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BUSINESS REPLY MAIL

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POSTAGE WILL BE PAID BY THE ADDRESSEE

BROTHERHOOD OF LOCOMOTIVE ENGINEERS
1370 ONTARIO ST
CLEVELAND OH 44113-9802

REMOTE CONTROL LOCOMOTIVE ACCIDENT/INCIDENT REPORT CARD

DATE/TIME_____/_____/_____/_____
date month year time of day (0001-2400)

RAILROAD_____ LOCATION_____/_____/_____
City County State

LOCOMOTIVE NUMBER(S)_____ JOB NUMBER_____

NUMBER OF CARS INVOLVED_____ HAZMAT RELEASE (check one) YES____ NO____

TYPE OF TRACK (check one) YARD TRACK_____ INDUSTRY TRACK_____ MAIN TRACK_____

EVENT

ACCIDENT (check one) COLLISION_____ DERAILMENT_____ COLLISION AND DERAILMENT_____

INCIDENT WITH INJURY (check one) YES_____ NO_____

IF YES, TYPE OF INJURY OR INJURIES (include fatalities) _____

_____

_____

PROBLEM WITH REMOTE CONTROL EQUIPMENT (check one) YES_____ NO_____

WAS THE EVENT REPORTED TO THE RAILROAD? (check one) YES_____ NO_____

HOW DID THE EVENT HAPPEN?

_____

_____

_____

_____

IN YOUR OPINION, HAD THE ENGINEER BEEN OPERATING FROM THE USUAL POSITION WOULD THIS ACCIDENT HAVE OCCURRED?

EXPLAIN._____

_____

NAME_____ Please print (this information will remain confidential)

PHONE NUMBER_____ DIVISION NUMBER_____

Emergency Reporting Telephone Number 1-800-306-5414