

# :: NATIONAL RESPONSE CENTER ::

## :: RAILROAD REPORT (PDF) ::

The PDF Report should not be submitted to the NRC via fax or mail. They were created for use in Training and/or Response Plans, or as a guide when contacting the NRC.

Fields displayed in **RED** are mandatory entries. Please fill out the form as completely as possible.

<b>Is this a DRILL Report ?</b> <input type="radio"/> YES <input checked="" type="radio"/> NO	<b>E-Mail Address:</b> <input type="text"/>
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### REPORTING PARTY

### SUSPECTED RESPONSIBLE PARTY

<b>Phone 1:</b> <input type="text"/> Type: <input type="text"/> Phone Type	<b>Last Name:</b> <input type="text"/>
<b>Last Name:</b> <input type="text"/>	<b>First Name:</b> <input type="text"/>
<b>First Name:</b> <input type="text"/>	<b>Phone 1:</b> <input type="text"/> Type: <input type="text"/> Phone Type
<b>Phone 2:</b> <input type="text"/> Type: <input type="text"/> Phone Type	<b>Phone 2:</b> <input type="text"/> Type: <input type="text"/> Phone Type
<b>Phone 3:</b> <input type="text"/> Type: <input type="text"/> Phone Type	<b>Phone 3:</b> <input type="text"/> Type: <input type="text"/> Phone Type
<b>Company:</b> <input type="text"/>	<b>Company:</b> <input type="text"/>
<b>Org Type:</b> <input type="text"/> Organization Type	<b>Org Type:</b> <input type="text"/> Organization Type
<b>Address:</b> <input type="text"/>	<b>Address:</b> <input type="text"/>
<input type="text"/>	<input type="text"/>
<b>City:</b> <input type="text"/>	<b>City:</b> <input type="text"/>
<b>State:</b> <input type="text"/> Choose State	<b>State:</b> <input type="text"/> Choose State
<b>ZIP:</b> <input type="text"/>	<b>ZIP:</b> <input type="text"/>
<b>Are you calling on behalf of responsible party:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>Are you or your company responsible for Material released:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

### INCIDENT DESCRIPTION

<b>Description of Incident:</b> <input type="text"/>	
<b>Incident Date:</b> <input type="text"/> Day <input type="text"/> Month <input type="text"/> 2017	<b>Time:</b> <input type="text"/> <b>Occurred/Discovered/Planned:</b> <input type="text"/> Choose ODF
<b>Type of Incident:</b> RAILROAD	<b>Incident Cause:</b> <input type="text"/> Choose Cause

### INCIDENT LOCATION

**Location Description:**

**Address Location:**

State:

County:

ZIP:

Nearest City:  Distance from Nearest City:  Units:

Direction:  Range:  Section:  Township:

Latitude: Degrees:  Minutes:  Seconds:  Quadrant:

Longitude: Degrees:  Minutes:  Seconds:  Quadrant:

**RAILROAD DETAILS**

Brake Failure Incident ? :  Yes  No  Unknown

Subdivision:  Mile Post:

Transit Service Restored:    **Passenger Train Route:**  Yes  No  Unknown

**Expect Passenger Train Delay:**  Yes  No  Unknown

How does the Carrier plan to handle the passengers:

**GRADE CROSSING DETAILS**

Grade Crossing Incident ?  Yes  No  Unknown

Type of Vehicle Involved:

Crossing Device:

Device Operational ?  Yes  No  Unknown

DOT Crossing Number:

**Was Federal Post Accident 219.201 Subpart C Testing Performed?**  Yes  No  Unknown

**NUMBER OF JOB TITLES TESTED**

Conductors:

Yard Foremen:

Engineers:

RCL Operators:

Trainmen:

Brakemen:

Titles and Numbers Unknown:

**TRAIN DETAILS**

Railroad Name:  **Train Type:**  **Train Number/Name:**

Number of Locomotives:  Number of Cars:  Number of Derailed:

Train Speed:  Track Speed:  Train Direction:

Railroad Name:  Train Type:  Train Number/Name:

Number of Locomotives:  Number of Cars:  Number of Derailed:

Train Speed:  Track Speed:  Train Direction:

Suspected Non-Compliance with DOT Regulations ? :  Yes  No

### DERAILED DETAILS

Car Number:  Position:   Car  Locomotive Cargo/Contents:

Car Number:  Position:   Car  Locomotive Cargo/Contents:

### ALLISION DETAILS

Allision Involved:  Yes  No  Unkown Structure Type:

Structure Name:  Structure Operational  Yes  No  Unknown

### MATERIAL INVOLVED

#### MATERIAL #1

Material:  CHRIS Code:  CAS Code:

Amount Released:  Units:  Amount in Water:  Units:

#### MATERIAL #2

Material:  CHRIS Code:  CAS Code:

Amount Released:  Units:  Amount in Water:  Units:

#### MATERIAL #3

Material:  CHRIS Code:  CAS Code:

Amount Released:  Units:  Amount in Water:  Units:

#### MATERIAL #4

Material:  CHRIS Code:  CAS Code:

Amount Released:  Units:  Amount in Water:  Units:

#### MATERIAL #5

Material:  CHRIS Code:  CAS Code:

Amount Released:  Units:  Amount in Water:  Units:

### MATERIAL IN WATER INFORMATION

Body of Water Affected:  Offshore:  Yes  No River Mile Marker:

Tributary of:  Water Supply Contaminated:  Yes  No  Unknown

Water Temperature:  Units:

Wave Condition:  Speed:  Units:  Direction:

### SHEEN INFORMATION

Sheen Length:  Units:  Sheen Width:  Units:

Color:  Direction of Movement:

Odor Description:

### IMPACT INFORMATION

Medium Affected:  Detailed Medium Information:

<b>Fire:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Fire Extinguished:</b> <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown
<b>Injuries:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Number of Injuries:</b> <input type="text"/> <b>Number to Hospital:</b> <input type="text"/> <b>Rail Employee Injuries:</b> <input type="text"/> <b>Rail Passenger Injuries:</b> <input type="text"/>
<b>Fatalities:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Number of Fatalities:</b> <input type="text"/> <b>Employee Fatalities:</b> <input type="text"/> <b>Passenger Fatalities:</b> <input type="text"/> <b>Vehicle Fatalities:</b> <input type="text"/>
<b>Evacuations:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Number Evacuated:</b> <input type="text"/> <b>Radius/Area in Miles:</b> <input type="text"/> <b>Who was Evacuated:</b> <input type="text" value="Choose Who was Evacu"/>
<b>Damages:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Damage in Dollars:</b> <input type="text"/>
<b>Road Closed:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Road:</b> <input type="text"/> <b>Major Artery:</b> <input type="radio"/> Yes <input checked="" type="radio"/> No <b>Hours Closed:</b> <input type="text"/> <b>Direction of Closure:</b> <input type="text" value="Choose Closure Directi"/>
<b>Track Closed:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Track:</b> <input type="text"/> <b>Hours Closed:</b> <input type="text"/> <b>Direction of Closure:</b> <input type="text" value="Choose Closure Directi"/>
<b>Passengers Transferred:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
<b>Air Corridor Closed:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Air Corridor:</b> <input type="text"/> <b>Hours Closed:</b> <input type="text"/>
<b>Waterway Closed:</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	<b>Waterway:</b> <input type="text"/> <b>Hours Closed:</b> <input type="text"/>
<b>Environmental Impact:</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	<b>Type of Impact:</b> <input type="text" value="Choose Type of Impact"/>
		<b>Media Interest:</b> <input type="text" value="Choose Media Inter"/>

### WEATHER INFORMATION

**Weather Conditions:**  **Air Temperature:**    
**Wind Speed:**  **Unit:**  **Wind Direction:**

### REMEDIAL ACTION INFORMATION

**Remedial Action Taken:**

Release Secured:  Yes  No  Unknown Release Duration:  Unit:

Rate of Release:  Unit:  Per:

### ADDITIONAL AGENCY INFORMATION

Federal Agency Notified:

State/Local Agency Notified:

State/Local Agency On-Scene:

State Agency's Report Number:

### ADDITIONAL INFORMATION

Additional Information: