excel spreadsheet is maintained for preparation of the monthly FRA end of month injury listing and bulletin board posting per the provisions of 225.33.
  - d. Reports are made to the relevant state agencies when required.

#### **Claimed Occupational Illnesses**

- 1) **6180.107 Employee Report of Occupational Illness.** Form 107 is generated by the Claim Department on the day the Railroad has first knowledge of an alleged occupational illness/incident for each illness that is claimed to be work related. The Claim Agent will immediately gather all the pertinent (including supporting medical) data.
  - a. To the extent that the information is reasonably available, for each illness claimed:
    - i. For which there is insufficient information to determine whether the illness is work-related:
    - ii For which the railroad has made a preliminary determination that the illness is not work-related; or
    - iii For which the railroad has made a final determination that the illness is not work-related.
- 2) Claims of work-related illnesses will be retained indefinitely. They will be reviewed periodically, but not later than December 1<sup>st</sup> of each year, for the previous two calendar years to determine whether a finding that an incident was not work-related has not been determined to be work-related.
- 3) Any incident determined to be work-related and determined to be reportable will have the designation “illness claimed to be work-related” removed from the report, and it will be turned over to the Chief Reporting Officer for retention and reporting in the normal manner.
- 4) **Maintenance**<sup>6</sup>

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<sup>5</sup> Records are maintained by the Chief Reporting Officer

<sup>6</sup> The custodian of Forms 6180.107 is the Director of Risk Management

- a. Personal Injury Reports are maintained in the database for the previous five years as required by the regulations.
- b. Reports of Occupational illness are maintained in the database for the previous two years as required by the regulations.

**Rail/Highway Accidents/Incidents**

- 1) **6180.57 Rail/Highway Accidents/Incidents** report will be prepared by the on-duty security and property protection department Special Agent. The nearest on-duty Supervisor will be dispatched to the scene of the incident by the Operations Center personnel to ensure the safety of railroad employees and non-railroad personnel. If an on-duty employee injury or other rail accident/incident occurs, then follow the steps in that section as well to protect persons, property and equipment and comply with the report completion requirements of that section, if necessary.
- 2) **The Special Agent will:**
  - a. Meet with any responding Police or Fire Department personnel;
  - b. Secure a copy of any insurance information provided and any reports filed by any responding jurisdictional policing agency, and secure any relevant fire department reports for inclusion in the file.
  - c. Interview crew members about grade crossing warning device functionality and highway motor vehicle or trespasser actions and behavior at the time of the incident.
  - d. Determine if signal department personnel must inspect and/or make emergency repairs to highway grade crossing warning devices for functionality.
- 3) **Special Agent makes a Supervisor’s Report in the Police Department log.**
- 4) **Special Agent supplies a copy of form 57 to either the Operations Center or Trainmaster on duty to complete the CARS 8.5 Derailment/Unusual Occurrence Report** (Immediately if derailment or on track equipment involved)
- 5) **All Rail/Highway incidents are reportable to the FRA.**
- 6) **Maintenance**<sup>7</sup>
  - a. Personal Injury Reports are maintained in the database for the previous five years as required by the regulation.
  - b. Form 57 Rail/Highway Accidents/Incidents reports are maintained in the database for the previous two years as required by the regulations.
  - c. Reports are made to the relevant state agencies when required.

**Railroad Unusual Occurrences**

- 1) **CARS 8.5 Derailment/Unusual Occurrence Report.** On the day of the on-track incident or injury, if one is involved, the employee in charge of the track reports the suspected condition immediately verbally to their direct supervisor of the occurrence. If an employee on-duty injury is suspected, after securing necessary

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<sup>7</sup>Records are maintained by the Chief Reporting Officer

first aid or medical treatment, follow the reporting procedures under the CT226 personal injury heading.

- 2) **Memo to the Supervisor in Charge of the Derailment/Unusual Occurrence Report.** Supervisor's list of forms and a plan of action to complete the inspection of alleged conditions with all required inspections and report of the findings to be faxed to (219) 989-4846.
  - a. **Activity and Train Performance Report**
  - b. **Switch or Hump list or Industry Switching Report (CT1580)**
  - c. **Consist**
  - d. **Crew Interview form DE-Inv-Crew-Intry.pdf**
  - e. **Employee/witness written statements**
  - f. **Locomotive download** preferably from the lead locomotive(s) involved
  - g. **CARS 8.5 Derailment/Unusual Occurrence Report** (immediately if derailment or on track equipment involved)
  - h. **CARS 11.12.9 Electronic Train Record System Sub Menu** if any on track equipment is involved and/or any train delay or other unusual occurrences are reported or become involved.
  - i. **Form 6180.57 Rail/Highway Accidents/Incidents** report if any highway user or trespasser on railroad property is involved.
  - j. **Form MP-200 Mechanical** Report of Accident to Rolling Stock
  - k. **Car Repair Bill** (forms IHB139 or RS 138)
  - l. **S-87 Switch Inspection Report**
  - m. **CT1560 Car Inspection Report**
  - n. **S-86 Locomotive Inspection Report**
  
- 3) **Cost data damages to rail equipment, track, way, signal and other railroad structures determines whether or not an incident/unusual occurrence is reportable to the FRA. Description of the internal procedures used follows.**
  - a. As soon as possible after the incident investigation begins the on scene Supervisors from each department are responsible for compiling and verifying reportable costs:
  - b. Costs estimates should be completed as soon as possible, before the crew goes off duty, if possible, but not later than the end of the month in which the incident occurs.
  
- 4) **Maintenance**<sup>8</sup>
  - a. Rail Equipment Accident/Incident Reports are maintained in the database for the previous two years as required by the regulations.
  - b. Personal Injury Reports are maintained in the database for the previous five years as required by the regulations.
  - c. CARS 8.5 Derailment/Unusual Occurrence Reports are maintained in the IHB mainframe computer until they are no longer needed, except that they are maintained for the previous two years as required by the regulations.

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<sup>8</sup> Records are maintained by the Chief Reporting Officer.

- d. Reports are made to the relevant state agencies when required.

**Description of the internal procedures used for collecting cost data and compiling costs with respect to accident/incident information.**

- 1) The IHB follows the costing instructions contained in “FRA Guide for Preparing Accidents/Incidents Report” (DOT/FRA/RRS-22).
- 2) The IHB accrues costs for all train accidents to determine FRA reportability.
  - a. **Track, Way, Signal and Other Railroad Structure Damage:**  
The track, way, signal and structure damage costs incurred are initially entered into the CARS 8.5 Unusual Occurrence Report, or other associated reporting form. If costs are found to increase or decrease after the original report, they are updated via electronic or hard copy correspondence and are made part of the incident file. As the costs are reported or updated, they are entered into the CARS database and reported accordingly.
  - b. **Equipment Damage**  
The reportable damage costs sustained by the equipment consist are initially entered into the CARS 8.5 Unusual Occurrence Report. If costs are found to increase or decrease after the original report, they are updated via electronic or hard copy correspondence and are made part of the incident file. As the costs are reported or updated, they are entered into the CARS database and reported accordingly.
  - c. As soon as possible after the incident investigation begins the on scene Supervisors from each department are responsible for compiling and verifying reportable costs:
    - i. Mechanical – AAR cost indices are used to estimate freight car and locomotive repairs. These are compiled for the Foreman responding and verified through the Supt. - Transportation & Mechanical Operations.
    - ii. Track and Signal costs associated with damages are based on component costs and labor rates for such standard items as switch repair, tie replacement, etc. The cost data are generated through the payroll system associated with the repair/clean up work order system generated at the time the payroll information is input into the work order system. M of W Supervisor costs for initial inspection and/or repair are also costs that are reported manually in place of the work order.
  - d. **Other Loss or Damage**  
Additional information regarding costs of derailments/unusual occurrences are provided by the following:  
Lading damage – Customer Service or Mechanical Department  
Environmental costs – by a contractor hired to effect the clean up  
Rerailing costs – Mechanical Department  
Miscellaneous, third party costs, etc.

**Forms** listed above that are not on the IHB mainframe can be found on the IHB personal computer system in the following folders:

**U:\IHBSHARE\FORMS**

**U:\IHBSHARE\FORMS\Personal Injury**

**CT226** – CT226.xls

**CT75** – CT75PG1.xls; CT75PG2.xls

**Personal Injury Return** – PIRETURN.xls

**S87** – S87PG1.xls

**CT1560** – CT1560P1.xls; CT1560P2.xls

**MW15B** – MW15B.xls

**S86** – S86.xls

**U:\IHBSHARE\FORMS\Derailment Forms**

DE\_Inv\_Crew\_Intrv.pdf

MP 200-Back.xls

MP 200-M.doc

Each reported incident (unusual occurrence) will receive a unique identifier number assigned by the entry of the incident into the CARS database report. Specific unique numbers are generated for each new incident entered into the database reporting system. Successive incidents will be assigned sequentially ordered numbers, however, the numbers generated relate to all types of incidents and, therefore, a review of assigned numbers will indicate the order in which the incidents were reported by will not necessarily be sequential when reviewing only one type of incident or reporting location.

A hard copy file of each incident will contain all documents received (excluding claims and medical files) pertinent to the reporting of the specific incident and will be filed using the unique sequence identifier number as assigned.

Each reporting incident (unusual occurrence) will be electronically filed using the unique identifier number assigned by the computer as a reference resource number. This electronic file will contain all electronically received or generated reports relevant to the specific incident (exclusive of claims and medical files and correspondence).

Updates, change or any other documents or information pertaining to an individual occurrence will be filed electronically or in hard copy in the same manner.

**The Chief Reporting Officer is responsible for submission of all reportable accidents, incidents, injuries or casualties to the FRA, other railroad supervision as required by FRA regulation and State agencies when required by State regulation.**

## **Regulatory Reporting Requirements (Telephone)**

All other incidents follow IHB established protocols as listed above.

For all deaths and/or serious injuries involving railroad operations, i.e. employee deaths, contractor, invitees, trespassers, including suicides, attempted suicides resulting in injury and grade crossing collisions resulting in death or injury, the following telephonic notifications must be made immediately per the provisions of part 840:<sup>9</sup>

### **For Illinois**

National Response Center (NRC) @ (800) 424-8802

And

Illinois Emergency Management (IEM) @ (800) 782-4971  
@ (217) 782-7860

### **For Indiana**

National Response Center (NRC) @ (800) 424-8802

Both agencies will assign an incident number, a record of which must be maintained by the personal reporting the incident telephonically (person making the call).

- 1) An employee fatality or serious injury to two or more crew members requiring admission to a hospital;
- 2) Damage to a tank car or container resulting in release of hazardous materials or involving evacuation of the general public, or;
- 3) A fatality at a grade crossing.

No later than 4 hours after an incident which does not involve any of the circumstances enumerated above but which results in:

- 1) Damage (based on a preliminary gross estimate) of \$150,000 or more for repairs, or the current replacement cost, to railroad and non-railroad property; or
- 2) Accidents involving joint operations must be reported by the railroad that controls the track and directs the movement of trains where the accident has occurred.

The Operations Center is responsible for notifying the Transportation Superintendent immediately in such events in order to determine whether or not telephonic notification is required to be made.

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<sup>9</sup> 49CFR Section 840.3

**Internal review procedures applicable to accident and incident information collected and reports prepared by various departments engaged in the collecting and reporting of accident and incident information.**

- 1) The FRA Accident/Incident Reporting regulations require the reporting of accidents/incidents that result in the death of or personal injury to one or more persons, or an accident involving on-track railroad equipment and a highway user at a designated highway-rail grade crossing site, or a derailment or collision involving on-track rail equipment. The term “persons” includes employees on duty and employees not on duty but on company property, contractors, volunteers, licensees, invitees, pedestrians, travelers on highways, travelers on grade crossings, trespassers and non-trespassers.
- 2) Supervisors are responsible for the data entry of all accidents/incidents and for the integrity of the data they record to the best of their ability. Additionally, they must make the initial determination of FRA reportability for each accident/incident based on the information contained in the FRA reporting requirements and definitions.
- 3) Unusual Occurrence and Injury reports are distributed as outlined above and receive review by various levels of management within the department(s) involved before being finalized and sent to the Chief Reporting Officer. Updates or changes are communicated to the Chief Reporting Officer.
- 4) Conference calls are held every morning that include operating department personnel and senior level management, at which all injuries that occurred since the last call are discussed. All derailments and unusual occurrences are discussed as the second item on the daily agenda.
- 5) Internal reviews are performed at least annually to review reports and reporting.
- 6) Review and monitoring of injuries and on-track incidents involves ongoing follow-up and review with Supervisors, payroll, risk management, crew management, human resources and other sources to update information regarding possible reportability. In the case of employee injury, efforts are made to determine if any unknown medical treatment has been paid, if any unknown work days were lost by the employee, or if the employee worked restricted activity which may affect reportability.
- 7) Through the monitoring process, files will be updated accordingly. If at any time it is determined that medical treatment and/or work status change has occurred, or that costs have changed relating to an on-track incident, the Chief Reporting Officer will update the file. When a change in reporting status has occurred from non-reportable to reportable, proper reporting will be made to reflect the status change and reports will be provided with the following month’s submission to the FRA and State agencies.
- 8) On-Track incident information is reviewed throughout the reporting process by various levels of all involved departments. Reportability is determined by the Chief Reporting Officer in accordance with FRA Guidelines.
- 9) All reports submitted to FRA are reviewed by the department heads and submitted over the signature of the railroad’s designed Chief Reporting Officer.

**Description of the applicable internal procedures for ensuring adequate communication between the railroad department responsible for submitting accident and incident reports to FRA and any other department within the railroad responsible for collecting, receiving, processing and reporting accidents and incidents.**

- 1) The internal control processes ensuring communication between all departments and sub-departments is thoroughly explained throughout this document and specifically within the sections dedicated to the forms and reporting processes. There is a daily conference call each morning.
- 2) IHB's organization structure in and of itself helps to ensure adequate communication in the overall reporting process. Therefore, communication between Managers submitting incident reports and those responsible for FRA reporting is ensured consistently at all levels on a regular routine basis.
- 3) As a result of the organizational structure, its relative small size as the largest switch carrier in the United States, interaction and communication on reporting issues are ensured and all files, records and correspondence relating to reportable incidents are available in one location.

**Statement of applicable procedures providing for the updating of accident and incident information prior to reporting to FRA and a statement of applicable procedures providing for the amendment of accident and incident information as specified in the “FRA Guide for Preparing Accident/Incident Reports”.**

- 1) Upon receipt of the previously described reports from Supervisors and Managers regarding injuries and accidents, each is reviewed.
- 2) On-Track incidents and injuries are reported from the field as outlined above to the Safety Department. All pertinent documents and correspondence are compiled, reviewed, FRA reportability is determined, and is then electronically filed into AIRG for FRA reporting.
- 3) Prior to submitting FRA monthly submissions, reports are reviewed for accuracy.
- 4) As additional information or reports are received or gathered by the Safety Department, the CARS 8.5 and the AIRG (when reportable) database will be updated. When new or updated data indicates a change in FRA reporting, new or updated reports will be generated and will be included with the next monthly submission. Reports that have been updated will be marked in red as “updated”. Circling the affected data fields with a red pen will indicate updates made on reports. Retained paper and FRA electronic submission files will also be updated.

**Office responsible for auditing the performance of the reporting function and statement of frequency with which audits are conducted and of the site where the most recent audit may be found:**

- 1) Audits conducted will be on file and available for FRA review and photocopying at the following location:

Mr. David H. Nelson  
Chief Reporting Officer  
2721 – 161<sup>st</sup> Street  
Hammond, IN  
46323  
Phone: (219) 989-4801  
Fax: (219) 989-4707

## **Indiana Harbor Belt Railroad Organization Structure**

The Railroad Organization Chart is included as an attachment.

**Officer responsible as custodian of FRA forms 107 Employee Report of Occupational Illness:**

Mr. Mike Kapitan  
Claim Agent  
2721 – 161<sup>st</sup> Street  
Hammond, IN  
46323  
Phone: (219) 989-4709  
Fax: (219) 989-4966

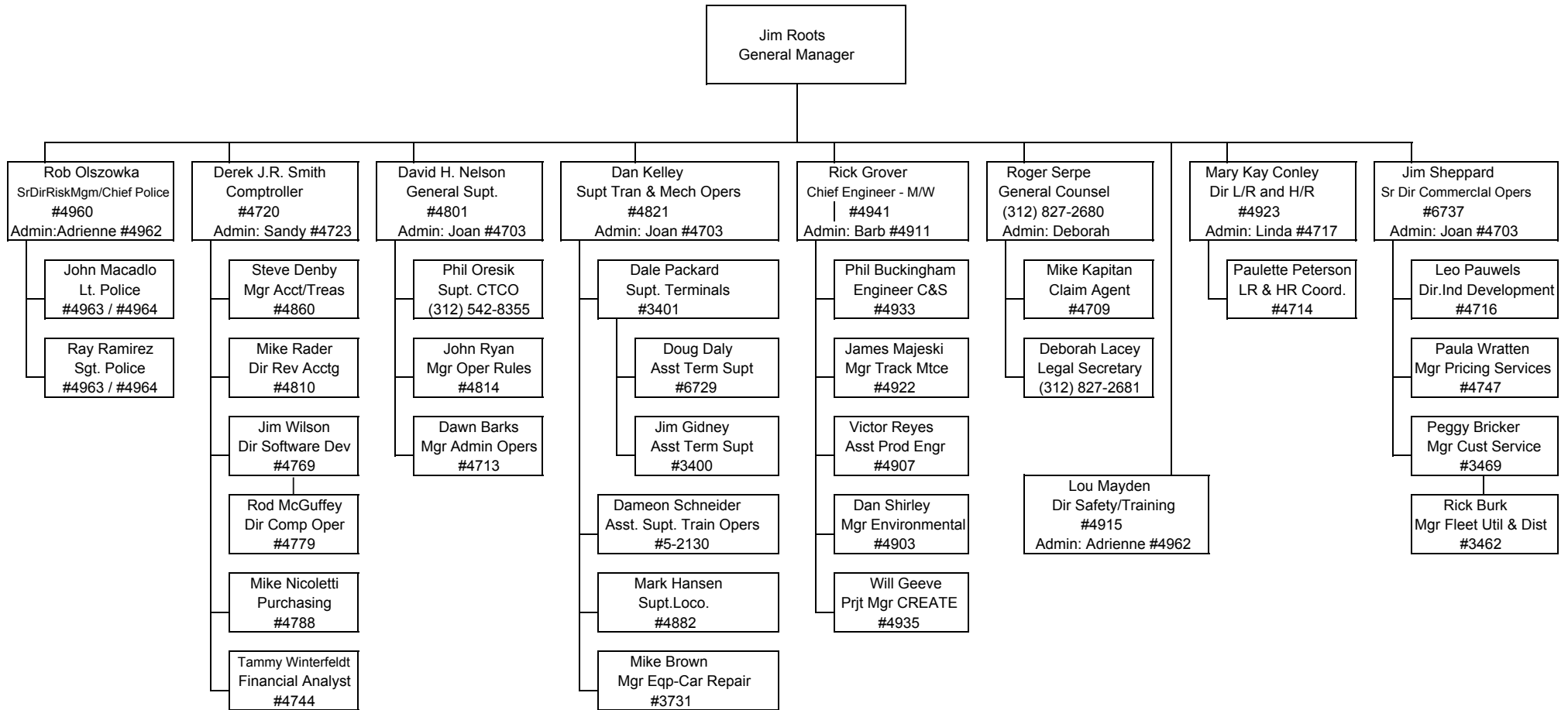
**CONCLUSION**

**The Indiana Harbor Belt Railroad maintains this document and attachments as its Internal Control Plan per FRA Regulations and is committed to its content for the timely and accurate reporting of all accidents, incidents, injuries and occupational illnesses arising from the operation of the railroad and to full compliance with the letter and spirit of the FRA's Accident Reporting Regulations.**

## Records Retention Requirements

<b>RAILROAD ACCIDENTS/INCIDENTS CFR 225</b>		
6180.98 Injury/Illness list	225.27(a)	Five years
6180.97 Initial Rail Equipment	225.27(a)	Two years
6180.78 Employee Human Factor	225.12	Two years
6180.81 Employee Human Factor Employee Statement	225.12	Two years
6180.54 Rail Equipment Accident/Incident	225.27(b)	Two years
6180.55 Railroad Injury & Illness Summary	225.27(b)	Two years
6180.55a Railroad Injury & Illness continuation sheet	225.27(b)	Two years
6180.56 Annual Railroad Report of Man-hours	225.27(b)	Two years
6180.57 Highway-Rail Grade Crossing Accident/Incident Report	225.27(b)	Two years
Internal Control Plan	225.33	Indefinite
Audit of Internal Control Plan	225.33(a)(9)	Two years
6180.107 Employee Report of Occupational Illnesses	225.25	Indefinite

# INDIANA HARBOR BELT RAILROAD



## Employee Report of Personal Injury

To IHB SAFETY & CLAIMS Office Fax #4966

DATA REGARDING INJURED PERSON				
Date of Accident	Time of Accident	Location of Accident	Date & Time Reported	Location Prepared
ID No.	Name of Individual		Social Security No.	
Home Address			Phone Number	
Birthdate	Service Date	If NON-EMPLOYEE	Describe	Marital Status
Job Type	Job #	Occupation		Regular Days Off
Extra Board	Home Terminal	Hour Tour of Duty Began	Person Notified	
DATA REGARDING ACCIDENT				
Nature and Extent of Injury				
Circumstances				
Witnesses				
Disposition Made of Injured Person				
AUTHORIZATION SECTION				
Name of Attending Physician or Surgeon			Report Attached	
Name & Title of Immediate Supervisor at Point of Accident			Phone #	

Employee's Signature \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Distribution: IHB Claim Agent

# Supervisor's Personal Injury Report

Report No. \_\_\_\_\_

u:\hr\share\forms\personal injury\ct75pg1.xls

## DATA REGARDING INJURED PERSON

<b>ID No.</b>	<b>Name of Individual</b>			<b>Class of Person</b>
				<input type="checkbox"/> Employee on Duty <input type="checkbox"/> Employee off Duty <input type="checkbox"/> Carried under Contr. <input type="checkbox"/> Trespasser <input type="checkbox"/> Other Non-Trespasser <input type="checkbox"/> Fgn Empl on Duty
<b>Accident Date</b>	<b>Accident Time</b>	<b>Date Reported</b>	<b>Time Reported</b>	
<b>Occupation</b>			<b>State</b>	<b>Department</b>
			<input type="checkbox"/> Indiana <input type="checkbox"/> Illinois	<input type="checkbox"/> MofW <input type="checkbox"/> MofE <input type="checkbox"/> T & E <input type="checkbox"/> CL <input type="checkbox"/> Other -----
<b>Treatment</b>		<b>Nature of Injury as stated by Employee</b>		
<input type="checkbox"/> None <input type="checkbox"/> 1st Aid <input type="checkbox"/> Prescp <input type="checkbox"/> X-Ray Neg	<input type="checkbox"/> X-Ray Pos <input type="checkbox"/> Treat Relse <input type="checkbox"/> Hosp <input type="checkbox"/> Other			
-----				<b>Location</b>

### Circumstances

--

## INJURY STATISTICS

<b>Injury</b>		<b>Type of Accident</b>		<b>Cause Code</b>	
Prim. Code	Sec. Code				
		<b>FRA Reportable / Number</b>		<b>Joint Facility</b>	<b>Job Number</b>
Injury Type:		<input type="checkbox"/> Fatal <input type="checkbox"/> Perm. <input type="checkbox"/> Killed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Type of Facility</b>		<b>Safety Rule Involved</b>		<b>Weather Conditions</b>	<b>Artificial Light</b>
<input type="checkbox"/> Siding <input type="checkbox"/> Main Yard <input type="checkbox"/> Secndry Trk <input type="checkbox"/> Track	<input type="checkbox"/> Station <input type="checkbox"/> Shop <input type="checkbox"/> Office <input type="checkbox"/> Other	Book: Rule:            Rule: Rule:            Rule: Rule:            Rule:	Daylight <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Temperature</b>
<b>No. Dependents Under Age 18</b>	<b>Gang No.</b>	<b>Home Terminal</b>		<b>Time Duty Started</b>	<b>Rest Days</b>
<b>Safety Equipmnt Worn</b>	<b>Seat Belt Available</b>	<b>Gradecrossing/Warning Devices</b>		<b>Witness (Name) First - Middle - Last</b>	
<input type="checkbox"/> Eye Prot <input type="checkbox"/> Hard Hat <input type="checkbox"/> Gloves <input type="checkbox"/> Safety Shoes <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Worn <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Gates Auto <input type="checkbox"/> Gates Man <input type="checkbox"/> Trail L <input type="checkbox"/> Watchman <input type="checkbox"/> Aud & Vis Man <input type="checkbox"/> Aud Warning <input type="checkbox"/> Vis Warn Only <input type="checkbox"/> Signs Only <input type="checkbox"/> No Protection <input type="checkbox"/> Partial/Total Failure	Phone #: _____ ----- Phone #: _____		
<b>Supervisor (Name) First - Middle - Last</b>				<b>Employee No.</b>	<b>Extension</b>

## Medical Statistics

<b>Hospital or Other Facility Name - City - State</b>	<b>Attending Physician (Name)</b>	<b>Employee Accompanied By</b>	
	Company Doctor <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Doctors Advice:</b>			
Resume Work			
Light Duty			
<input type="checkbox"/> Immediately <input type="checkbox"/> Later			
Employee Agreed			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Reasonable Cause Test</b>	<b>Anticipated Loss of Time</b>	<b>Photos Taken</b>	<b>By Whom</b>

**STATISTICS OF INJURED**

<b>Address: NO. and Street</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home Telephone</b>
<b>Date of Birth</b>	<b>Sex</b>	<b>Marital Status</b>		<b>Social Security #</b>	<b>Entered Service Date</b>

**TRAIN STATISTICS**

<b>Run Number</b>		<b>Train Speed</b>				<b>Direction of Train</b>		<b>Engine Number</b>	
Train #1      Train #2		Actual Trn #1   Trn #2		Authorized Trn #1   Trn #2		Train #1      Train #2		Train #1      Train #2	
<b>Kind of Train</b>		<b>Number of Cars</b>				<b>Tonnage</b>		<b>More Than 2 Trains</b>	
Train #1      Train #2		Train #1      Train #2		Train #1      Train #2		Train #1      Train #2		[ ] Yes [ ] No	
[ ] Outerbelt    [ ] Outerbelt		Loaded _____    Loaded _____		Empty _____    Empty _____					
[ ] Other									
[ ] Yard									
<b>Train #1</b>					<b>Train #2</b>				
Engineman (First - Mid - Last)					Engineman (First - Mid - Last)				
Employee No: _____					Employee No: _____				
Conductor (First - Mid - Last)					Conductor (First - Mid - Last)				
Employee No: _____					Employee No: _____				
Brakeman (First - Mid - Last)					Brakeman (First - Mid - Last)				
Employee No: _____					Employee No: _____				
Other (First - Mid - Last)					Other (First - Mid - Last)				
Employee No: _____					Employee No: _____				

**NOTE: THE FOLLOWING TO BE COMPLETED DAILY FOR ALL CASES**

<b>Date</b>	<b>Ten Day Report</b>	<b>Detail of Work Performed</b>
	1st Day	
	2nd Day	
	3rd Day	
	4th Day	
	5th Day	
	6th Day	
	7th Day	
	8th Day	
	9th Day	
	10th Day	
<b>Regular Days Off</b>		<b>First Day Worked</b>
<b>Committee Report</b>		<b>Pictures</b>
<b>Inspection Report</b>		<b>Days Lost</b>
<b>Train Consist</b>		<b>Light Duty</b>
<b>Percent of Liability</b>		<b>CT-226</b>
<b>Treatment Verification Form</b>		<b>Reason Reportable</b>
<b>Initial Medical Report</b>		<b>FRA Code</b>

Form Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title: \_\_\_\_\_



# IHB Activity & Train Performance Report

Day of Week (4)

Run No. (1)

Initial      
 Engine No. (5)

M O D A Y R

No.

Date (2)

Location (3)

Caboose/Marker/Telem(6)

Pilot  Flagman

Derailment/Damage/Incident/Near Miss/Crossing Blocked 10 Min + (7)

Lunch Not Taken (8) Authorized by \_\_\_\_\_

Employee Name & ID No. (9)	Length of Time Off Duty Prior To This Trip (10)	On Duty Time (11)	Relieved of Train Service Time (12)	Hours of Service Time (13)	Off Duty Time (14)	Straight Time (15)	Over Time (16)	Total Time	Other (17)
1 Engineer									
4 Foreman									
5 Helper									
5 Helper									

Place (18)	Arrival Time (19)		Interchange Time (20)		Departure Time (21)		Picked Up (22)		Set Out (23)		Delays and Comments (24)
	L	E	L	E	L	E	L	E	L	E	

(25) TAXI INFORMATION				
	Taxi 1	Taxi 2	Taxi 3	Taxi 4
Available for Taxi				
Arrival				
Boarded				
Depart				
Arrive Dest.				

Remarks: (26) \_\_\_\_\_

Dispo of Tele/Marker - Yard \_\_\_\_\_ Track # \_\_\_\_\_ Explain Exact Location \_\_\_\_\_

Foreman Signature (27) \_\_\_\_\_ Engineer Signature (28) \_\_\_\_\_

Revised 1-99

**INSTRUCTIONS FOR COMPLETING ACTIVITY & TRAIN PERFORMANCE REPORT**

This report will be filled out by every Foreman & signed by Engineer on yard transfers, outer belts, and by those used as CRO's herders, flagmen, pilots, etc., also by Engineers when used as a pilot where there is no Foreman. **ALWAYS USE MILITARY TIME - SEE CHART BELOW.**

Item 1: Run No. - Fill in run number.

Item 2: Date - show month, day, year in numbers. Example: 01-02-93.

Item 3: Location - Terminal job originates at (BI, NOR, ARG, GIB). Do not use old location number system.

Item 4: Day of Week - Enter SU-Sun, MO-Mon, TU-Tues, WE-Wed, TH-Thur, FR-Fri, SA-Sat.

Item 5: Engine numbers and initials at start of tour. Show all engine changes in "Delays and Comments" as they occur chronologically.

Item 6: Circle Caboose, Marker, or Telemeter. Show initials and numbers. All defects must be shown under "Remarks" (25).

Item 7: Check box and circle the applicable incident. Explain incident with time and car numbers under "Remarks", Item 25.

Item 8: Check box if claiming lunch provision, showing who authorized same.

Item 9: Print first initial, middle initial, last name, and ID Number. If claiming overtime, circle appropriate letter:  
A = 22 1/2 hour rule      B = diversion      C = rest day      D = holiday

Item 10: Length of Time off Prior to This Trip: Show each employee's amount of rest (in hours) from the last run worked (Hours of Service).

Item 11: On Duty Time - Starting time of job and starting time of any crew member that starts at a different time.

Item 12: Relieved of Train Service Time - Report time crew is relieved of train service. Show location and any other forms of transportation to another location and times in Item #18 below.

Item 13: Hours of Service Time - Report the total train service time under the Hours of Service

Item 14: Off Duty Time - Report final tie up time.

Item 15: Report total straight time.

Item 16: Report total overtime.

Item 17: Other - For Flagman and Engineer Instructor use ONLY.

Item 18: Place - Show location (yard, industry, interchange, interlocking, etc.) Also show exact arrival time of taxi, accurate taxi transit times & locations (Use 18-19-21-24-25)

Item 19: Arrival Time - Show time of arrival.

Item 20: Interchange Time - When delivering cars to a foreign line, show actual time of interchange/delivery.

Item 21: Departure Time - Show time of departure.

Items 22 & 23: Picked Up/Set Out - Show how many loads and empties were picked up and/or set out.

Item 24: Delays and Comments - **Be brief and precise.** If industry and/or I/C shown in left-hand column with load/empty count (#22 & 23), leave blank. Report delays, problems, unusual occurrences as required. Keep remarks brief. When possible, limit entire report to one page, using more than one page only when necessary. Do not show normal things, i.e. obtaining information, running around train. List only unusual problems and delays. All taxi times must be shown: arrival, boarded, departed, arrival at final destination.

Item 25: Record all taxi times as indicated.

Item 26: Remarks - If you checked box 7, use remarks to explain circumstances and related information (detailed car numbers, exact track location, cause, etc.) Show final dispo & location of tele/marker. Explain exact location (yard, track, building).

Item 27: Signature - Foreman must sign form when completed. Signature verifies accuracy of this document

Item 28: Engineer must sign this document when completed. Signature verifies accuracy of information applicable to Engineer.

Item 29: Page \_\_\_\_\_ of \_\_\_\_\_ - Show number of pages to this report. If 1 page only, be sure to show Page 1 of 1.

**MILITARY TIME**

12:01 AM - 0001  
1:00 AM - 0100  
2:00 AM - 0200  
3:00 AM - 0300  
4:00 AM - 0400  
5:00 AM - 0500  
6:00 AM - 0600  
7:00 AM - 0700  
8:00 AM - 0800  
9:00 AM - 0900  
10:00 AM - 1000  
11:00 AM - 1100  
12:00 PM - 1200  
1:00 PM - 1300  
2:00 PM - 1400  
3:00 PM - 1500  
4:00 PM - 1600  
5:00 PM - 1700  
6:00 PM - 1800  
7:00 PM - 1900  
8:00 PM - 2000  
9:00 PM - 2100  
10:00 PM - 2200  
11:00 PM - 2300  
11:59 PM - 2359

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING  
ACCIDENT/INCIDENT REPORT

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad			1a. Alphabetic Code			1b. Railroad Accident/Incident No.		
2. Name of Other Railroad Involved in Train Accident/Incident			2a. Alphabetic Code			2b. Railroad Accident/Incident No.		
3. Name of Railroad 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 <input type="checkbox"/> PM <input type="checkbox"/>		
7. Nearest Railroad Station		8. Division		9. County		10. State Abbr.		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		C. Truck-trailer		F. Bus		J. Other motor vehicle		Code
A. Auto		D. Pick-up truck		G. School bus		K. Pedestrian		
B. Truck		E. Van		H. Motorcycle		M. Other (specify)		
14. Vehicle Speed (est. mph at impact)		15. Direction (geographical)		Code		17. Equipment		Code
		1. North 2. South 3. East 4. West				4. Car(s) (moving)		
						5. Car(s) (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		
16. Position				18. Position of Car Unit in Train				
1. Stalled on crossing 2. Stopped on crossing 3. Moving over crossing 4. Trapped				Code				
				19. Circumstance				
				1. Rail equipment struck highway user 2. Rail equipment struck by highway user				
				Code				
20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials?				20b. Was there a hazardous materials release by				
1. Highway user 2. Rail equipment 3. Both 4. Neither				Code				
				1. Highway user 2. Rail equipment 3. Both 4. Neither				
				Code				
20c. State here the name and quantity of the hazardous material released, if any.								
21. Temperature (specify if minus) ° F		22. Visibility (single entry)		Code		23. Weather (single entry)		
		1. Dawn 2. Day 3. Dusk 4. Dark				1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow		
24. Type of Equipment Consist (single entry)		1. Freight train		4. Work train		7. Yard/switching		A. Spec. MoW Equip. Code
		2. Passenger train		5. Single car		8. Light loco(s).		
		3. Commuter train		6. Cut of cars		9. Maint./inspect. car		
25. Track Type Used by Rail Equipment Involved		Code		26. Track Number or Name				
1. Main 2. Yard 3. Siding 4. Industry								
27. FRA Track Class (1-9. X)		28. Number of Locomotive Units		29. Number of Cars		30. Consist Speed (Recorded speed, if available) MPH		Code
						R - Recorded E - Estimated		
31. Time Table Direction		Code		32. Type of Crossing Warning			Code	
1. North 3. East 2. South 4. West				1. Gates 2. Cantilever FLS 3. Standard FLS			33. Signaled Crossing Warning (See reverse side for instructions and codes)	
				4. Wig wags 5. Hwy. traffic signals 6. Audible			Code	
				7. Crossbucks 8. Stop signs 9. Watchman 10. Flagged by crew 11. Other (specify) 12. None			34. Whistle Ban	
							Code	
							1. Yes 2. No 3. Unknown	
35. Location of Warning		Code		36. Crossing Warning Interconnected with Highway Signals			Code	
1. Both sides 2. Side of vehicle approach 3. Opposite side of vehicle approach				1. Yes 2. No 3. Unknown			37. Crossing Illuminated by Street Lights or Special Lights	
							Code	
							1. Yes 2. No 3. Unknown	
38. Driver's Age		Code		39. Driver's Gender			Code	
1. Male 2. Female				40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train			Code	
				1. Yes 2. No 3. Unknown				
41. Driver		Code		42. Driver Passed Standing Highway Vehicle			Code	
1. Drove around or thru the gate 2. Stopped and then proceeded 3. Did not stop				1. Yes 2. No 3. Unknown			43. View of Track Obscured by (primary obstruction)	
							1. Permanent structure 2. Standing railroad equipment 3. Passing train 4. Topography 5. Vegetation 6. Highway vehicles 7. Other (specify) 8. Not obstructed	
44. Driver was		Code		45. Was Driver in the Vehicle?			Code	
1. Killed 2. Injured 3. Uninjured				1. Yes 2. No				
46. Highway-Rail Crossing Users				47. Highway Vehicle Property Damage (est. dollar damage)			48. Total Number of Highway-Rail Crossing Users (include 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?	
							Code	
							1. Yes 2. No	
52. Passengers on Train								
53a. Special Study Block				53b. Special Study Block				
54. Narrative Description (Be specific, and continue on separate sheet if necessary)								
55. Typed Name and 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.

## SWITCH Inspection Report (Personal Injury Involved)

Name of Injured		Occupation	
Accident Date & Time		Accident Location	
Division	Main Line Branch	Sub-Div. No:	
Track Number		RAIL POINTS - Weight, lbs.	
Turnout Number		RAIL POINTS - Section	
Ground Condition		RAIL POINTS - Length, ft.	
SWITCH RODS - Type # 1		RAIL POINTS - Type	
SWITCH RODS - Type #2		RAIL POINTS - Fit	
Surface of Switch		STOCK RAIL - Bend	STOCK RAIL - Condition
Head Blocks		Foot Guards	
Conecting Rods		Switch Plates	
Operation of Switch		Adjustable Braces	
ABBREVIATIONS		SWITCH STAND	
G Good	B Broken	TYPE LATCHES LOCKS FASTENINGS	
P Poor	NA Not Applicable		
L Loose	M Missing		
Remarks of use to report broken or Defective parts not shown above			
Hand Force Measurements by Torque Wrench:			
	Lift Up	Middle	Push Down
Right to Left Operation	_____	_____	_____
Left to Right Operation	_____	_____	_____

Signature & Title (Inspector) \_\_\_\_\_ Date & Time of Inspection: \_\_\_\_\_

Signature & Title (Inspector) \_\_\_\_\_ Signature & Title (Supervisor) \_\_\_\_\_

# CAR INSPECTION REPORT (Personal Injury Involved)

Yard: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Complete areas on form pertaining to injured person, car involved and part(s) of car applicable to the accident.

INJURED PERSON	
Name of Injured	Occupation
Place Accident Occurred	

CAR INVOLVED				
Engine Number	Train Number	Car Initials and Number	Class Of Car	Date Built
Date & Time Arrived	On Track Number	Lading and Condition of Same	Lt. Weight	Ld. Limit
End Involved		"B" End Facing	Condition of Weather at Time of Accident	
[ ] "A" [ ] "B"		[ ] N [ ] S [ ] E [ ] W	[ ] Clear [ ] Cloudy [ ] Raining [ ] _____	
If Carded Bad Order Specify Defect		Date, Time and Location Carded	General Condition of Car	Disposition of Car
Specify U. S. Standard Safety Appliances Missing or Defective and Locations of Same				All Tested
				[ ] Yes [ ] No
Ladder Location Where Accident Occurred	Height From Rail To Bottom of Sill Steps		Hand Hold Distance To Roof Edge	
	BR BL AR AL		BR BL AR AL	
<b>BRACKES</b>				
Brakes - Kind	Location	Condition	Condition of Brake Step	Air Brake Type
Name of Hand Brake Manufacturer		Brake Equipped w/ Trip Handle Release	Hand Brake Type Designation	Hand Brake Chain Length
		[ ] Yes [ ] No		In.
Condition of Hand Brake		# of Wraps to Set Brakes	Condition of "A" End	Condition of "B" End

UNDERFRAME ASSEMBLY					
End Sill Condition		Width End Sill Platform		Type of Running Boards	Coupler - Condition
"A" End	"B" End	"A" In.	"B" In.	"A" "B"	"A" "B"
Coupler - Kind		Coupler Levers Test By Operating		Coupler - Height to Center	Coupler - Lateral Play
		[ ] Yes [ ] No		"A" In. "B" In.	"A" In. "B" In.
Gauge From Knuckle Lug To Guard Arm		Levers Opened Knuckles Properly		Knuckle - Kind	Knuckle Condition
		[ ] Yes [ ] No Why?		"A" "B"	"A" "B"
Condition of Draft Rigging Parts "A" End		Condition of Draft Rigging Parts "B" End		Buffer - Kind	Buffer - Condition
				"A" "B"	"A" "B"

Remarks or Use to Report Broken or Defective Parts Not Shown Above

Use Back of This Page if More Space is Necessary

Car Inspected at: _____	Date & Time of Inspection: _____
Signature & Title _____	Signature & Title _____
Signature & Title _____	Signature & Title _____

Yard: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

*Complete areas on form pertaining to injured person, car involved and part(s) of car applicable to the accident.*

<b>UNDERFRAME ASSEMBLY</b>			
<b>Width End Sill Platform</b>		<b>Condition</b>	
"A" End	"A" End		
"B" End	"B" End		
<b>BUFFER - Kind</b>	<b>Height to Center</b>	<b>Condition</b>	
"A"	"A"		
"B"	"B"		
<b>Condition of Other Draft Rigging Parts "A" End</b>		<b>Condition of Other Draft Rigging Parts "B" End</b>	
<b>COUPLERS - Kind</b>	<b>Condition</b>	<b>Gauge Between Knuckle Lugs &amp; Guard Arm</b>	<b>Lateral Play</b>
"A"	"A"	"A" In	"A" In.
"B"	"B"	"B" In	"B" In.
<b>Coupler Levers Test By Operating</b>	<b>Levers Opened Knuckles Properly</b>	<b>Type</b>	<b>Condition</b>
[ ] Yes	[ ] Yes	"A"	"A"
[ ] No	[ ] No Why? _____	"B"	"B"
<b>SUPERSTRUCTURE</b>			
<b>Location</b>	<b>Wheel No.</b>	<b>Kind</b>	<b>Condition</b>
Step Trds			
Platform			
Trap Door			
Foot Plate			
Housing Plate			
<b>Condition of Seats</b>		<b>Condition of Working Parts</b>	
<b>Remarks of use to report broken or Defective parts not shown above</b>			

Car Inspected at: \_\_\_\_\_

Signature & Title \_\_\_\_\_ Date & Time of Inspection: \_\_\_\_\_

Signature & Title \_\_\_\_\_

Signature & Title \_\_\_\_\_

Signature & Title \_\_\_\_\_

# MW Roadway/Work Equipment Inspection and Repair Record

Region	Gang #	Division	Date
Hourmeter	Type of Unit	Running #	Model
Field or Shop Inspection			
Inspector & Title _____			<b>Inspection Symbols</b> / = OK N = New Parts Required - = Not Applicable R = Repairs Required A = Adjust IN (In Service) = Yes or No
<b>POWER TRAIN</b>	Switches	Alignment	Seals
Transmission	Condenser	Tension	<b>LUBRICATION</b>
Seals	Horn	<b>CRANES</b>	Grease Fitting
Clutch	Windshield Wipers	Cables	Engine Oil
Thowout brg	<b>COOLING SYSTEM</b>	Sheaves	Hydraulic Oil
Pressure Plate	Radiator	Drum	Transmission
Drive Shaft	Water Pump	Swing Clutches	Differential
U-joints	Water/Heater Hose	Travel Clutch	Wheel Bearings
Differential	Anti-freeze/Coolant	Magnet Gene	<b>FUEL SYSTEM</b>
Forward-Rev. Gear Box	Thermostats	Bull Gear	Tank
Transfer Case	<b>BRAKE SYSTEM</b>	Hoist Brake	Fuel Pump
<b>HYDRAULIC SYSTEM</b>	General	Swing Brake	Fuel Lines
Motors	Master Cylinder	Tag Line Assy.	<b>FILTERS</b>
Valves	Wheel Cylinder	Holding Line Brake	Engine Oil
Pumps	Brake Linings/Shoes	Hoist Clutch	Hydraulic Oil
Cylinders	Air Compressor	<b>STRUCTURAL</b>	Air
Pressure Setting	Air Reservoir	Welding	Fuel Filters
Hoses	Air Chambers	Windows	<b>EXHAUST SYSTEM</b>
Tubing	Emergency Brake	Steps & Grab iron	Gaskets
Seals	Adjustment	Doors & Locks	Exhaust Pipes
Fittings	Brake Fluid Lines	Curtains	Muffler
<b>ELECTRICAL SYSTEM</b>	Hoses	Paint	Rain Cap
Starter	Bleeder Valve	<b>RUNNING GEAR</b>	<b>CRAWLER ASSEMBLY</b>
Generator	Hydrovacs	Axles	Rollers
Battery	<b>BELT DRIVES</b>	Wheels	Sprockets
Motors	Belts	Tires	Pins & Bushings
Wiring	Pulleys	Hy-Rail Attachment	Grouser Pads
Lights	Alignment	Alignment	Track Frame
Gauges	Tension	Insulation	Springs
Points	<b>CHAIN DRIVES</b>	Bearings	Final Gear
Spark Plugs	Chains	Springs	Steering Clutches
Coil	Sprockets	Steering	<b>TURNTABLE</b>
<b>SPECIFICATIONS: (Circle)</b>			
Transmission:	Std.	Auto	Hydrostatic
Brake System:	Manual	Air	Hydraulic
Air Cleaner:	Oil	Dry	
Cooling:	Air	Liquid	
Engine:			
<b>FILL IN</b>			
Electrical System Voltage	Engine Manufacturer		
Battery Type	Engine Model		
Belt Sizes	No Cylinders		
Air Comp (Engine) Output - Type	Starter No.		
Chain Sizes	Generator No.		
Air Cleaner Element No.	Alternator No.		
Oil Filter No.	Voltage Reg. No.		
Fuel Filter No.			
Remarks:			

Signature and Employee # \_\_\_\_\_

## LOCOMOTIVE INSPECTION REPORT (Personal Injury Involved)

Name of Injured			Occupation					
Accident Date & Time			Accident Location					
<b>LOCOMOTIVE INVOLVED</b>								
Locomotive #	Train Symbol	UNITS				END INVOLVED		
		a.	b.	c.	d.	e.	f.	[ ] "F"
								[ ] "Rear"
"F" end facing				Side Involved		Ladder & Hand Holds of proper clearance		
[ ] North		[ ] East		[ ] South		[ ] West		[ ] Yes
				[ ] Left		[ ] Right		[ ] No
Safety Appliances Need Repair?		# YES, specify appliances				Last P.M. date & location		
[ ] Yes [ ] No								
[ ] No								
<b>Hand Brakes</b>								
Kind	Location	Condition	Is brake equipped with trip hand release		Last Inspection			
			[ ] Yes					
			[ ] No					
Last Inspection	Chain of proper length?	Length	No. of wraps to set brakes		Condition of Chain			
	[ ] Yes	Inches						
	[ ] No							
<b>BRAKES</b>								
Type	Independent brake valve Application of: _____ lbs. in _____ sec.							
	Release of 0 lbs. in _____ sec.							
Automatic Brake Valve Service reduction from _____ lbs. to _____ lbs.			Emergency application of _____ lbs. in _____ sec.					
Application of _____ lbs. in _____ sec.			Release to 0 lbs. in _____ sec.					
Release to _____ lbs.								
Main reservoir pressure _____ lbs.	Main reservoir safety valve _____ lbs.		Brake pipe pressure _____ lbs.					
Cut in _____ lbs. Cut out _____ lbs.								
Brake cylinder piston travel:			Last Inspection Date		Condition of brake rigging:			
L #1 _____ #4 _____	R #1 _____ #4 _____				Truck #1 _____			
#2 _____ #5 _____	#2 _____ #5 _____				Truck #2 _____			
#3 _____ #6 _____	#3 _____ #6 _____							
Equalizing Reservoir Pressure		Application pressure:		Brake Cylinder Pressure:				
Cut in _____ lbs. Cut out _____ lbs.								
<b>Couplers</b>								
Gauge between knuckle lugs & guard arm			Coupler levers tested by operating?		Lever opened knuckles properly?			
"F" End			[ ] Yes		[ ] Yes [ ] No			
"Rear" End			[ ] No		if no why?			
Type and Condition "F" End			Type and Condition "Rear" End					
<b>Operating Conditions</b>								
Bell	Horn	Sanders		Windshield Wipers				
<b>Condition of Windows</b>								
Front	Rear			FRA Glazing?				
<b>Condition of Headlights</b>								
"F" bright:	"F" dim	"Rear" bright		"Rear" dim				
<b>Condition of:</b>								
Speed Recorder	Seats	Walkways		Steps	Cab			
Remarks or use to report broken or defective parts not shown above								

Fire Exting Test Date: \_\_\_\_\_

Inspected At \_\_\_\_\_ Date of Inspection: \_\_\_\_\_ Time of Inspection: \_\_\_\_\_

Signature & Title \_\_\_\_\_ Block Numbers \_\_\_\_\_

Signature & Title \_\_\_\_\_ Block Numbers \_\_\_\_\_

Signature & Title \_\_\_\_\_ Block Numbers \_\_\_\_\_

Signature & Title (Supervisor) \_\_\_\_\_ Smart Phone # \_\_\_\_\_

## ALTERNATIVE RECORD FOR ILLNESSES CLAIMED TO BE WORK-RELATED

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad		2. Case/Incident No.	
3. Employee's Name (First, middle, last)			
4. Employee's Date of Birth (mm/dd/yy)	5. Employee's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Employee Number or Social Security 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 the Log Entry Was Completed (mm/dd/yy)
<b>QUESTIONS AND ANSWERS</b>			
<p>Q1. The only information provided to the railroad was the employee's name and social security 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?</p> <p>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.</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>			

# ***Derailment Investigation & Crew Interview***

*Prepared By:* \_\_\_\_\_ *Title:* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Time:* \_\_\_\_\_ *Hrs.* \_\_\_\_\_ *Train / Yard ID:* \_\_\_\_\_

*Terminal:* \_\_\_\_\_ *Yard:* \_\_\_\_\_ *MP:* \_\_\_\_\_

*Weather:* \_\_\_\_\_ *Temperature:* \_\_\_\_\_ *Degrees* \_\_\_\_\_

*Locomotive/s Initial & No.* \_\_\_\_\_  
\_\_\_\_\_

*Loads:* \_\_\_\_\_ *Empties:* \_\_\_\_\_ *Tons:* \_\_\_\_\_ *Length:* \_\_\_\_\_

*Milepost where lead locomotive stopped:* \_\_\_\_\_ *MP:* \_\_\_\_\_

*Milepost of FIRST CAR that derailed. (PD)* \_\_\_\_\_ *MP:* \_\_\_\_\_

*Loads derailed:* \_\_\_\_\_ *Damaged:* \_\_\_\_\_ *Empties derailed:* \_\_\_\_\_ *Damage:* \_\_\_\_\_

*First car derailed, Initial:* \_\_\_\_\_ *Number:* \_\_\_\_\_ *Type:* \_\_\_\_\_

*Last car derailed, Initial:* \_\_\_\_\_ *Number:* \_\_\_\_\_ *Type:* \_\_\_\_\_

*What was the last milepost you looked your train over:* \_\_\_\_\_

*On Duty Location:* \_\_\_\_\_ *Date:* \_\_\_ / \_\_\_ / \_\_\_ *Time:* \_\_\_\_\_ *Hrs.*

*Engineer:* \_\_\_\_\_ *ID#:* \_\_\_\_\_

*Last Dated Ridden With by RFE:* \_\_\_\_\_ *RFE Name:* \_\_\_\_\_

*Date of last certification:* \_\_\_ / \_\_\_ / \_\_\_

## ***Derailment Investigation & Crew Interview***

**Conductor:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Was Engineer:** \_\_\_\_\_ **or Trainee:** \_\_\_\_\_ **Handling Train?**

**Other:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Other:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Was other railroad involved?** Yes: \_\_\_ No: \_\_\_ **If YES indicate initials of crew:** \_\_\_\_\_

**Train:** \_\_\_\_\_ **Track:** \_\_\_\_\_

**Other railroad notified?** Yes: \_\_\_ No: \_\_\_ **If yes who:** \_\_\_\_\_

**Place "X" in appropriate box**

**Crew was operating:** North: \_\_\_\_\_ South: \_\_\_\_\_ East: \_\_\_\_\_ West: \_\_\_\_\_

**Type of Track:** Main: \_\_\_\_\_ No. Siding: \_\_\_\_\_ Yard: \_\_\_\_\_ Industry: \_\_\_\_\_ Other: \_\_\_\_\_

**Block or signal indication train was operating under at the time of incident:**

**Engineer's estimated speed of train or movement prior to derailment:** \_\_\_ \_\_\_ MPH

**Speed of train at the time of derailment:** \_\_\_ \_\_\_ MPH

**Maximum authorized speed for movement:** \_\_\_ \_\_\_ MPH

**List milepost limits of any temporary speed restriction/s within 2 miles in each direction of the area in question:** \_\_\_\_\_

**Speed limit of restriction/s:** \_\_\_\_\_

**Train or yard movement was:** Ascending grade: \_\_\_\_\_ Descending grade: \_\_\_\_\_

**In a dip:** \_\_\_\_\_ **Cresting grade:** \_\_\_\_\_ **on level track:** \_\_\_\_\_

**Mode train was in:** Buff: \_\_\_ Draft: \_\_\_\_\_ Other: \_\_\_\_\_ **If other explain:** \_\_\_\_\_

**Was there any slack felt on the locomotive?** Yes: \_\_\_ No: \_\_\_ **If Yes was it a**

**Run In:** \_\_\_\_\_ **or Run Out:** \_\_\_\_\_

## ***Derailment Investigation & Crew Interview***

***Was there any abnormal change in speed during, at the time of, or after the derailment? Yes: \_\_\_ No: \_\_\_ If yes, explain: \_\_\_\_\_***

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***Were any irregular conditions felt or seen in equipment? Yes: \_\_\_ No: \_\_\_***

***Did engineer or other crewmember make an emergency application? Yes: \_\_\_\_\_ No: \_\_\_ If yes, explain: \_\_\_\_\_***

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***If Yes, was the two-way telemetry device activated? Yes: \_\_\_ No: \_\_\_***

***Did undesired emergency air brake application occur? Yes: \_\_\_ No: \_\_\_***  
***If Yes, explain cause if known: \_\_\_\_\_***

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● ***How was the automatic brake valve handle positioned following the emergency application?***

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● ***How was the independent brake valve handle positioned following the emergency application?***

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***Did the train separate? Yes: \_\_\_ No: \_\_\_***

***If yes, length of separation in car lengths, or feet: \_\_\_\_\_***

***At any time prior to this incident did your train have an emergency application of the air brakes? Yes: \_\_\_ No: \_\_\_ If yes, explain method of operation and details such as milepost: \_\_\_ Speed: \_\_\_ Throttle Position in Power: \_\_\_ or Throttle Position in Dynamic Braking: \_\_\_\_\_ and description of the move being made. \_\_\_\_\_***

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## ***Derailment Investigation & Crew Interview***

Mode of operation prior to and at the time of derailment.

<b><i>Steady Power:</i></b> _____	<b><i>Throttle Modulation:</i></b> _____	<b><i>Power and Air:</i></b> _____
<b><i>Automatic Brake:</i></b> _____	<b><i>Independent Brake:</i></b> _____	<b><i>Drifting:</i></b> _____
<b><i>Dynamic Brake:</i></b> _____	<b><i>Dyn. Brake &amp; Air:</i></b> _____	<b><i>Flat Switching:</i></b> _____
<b><i>Kicking Cars:</i></b> _____	<b><i>Humping Cars:</i></b> _____	<b><i>Pulling Cars:</i></b> _____
<b><i>Back up Move:</i></b> _____		
<b><i>Other:</i></b> _____		

***If other, explain:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***What type of signals were being used to control the movement?***

***Hand:*** \_\_\_\_\_ ***Radio:*** \_\_\_\_\_ ***Wayside:*** \_\_\_\_\_ ***Other:*** \_\_\_\_\_ ***If other, explain:*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Who was giving signals? Name:*** \_\_\_\_\_

***Occupation:*** \_\_\_\_\_

***What was the last signal given to the engineer before incident?*** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Where was the person giving hand signals positioned?*** \_\_\_\_\_

\_\_\_\_\_

# ***Derailment Investigation & Crew Interview***

## ***Locomotive Information.***

***Throttle position just prior to derailment***

***Power Throttle Number: \_\_\_\_\_ Dynamic Brake Number: \_\_\_\_\_***

***Amperage: \_\_\_\_\_ Kilo pounds in thousands: \_\_\_\_\_***

***Note any throttle changes two miles prior to incident: \_\_\_\_\_***

***Did the engineer check the speed indicator? Yes: \_\_\_\_\_ No: \_\_\_\_\_***

***If yes, location mileposts check was made between: MP \_\_\_\_\_ & MP \_\_\_\_\_***

***The speed recorder checked accurate: \_\_\_\_\_ Fast: \_\_\_\_\_ MPH, Slow: \_\_\_\_\_ MPH, at a running speed of: \_\_\_\_\_ MPH***

***Was sand being used? Yes: \_\_\_\_\_ No: \_\_\_\_\_***

***Condition of sanders: \_\_\_\_\_***

***What was the rail condition as related to adhesion? \_\_\_\_\_***

### ***Locomotive Consist in Detail***

<b><i>Initial</i></b>	<b><i>Number</i></b>	<b><i>Axles On Line</i></b>	<b><i>Off Line</i></b>	<b><i>Download: Yes</i></b>	<b><i>No</i></b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## ***Derailment Investigation & Crew Interview***

List any locomotives that were not loading properly, explain: \_\_\_\_\_  
\_\_\_\_\_

List any locomotives that had traction motors cut out: \_\_\_\_\_  
\_\_\_\_\_

### **Air Brake Information**

***What milepost location was the last automatic brake reduction made?***

***MP: \_\_\_\_\_ . \_\_\_\_ Speed of train at that time: \_\_\_\_\_ MPH.***

***Were the brakes fully charged at the time of this reduction? Yes: \_\_\_\_\_ No: \_\_\_\_\_***

***What was the amount of reduction at this time? \_\_\_\_\_ LBS.***

### **Further Reductions**

\_\_\_\_\_ LBS. \_\_\_\_\_ MPH \_\_\_\_\_ LBS. \_\_\_\_\_ MPH \_\_\_\_\_ LBS. \_\_\_\_\_ MPH

***Total Reduction: \_\_\_\_\_ LBS.***

***Was the automatic brake released prior to or at the time of derailment? Yes: \_\_\_\_\_ No: \_\_\_\_\_***

***If yes, at what milepost location: MP \_\_\_\_\_ . \_\_\_\_ and speed \_\_\_\_\_***

### **Dynamic Brake Information**

***What milepost location was the dynamic brake applied prior to derailment?***

***MP: \_\_\_\_\_ . \_\_\_\_ Speed of train at that time: \_\_\_\_\_ MPH.***

***How was the dynamic brake applied? \_\_\_\_\_***

***How long had the dynamic brake been applied just prior to derailment?***

\_\_\_\_\_ Minutes, for a distance of: \_\_\_\_\_ Feet, or Miles: \_\_\_\_\_ .

## ***Derailment Investigation & Crew Interview***

***Amount of Amperage: \_\_\_\_\_ or Kilo Pounds: \_\_\_\_\_ shown just prior to derailment.***

***List any locomotives that dynamic brakes were inoperative or fluctuating. If fluctuating how much? Explain:*** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Did the dynamic brake warning light come on just prior to derailment?***

***Yes: \_\_\_\_\_ No: \_\_\_\_\_***

***Did the D.B.I. Function properly at the time of emergency?***

***Yes: \_\_\_\_\_ No: \_\_\_\_\_***

**Signature:**

\_\_\_\_\_

**Occupation:**

\_\_\_\_\_

## ***Derailment Investigation & Crew Interview***

### ***Additional Information Supplied By Other Crew Members***

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Did your crew have a job briefing concerning the work being performed?**

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **If yes, where and when was it performed:** \_\_\_\_\_

**Where were you located at the time of the incident?** \_\_\_\_\_

**Did you notice any unusual slack action before the incident? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If yes: was the slack a Run In:** \_\_\_\_\_ **or a Run Out:** \_\_\_\_\_ **Explain:** \_\_\_\_\_

**Were any unusual conditions noted with the equipment or lading just prior to the derailment? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **If yes, explain:** \_\_\_\_\_

**Did incident occur as a result of equipment striking other equipment? Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**If yes, explain:** \_\_\_\_\_

**Did you detect any irregular conditions in the track structure in the area of the derailment?**

**Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_ **If yes, explain:** \_\_\_\_\_

**What was the location name and milepost of the last equipment defect detector?**

**Name:** \_\_\_\_\_ **MP Location:** \_\_\_\_\_

**What information did you receive from the last equipment defect detector?** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

# B

## INDIANA HARBOR BELT RAILROAD COMPANY

MP 200 09-02

### REPORT OF ACCIDENT TO ROLLING STOCK

PAGE \_\_\_\_\_ OF \_\_\_\_\_  
HOLMES CRANE, WRECK  
TRUCK OR TRAIN # M  
(Underline One)  
TRAIN # \_\_\_\_\_

REPORT NO. \_\_\_\_\_  
DATE USED 2003  
ENG(S)# \_\_\_\_\_

DATE \_\_\_\_\_ 2003  
SHOP LOCATION Blue Island  
DATE & TIME  
OF ACCIDENT \_\_\_\_\_ 2003

#### SECTION I - CAUSE OF ACCIDENT

#### SECTION II - LOCATION OF ACCIDENT & RESPONSIBILITY

OCCURRED ON IHB PROPERTY AT \_\_\_\_\_  
(Yard & Track Number)

OCCURRED ON PRIVATE PROPERTY \_\_\_\_\_

\_\_\_\_\_ (Name & Address)  
OCCURRED WITHIN JOINT FACILITY TERRITORY OF \_\_\_\_\_  
(Location and Participating Road)

IF ON PRIVATE PROPERTY, WAS DEFECT CARD SIGNED? \_\_\_\_\_ BY \_\_\_\_\_  
(Yes/No) (Name & Title)

#### SECTION III - WRECK FORCE TIME

ORDERED AT \_\_\_\_\_ READY TO DEPART \_\_\_\_\_ DEPARTED \_\_\_\_\_ ARRIVED AT ACCIDENT \_\_\_\_\_  
TRACK CLEARED \_\_\_\_\_ READY TO DEPART \_\_\_\_\_ DEPARTED \_\_\_\_\_ ARRIVED AT SHOP \_\_\_\_\_  
DISTANCE FROM SHOP TO ACCIDENT \_\_\_\_\_ MILE(S) \_\_\_\_\_ DERRICK CAP. \_\_\_\_\_ WRECKMASTER \_\_\_\_\_  
OPR/DVR \_\_\_\_\_ OPR \_\_\_\_\_ CAR REPAIRMAN \_\_\_\_\_

#### SECTION IV - OUTSIDE CONTRACTOR WRECK FORCE, EQUIPMENT & TIME

COMPANY \_\_\_\_\_ ORDERED \_\_\_\_\_ ARRIVED ACCIDENT \_\_\_\_\_ TRACK CLEARED \_\_\_\_\_  
TYPE & SIZE OF EQUIPMENT \_\_\_\_\_ NO. OF MEN \_\_\_\_\_

#### SECTION V - TRAIN CREW ASSISTANCE

DID TRAIN CREW ASSIST? \_\_\_\_\_ IF YES, CREW SYMBOL \_\_\_\_\_ LOCO.NO. \_\_\_\_\_ ENGR. \_\_\_\_\_  
CONDUCTOR \_\_\_\_\_ ASSISTANCE TIME BEGAN AT \_\_\_\_\_ AND ENDED AT \_\_\_\_\_

#### SECTION VI - FOOD EXPENSE

(Number and cost of meals) \_\_\_\_\_

#### SECTION VII - CARS DAMAGED

RB - Roller Bearing E - Empty L - Loaded  
DEST - Destroyed HLU - Home Load Up HOW - Home on Own Wheels R&R - Repair & Release

Initial	Car Number	Kind	Class or Lot	DEST/HLU HOW/R&R	Load/Empty	Commodity	Light Weight	Date Built Or Rebuilt	Estimated Damage	Time Rerailed

#### SHOW MAJOR ITEMS OF DAMAGE ON REVERSE SIDE OF THIS FORM FOR EACH CAR LISTED

SECTION VIII - ESTIMATED COST Dest. Frog:  Inside #3631922  Outside #3631925  
DAMAGE TO ROLLING STOCK \$ \_\_\_\_\_ COST OF WRECKING \$ \_\_\_\_\_  
WAS CAR(S) DAMAGED UNDER ANY OF THE CONDITIONS REFERRED TO IN PASSENGER RULE 23 OR FREIGHT RULE 95? \_\_\_\_\_  
IF YES, INDICATE  DERAILED  CORNERED  SIDESWIPE  OTHER: \_\_\_\_\_

REMARKS AND PARTICULARS OF ACCIDENT Equip Dest.  LG Wedge #300002  SM Wedge #3018418  
 Wreck Block #3025051  Outrigger Block #3000003

NOTE: LIGHT WEIGHT, DATE BUILT OR REBUILT MUST BE SHOWN FOR EACH CAR. ORIGINAL OF THIS REPORT MUST BE FURNISHED TO THE MAINTENANCE OF EQUIPMENT OFFICE. COPY TO BE ATTACHED TO BILLING REPAIR CARD FOR EACH CAR INVOLVED.

SIGNED \_\_\_\_\_ Wreckmaster Phone No. 219-201-3732 Location Blue Island Rip

