NATIONAL TRANSPORTATION SAFETY BOARD

EVIDENCE CONTROL

ACCIDENT NUMBER: HWY13MH003

For Use In All Modal Investigations						
OFFICE	DATE OF ACCIDENT	ACCIDENT LOCATION (C	City & State)			
HS	11/15/2012	Midland, Texas				
EVIDENCE OBTAINED BY:						
EVIDENCE OBTAINED FROM:	LOCATION OR PERSON INFORMATION		DATE			
EVIDENCE RECEIVED FROM:	UP	11/16/2012				
EVIDENCE CONTROL NUMBER			GROUP			
HWY13MH003 - VID - 003						
DESCRIPTION (BIN ITEM - HAS BEEN SEPARATED) Wabtec VideoTrax Serial Number KB0841A017						

OWNER OR OWNER'S REPRESENTATIVE

FIRST NAME:			LAST NAME:			
Cecil			Copeland			
ADDRESS: 1400 Douglas Street Omaha, NE 68179						
PHONE:		EMAIL:				
RETURNED 🛛	DATE: 12/7/12	CONTACT:				
		CHAIN OF	CUSTODY			
RELEASED BY: FAA N3		RELEASED RE40	RELEASED TO: DAT			
PURPOSE: evaluation						
RELEASED BY: RE40		RELEASED	RELEASED TO: UPS 1ZA4E7150299117295 DA			
PURPOSE: return to owner						
RELEASED BY:		RELEASED TO:		DATE:		
PURPOSE:						
RELEASED BY:		RELEASED	TO:	DATE:		
PURPOSE:						
RELEASED BY:		RELEASED	RELEASED TO:			
PURPOSE:						

NTSB EVIDENCE CONTROL FORM VER - 1.0 (05/10)



National Transportation Safety Board

Image Device Return Form

NTSB Number:	HWY13MH003	Date of Event:	11/15/2012
	Midland, Texas	Operator:	Union Pacific
Vehicle Registration:	7653 (Rear)	Vehicle Type:	Locomotive
	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
 Original Media Returned
 Media is:

 VideoTrax
 □ Yes
 □ In Device

 Serial #:
 KB0841A017
 □ No

 □ Not Applicable
 □ Shipped Later

 □ Not Applicable
 □ 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):

7 Jann Date Tifle Signature

Name

Phone Number

Email