



Unusual Occurrence Report

Timely submission of this form is required by Federal Railroad Administration Title 49, Part 225 of the code of Federal Regulations.

- ⇒ **First** Notify the Operations Center at 1-800-424-0217 or ATS 734-2308 immediately when an incident occurs.
- ⇒ **Second** Complete one form for each Amtrak consist involved in the incident.
- ⇒ **Third** Fax to Central Reporting at 1-800-888-2185 within 72 hours of the incident.

Section 1: To be completed by person on damaged equipment:			1. Name of Person Completing Section 1: MICHAEL AIELLO			2. Date of Occurrence: 10/29/2014																																							
3. Time: 10:55 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM		4. Milepost Number (nearest tenth): 100.7		5. Nearest City/Town: GERMANTOWN		6. State: NY		7. County: COLUMBIA																																					
8. Name Other Railroad Involved: N/A			9. Railroad that owns the track AMTRAK		Subdivision HUDSON		10. Timetable Direction: <input type="checkbox"/> N <input checked="" type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W																																						
11. Type of Accident: <input type="checkbox"/> Derailment <input type="checkbox"/> Collision <input type="checkbox"/> Grade Crossing <input type="checkbox"/> Fire <input type="checkbox"/> Obstruction <input type="checkbox"/> Explosion <input checked="" type="checkbox"/> Other (Explain in box 46)																																													
12. Commuter Service <input checked="" type="checkbox"/> N/A <input type="checkbox"/> Caltrain <input type="checkbox"/> Metrolink <input type="checkbox"/> VRE <input type="checkbox"/> Marc <input type="checkbox"/> ConDot						13. Train No. 280		14. Nearest Amtrak Sta.: RHI																																					
15. Type of On-Track Equipment: <input type="checkbox"/> 1 Freight <input checked="" type="checkbox"/> 2 Passenger – Pulling <input type="checkbox"/> 3 Commuter – Pulling <input type="checkbox"/> 4 Work Train <input type="checkbox"/> 5 Single Car <input type="checkbox"/> 6 Cut of Cars <input type="checkbox"/> 7 Yard/Switching <input type="checkbox"/> 8 Light Loco(s) <input type="checkbox"/> 9 Maint./Inspection Cars <input type="checkbox"/> A Spec MofW Equip <input type="checkbox"/> B Passenger – Pushing <input type="checkbox"/> C Commuter – Pushing <input type="checkbox"/> D EMU (Elect multiple unit loco) <input type="checkbox"/> E DMU (Diesel multiple unit loco)																																													
16. Total Locomotives Derailed: 0			17. Total Cars Derailed: 0			18. Was Consist Transporting Passengers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																							
19. No. of Hazmat Cars in Consist: 0		20. No. of Hazmat Cars Damaged/Derailed: 0		21. No. of Hazmat Cars Releasing Product: 0		22. No. of People Evacuated: 0		23. Temp. (F): 58		24. Track No./Name: ONE SOUTH																																			
25. Type of Track: <input checked="" type="checkbox"/> Main <input type="checkbox"/> Yard <input type="checkbox"/> Siding <input type="checkbox"/> Industry				26. Specific Site: MP 100.7 TK 1 HUD			27. Visibility: <input type="checkbox"/> Dawn <input checked="" type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Dark		28. Weather: <input type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input checked="" type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Sleet <input type="checkbox"/> Snow																																				
25A. Type of Rail: <input checked="" type="checkbox"/> Continuous Welded Rail <input type="checkbox"/> Other (Conventional Rail)				30. Type of Territory - Signalization (Mandatory) <input checked="" type="checkbox"/> 1 Signaled <input type="checkbox"/> 2 Not Signaled																																									
29. FRA Track Class (check one box) <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Track Class</th> <th style="text-align: left;">Freight Trains</th> <th style="text-align: left;">Passenger Trains</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> x</td><td>10</td><td>PROHIBITED</td></tr> <tr><td><input type="checkbox"/> 1</td><td>10</td><td>15</td></tr> <tr><td><input type="checkbox"/> 2</td><td>25</td><td>30</td></tr> <tr><td><input type="checkbox"/> 3</td><td>40</td><td>60</td></tr> <tr><td><input type="checkbox"/> 4</td><td>60</td><td>80</td></tr> <tr><td><input checked="" type="checkbox"/> 5</td><td>80</td><td>90</td></tr> <tr><td><input type="checkbox"/> 6</td><td>110</td><td>110</td></tr> <tr><td><input type="checkbox"/> 7</td><td>125</td><td>125</td></tr> <tr><td><input type="checkbox"/> 8</td><td>160</td><td>160</td></tr> <tr><td><input type="checkbox"/> 9</td><td>200</td><td>200</td></tr> <tr><td><input type="checkbox"/> OTHER</td><td></td><td></td></tr> </tbody> </table>				Track Class	Freight Trains	Passenger Trains	<input type="checkbox"/> x	10	PROHIBITED	<input type="checkbox"/> 1	10	15	<input type="checkbox"/> 2	25	30	<input type="checkbox"/> 3	40	60	<input type="checkbox"/> 4	60	80	<input checked="" type="checkbox"/> 5	80	90	<input type="checkbox"/> 6	110	110	<input type="checkbox"/> 7	125	125	<input type="checkbox"/> 8	160	160	<input type="checkbox"/> 9	200	200	<input type="checkbox"/> OTHER			30A. Method of Operations/Authority for Movement [Choose one] <input checked="" type="checkbox"/> 1 Signal Indication <input type="checkbox"/> 2 Direct Train Control <input type="checkbox"/> 3 Yard/Restricted Limits <input type="checkbox"/> 4 Block Register Territory <input type="checkbox"/> 5 – Other than main track					
				Track Class	Freight Trains	Passenger Trains																																							
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<input type="checkbox"/> 6	110	110																																											
<input type="checkbox"/> 7	125	125																																											
<input type="checkbox"/> 8	160	160																																											
<input type="checkbox"/> 9	200	200																																											
<input type="checkbox"/> OTHER																																													
30B. Supplemental /Adjunct Codes (Mandatory if applicable) (Choose no more than three) <input checked="" type="checkbox"/> A Auto Cab Signals <input type="checkbox"/> L Special Instructions (Yard track) <input type="checkbox"/> B Auto Train Control <input type="checkbox"/> M Switch Point Monitoring <input type="checkbox"/> C Auto Train Stop <input type="checkbox"/> N Time Table/Train Orders <input type="checkbox"/> D Automatic block Signal Systems <input type="checkbox"/> O Special Instructions (Siding track) <input type="checkbox"/> E Broken rail monitoring <input type="checkbox"/> P Track Warrant Control <input type="checkbox"/> F Direct Traffic Control <input type="checkbox"/> Q Traffic Control System/CTC (Main track) <input type="checkbox"/> G Interlocking <input type="checkbox"/> R Yard/Restricted Limits <input type="checkbox"/> H Manual Block System <input type="checkbox"/> S Traffic Control System/CTC (Siding track) <input type="checkbox"/> J Positive Train Control <input type="checkbox"/> Z Other (Explain in Box 46) <input type="checkbox"/> K Special Instructions (Main track)																																													
31. Number of Crew Members? Engineers/Operator: 2 Fireman: 0 Conductors: 1 Brakemen: 1				32. Length of Time on Duty? Engineer/Operator: _____ Conductor: _____ Hours: 1 Mins: 55 Hours: _____ Mins: 55																																									
33. List unit number of: first involved in the incident and all units damaged. 700 ψ ψ ψ ψ ψ ψ ψ ψ ψ ψ																																													
Total Locos in Consist: Head 1 Mid 0 Rear 0				Total Cars in Consist: 5		Position of 1 st Involved: 0		Unit Number of first Involved: 700																																					
Section 2: To be Completed by person accountable for damaged equipment:				34. Name of Person Responsible for Submitting Form: RODNEY ANDERSON				35. Date: 10/29/2014																																					
36. Title: CONDUCTOR		37. Telephone No: [REDACTED]		38. Department: <input type="checkbox"/> Mech <input type="checkbox"/> Eng. <input checked="" type="checkbox"/> Oper.		39. Division: ALB		40. Remote Control <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																					
41. Train Speed (MPH): 84 <input type="checkbox"/> Estimated <input checked="" type="checkbox"/> Actual				42. Estimated M/W Damage: N/A		43. Estimated Equipment Damage: N/A																																							
44. Primary Cause (be specific): EMPLOYEE FATALITY							44A. Latitude (+xx.xxxxxx)																																						
45. Contributing Cause (be specific): EMPLOYEE IN GAUGE							45A. Longitude (-xxx.xxxxxx)																																						
46. Narrative, Describe what happened. Provide information you possess. If the information comes from someone else, please identify the person: (continue on separate sheet if necessary) EMPLOYEE IN GAUGE STRUCK BY TRAIN (KLINE, MINWELLA SAP# 00812222)																																													
47. Was a Drug and Alcohol Test Performed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, include a copy of NRPC 2744 Notification of D/A Testing					48. Was the cause or contributing cause a Human factor? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, include NAMES and Employee ID Numbers in Block 46 and submit copy of charging letter(s).																																								

COMPLETE THE REMAINING PORTION IF ACCIDENT / INCIDENT TOOK PLACE AT A GRADE CROSSING

Section 3: To be completed by person on damaged equipment		49. Name of Person Completing Section 3:	
50. DOT-AAR Grade Crossing ID Number: <input type="checkbox"/> Public <input type="checkbox"/> Private		51. Highway or Street Name:	
52. Type of Highway User: A. <input type="checkbox"/> Auto C. <input type="checkbox"/> Truck-Trailer E. <input type="checkbox"/> Van G. <input type="checkbox"/> School Bus J. <input type="checkbox"/> Other Motor Vehicle M. <input type="checkbox"/> Other (Specify) B. <input type="checkbox"/> Truck D. <input type="checkbox"/> Pickup Truck F. <input type="checkbox"/> Bus H. <input type="checkbox"/> Motorcycle K. <input type="checkbox"/> Pedestrian			
53. Estimated Highway User Speed (MPH):	54. Roadway Conditions <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow/Slush <input type="checkbox"/> Ice <input type="checkbox"/> Sand, Mud, Dirt, Oil, Gravel <input type="checkbox"/> Water (Standing, Moving)	55. Highway User Direction <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W	
56. Highway User Position: <input type="checkbox"/> 1 Stalled or Stuck on Crossing <input type="checkbox"/> 2 Stopped on Crossing <input type="checkbox"/> 3 Moving Over Crossing <input type="checkbox"/> 4 Trapped on Crossing by traffic <input type="checkbox"/> 5 Blocked on Crossing by gates			57. Highway User: <input type="checkbox"/> Struck Train <input type="checkbox"/> Struck By Train
58. Railroad Equipment Involved: <input type="checkbox"/> 1 Train (units pulling) <input type="checkbox"/> 2 Train (units pushing) <input type="checkbox"/> 3 Train (Standing) <input type="checkbox"/> 4 Car (s) (Moving) <input type="checkbox"/> 5 Car (s) (Standing) <input type="checkbox"/> 6 Light Loco(s) (Moving) <input type="checkbox"/> 7 Light Loco(s) (Standing) <input type="checkbox"/> 8 Other: <input type="checkbox"/> A Train Pulling – RCL <input type="checkbox"/> B Train Pushing – RCL <input type="checkbox"/> C Train Standing – RCL <input type="checkbox"/> D EMU Locomotive(s) <input type="checkbox"/> E DMU Locomotive(s)			
59. Type of Crossing Warning (Check all numbers that apply): 1. <input type="checkbox"/> Gates 3. <input type="checkbox"/> Standard FLS 5. <input type="checkbox"/> Hwy Traf Sig 7. <input type="checkbox"/> Crossbucks 9. <input type="checkbox"/> Watchman 11. <input type="checkbox"/> Others (explain in box 46) 2. <input type="checkbox"/> Cantilevers FLS 4. <input type="checkbox"/> Wig Wags 6. <input type="checkbox"/> Audible 8. <input type="checkbox"/> Stop Signs 10. <input type="checkbox"/> Flagged by Crew 12. <input type="checkbox"/> None			
60. Signaled Crossing Warning (If items 1, 2, 3, 4, 5, or 6 in Box 59, Type of Crossing Warning are checked, mark the status of the warning device at the time of the accident. Choose one of the following seven status codes.) 1. <input type="checkbox"/> Provide minimum 20 second warning. 5. <input type="checkbox"/> Confirmed warning time greater than 60 seconds. 2. <input type="checkbox"/> Alleged warning time greater than 60 seconds. 6. <input type="checkbox"/> Confirmed warning time less than 20 seconds. 3. <input type="checkbox"/> Alleged warning time less than 20 seconds. 7. <input type="checkbox"/> Confirmed no warning. 4. <input type="checkbox"/> Alleged no warning. If status code 5, 6, or 7 were checked, check one letter code explanation from the list below: A. <input type="checkbox"/> Insulated rail vehicle. J. <input type="checkbox"/> Warning time greater than 60 seconds attributed to other train /equipment within track circuit limits. B. <input type="checkbox"/> Storm/lightning damage. K. <input type="checkbox"/> Warning time less than 20 seconds attributed to signals timing out before train's arrival at the crossing/island circuit. C. <input type="checkbox"/> Vandalism. L. <input type="checkbox"/> Warning time less than 20 seconds attributed to train operating counter to track circuit's design speed. D. <input type="checkbox"/> No power/batteries dead. M. <input type="checkbox"/> Warning time less than 20 seconds attributed to train speed in excess of track circuit's design speed. E. <input type="checkbox"/> Devices down for repair. N. <input type="checkbox"/> Warning time less than 20 seconds attributed to signal system's failure to detect train approach. F. <input type="checkbox"/> Devices out of services. P. <input type="checkbox"/> Warning time less than 20 seconds attributed to violation of special train operating instructions. G. <input type="checkbox"/> 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 not other in-motion train present. R. <input type="checkbox"/> No warning attributed to signal system's failure to detect the train. H. <input type="checkbox"/> Warning time greater than 60 seconds attributed to track circuit failure (e.g. insulated rail joint or rail bonding failure, or ballast fouled, etc.). S. <input type="checkbox"/> Other cause(s) (Explain in box 46)			
61. Location of Warning: <input type="checkbox"/> Both Sides <input type="checkbox"/> Side of Vehicle Approach <input type="checkbox"/> Opposite Side of Vehicle Approach			
62. Crossing warning interconnected with highway signals? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		63. Crossing illuminated by street or special light? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
64. Driver passed standing highway vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		65. Driver drove behind or in front of train and was struck by second train? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
66. Motorist action at crossing: <input type="checkbox"/> 1 Went around the gate <input type="checkbox"/> 2 Stopped and then proceeded <input type="checkbox"/> 3 Did not stop <input type="checkbox"/> 4 Stopped on crossing <input type="checkbox"/> 5 Other: <input type="checkbox"/> 6 Went around/thru temporary barricade <input type="checkbox"/> 7 Went thru the gate <input type="checkbox"/> 8 Suicide/Attempted Suicide			
67. View of track was obstructed by: <input type="checkbox"/> Permanent structure <input type="checkbox"/> Standing RR equipment <input type="checkbox"/> Passing train <input type="checkbox"/> Topography <input type="checkbox"/> Vegetation <input type="checkbox"/> Highway vehicles <input type="checkbox"/> Not obstructed <input type="checkbox"/> Other			
68. Driver was: <input type="checkbox"/> Killed <input type="checkbox"/> Injured <input type="checkbox"/> Uninjured		69. Total number People in the vehicle including the driver: _____ Vehicle occupants injured including the driver: _____ Vehicle occupants killed including driver: _____ People on the train including passengers and crew: _____	
70. Driver's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
71. Injured Person(s) <i>(If multiple injuries continue on a separate sheet if necessary.)</i>	Age	Name	Address
			Telephone Number
72. Was the driver in the vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		73. Were highway users or equipment transporting hazardous materials? <input type="checkbox"/> Yes <input type="checkbox"/> No	
74. Make, model and year of highway vehicle:		75. Estimated dollar damage to highway vehicle:	
76. Video Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No		77. Police Department Name:	78. Police Department Telephone Number: