

NATIONAL TRANSPORTATION SAFETY BOARD EVIDENCE CONTROL	ACCIDENT NUMBER: HWY13MH003
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For Use In All Modal Investigations

OFFICE HS	DATE OF ACCIDENT 11/15/2012	ACCIDENT LOCATION (City & State) Midland, Texas
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EVIDENCE OBTAINED BY:		
<input checked="" type="checkbox"/> EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION UP	DATE 11/16/2012
<input type="checkbox"/> EVIDENCE RECEIVED FROM:		GROUP
EVIDENCE CONTROL NUMBER HWY13MH003 - VID - 001		
DESCRIPTION (<input type="checkbox"/> BIN ITEM - HAS BEEN SEPARATED <input type="checkbox"/> Wabtec VideoTrax Serial Number KB0816B089		

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME: Cecil	LAST NAME: Copeland
ADDRESS: 1400 Douglas Street Omaha, NE 68179	
PHONE:	EMAIL:
RETURNED <input checked="" type="checkbox"/>	DATE: 12/7/12
CONTACT:	

CHAIN OF CUSTODY

RELEASED BY: FAA N3	RELEASED TO: RE40	DATE: 11/16/12
PURPOSE: evaluation		
RELEASED BY: RE40	RELEASED TO: UPS 1ZA4E7150297201278	DATE: 12/7/12
PURPOSE: return to owner		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		
RELEASED BY:	RELEASED TO:	DATE:
PURPOSE:		



National Transportation Safety Board Image Device Return Form

NTSB Number: HWY13MH003	Date of Event: 11/15/2012
Location: Midland, Texas	Operator: Union Pacific
Vehicle Registration: 7877 (Lead)	Vehicle Type: Locomotive
Date Sent: December 7, 2012	Sent By: Christopher Babcock

Return Address:

Union Pacific Railroad
 ATTN: Cecil Copeland, Operating Practices
 1400 Douglas Street
 MS 1080
 Omaha, NE 68179

Image Device Description

Manufacturer: **Wabtec**
 VideoTrax
 Serial #: **KB0816B089**

Original Media Returned

Yes

No

Not Applicable

Media is:

Device

Separately Enclosed

Shipped Later

Not Applicable

Comments:

Name and Signature of NTSB Specialist

Recorder Specialist December 7, 2012
 Christopher Babcock Title Date

Please sign and FAX this document to: 202-314-6140

Christopher Babcock
 National Transportation Safety Board
 490 L'Enfant Plaza East, SW
 Washington, DC 20594

Please verify that the device (or components thereof), as itemized has been received by signing, dating, and faxing this document. The signed form may be mailed to the above address. If any discrepancies are found, immediately phone the specialist whose name appears above at (202) 314-6500

Name and Signature of Addressee (or representative):

MGR ERC 12-11-12
 Signature Title Date
[Redacted] Name Phone Number Email