



**SURVIVAL FACTORS – HIGHWAY GROUP CHAIRMAN’S
FACTUAL REPORT**

**ATTACHEMENT 5: WESTCHESTER COUNTY
EMS AND HOSPITAL INTERVIEWS**

Valhalla, NY

DCA15MH006

(65 pages)

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**Transcript of Interview with Valhalla Volunteer Ambulance Squad
February 6, 2015**

UNITED STATES OF AMERICA
NATIONAL TRANSPORTATION SAFETY BOARD

Investigation of: *
*
METRO-NORTH RAILROAD FATAL TRAIN *
CRASH, VALHALLA, NEW YORK * Docket No.: DCA-15-MR-006
FEBRUARY 3, 2015 *
*

Interview of: (VAC Staff 1) and
(VAC Staff 2)

Valhalla, New York
Friday,
February 6, 2015

The above-captioned matter convened, pursuant to notice.
BEFORE: INTERVIEWER 1 Ph.D. (Interviewer 1)
Survival Factors Investigator

APPEARANCES:

INTERVIEWER 1 Ph.D., Survival Factors Investigator
National Transportation Safety Board

Interviewer 2, Chief Medical Officer
National Transportation Safety Board

INTERVIEW

VAC STAFF 1: -- agencies in the town of Mount Pleasant. They have

UNIDENTIFIED SPEAKER: Four separate ones?

VAC STAFF 2: Separate ones.

VAC STAFF 1: They're all separate.

VAC STAFF 2: We're one of four separate ones.

VAC STAFF 1: We're one of -- one, one of four.

Interviewer 2 What's the acreage or the miles, square miles of --

VAC STAFF 1: So we have -- so the town of Mount Pleasant incorporates Pleasantville, a little bit of Briar Cliff, a little bit of Chappaqua, Sleepy Hollow, Hawthorne, Valhalla.

Interviewer 2 Okay.

VAC STAFF 1: We happen to cover -- and our territory is Valhalla and North White Plains. We actually tip over to North Castle as well. And our square mileage is 15 -- we

cover 1500, or 15,000 as a population -- only because I write all the grants so I can tell you all that. Fifteen or 16 square miles I think is our territory.

Interviewer 2 Okay. So we understood from some other folks that there's like 48 different ones in the county. Is that about the right number?

VAC STAFF 1: Yes. As a matter of fact, if you look downstairs, there's a map just as you go down the bottom of the steps, you can see the whole county.

Interviewer 2 Okay.

VAC STAFF 1: We have two fly cars that run here that are contracted through the town of Mount Pleasant that have ALS, meaning the paramedic, which is who you met downstairs before, and the fly car that sits out there because I like our place the best. We have one that comes 24/7, and we have another one that works 12 hours.

Interviewer 2 And are those paid?

VAC STAFF 1: Those are paid through the town of Mount Pleasant as a contract.

VAC STAFF 2: Contractual service.

Interviewer 2 Okay. And they cover then all four services, but like --

VAC STAFF 1: And they cover all four --

VAC STAFF 2: Yeah, they're paramedic fly cars, so --

Interviewer 2 Okay.

VAC STAFF 2: -- they come with us and they determine whether it's ALS, BLS, and we take it from there.

Interviewer 2 And on average, how many runs are you doing in a year?

VAC STAFF 1: Last year we logged in 717, which is an increase from our 660.

Interviewer 2 And mostly going to Westchester, or mostly -- I'm not sure what other hospitals are around.

VAC STAFF 1: We have half and half. We do White Plains and we do Westchester.

Interviewer 2 Okay.

VAC STAFF 1: For the majority. We do, do a couple extras here and there.

Interviewer 2 Okay. So it's wherever somebody wants to go because they've been there before or --

VAC STAFF 2: Well, except if it's Level 1 trauma --

VAC STAFF 1: Or unless it's --

Interviewer 2 Right.

VAC STAFF 2: -- which is Westchester.

Interviewer 2 Does White Plains have a stroke or cath lab?

VAC STAFF 1: Yes.

Interviewer 2 Okay.

VAC STAFF 1: They have both.

Interviewer 2 Okay. So that gives me a good sense of what's here, and some of this is maybe slightly Greek to some of you guys, but that's good.

INTERVIEWER 1 Yeah, so I guess from there, we'll just have you guys describe, you know, what -- the events of that for this accident, and what you recall, what you did.

VAC STAFF 1: I think we actually have to go back a little bit because --

VAC STAFF 2: We can give them that. They can read it.

VAC STAFF 1: Yeah, I have -- we kind of jotted down some, some numbers. There's patient's info in here. I hope --

Interviewer 2 We have all their names already.

VAC STAFF 1: And some of them may be where we're going by what we got. Some of it's trauma names, some of it's patient names from PCRs, but -- or from the actual -- so, we're not exactly --

INTERVIEWER 1 Do you guys create your own patient records or --

VAC STAFF 1: Yes.

INTERVIEWER 1 -- run sheets, patient run sheets?

VAC STAFF 1: But I don't -- but not everyone transported through us, so that's why I'm saying these are as accurate as we can get over the last 48 to 72 hours.

INTERVIEWER 1 Okay.

Interviewer 2 So, one of the things that we are going to want to obtain are the patient care reports. We have subpoena authority, so if you need a subpoena, we can subpoena them.

VAC STAFF 1: I didn't make enough copies here.

INTERVIEWER 1 Or if I have a -- or else I have a simple letterhead. Usually it's sufficient for -- well, for the patient care reports maybe -- sometimes they need subpoena. But I also have like a -- just a letterhead that describes our authority to ask for information. And it, you know, gives the specific accident number that we're referring to and so forth. So if you need some kind of a request for those --

Interviewer 2 We're a public, designated public health authority, so --

VAC STAFF 1: Under HIPAA. Okay.

Interviewer 2 Right.

VAC STAFF 2: Okay. So, we would -- that would exempt HIPAA, we're not going to get --

Interviewer 2 Yeah, right, right.

VAC STAFF 1: And I --

Interviewer 2 But some people --

VAC STAFF 1: -- we don't have all of them either.

Interviewer 2 -- don't get that we have the authority, just give it to us. So we sometimes subpoena things because it's just easier than arguing.

VAC STAFF 1: We don't have all of them.

Interviewer 2 Right.

INTERVIEWER 1 Right.

VAC STAFF 1: Because we didn't transport all of them.

Interviewer 2 But the ones that you have --

INTERVIEWER 1 Only the ones you guys transported.

VAC STAFF 1: So, I think what we really need to do is --

Interviewer 2 Go back to the earlier accident.

VAC STAFF 1: -- is go back because our initial accident occurred --

INTERVIEWER 1 Oh, did you guys revolve with the MVA to (indiscernible)?

VAC STAFF 1: Yeah, that's where we all started.

VAC STAFF 2: That's where we started.

VAC STAFF 1: So that's why we had --

VAC STAFF 2: So we thought we'd go back to that --

INTERVIEWER 1 Very well.

VAC STAFF 2: -- very first entry, which is the 1731 page.

INTERVIEWER 1 Okay.

VAC STAFF 2: And like I said, if you want to hear the pages, we can play them.

VAC STAFF 1: If you need them.

VAC STAFF 2: If you need them.

VAC STAFF 1: So, he initially – VAC STAFF 2 actually responded with B1 to Lakeview and Taconic, which was one block away. Okay? Which was the crossing bridge before that?

Interviewer 2 Yeah, we've seen it.

VAC STAFF 1: And then another page went out asking for a second ambulance because there was two patients and the first one was pretty critical and required a second ambulance, which then we actually responded to. And so, that's here. There was a little bit of a moving of our own personnel. I initially drove one ambulance, but then I drove his ambulance when he was in the back with a trauma. So it's a little bit maneuvering, but I don't think that's any, any --

VAC STAFF 2: But stop us if there's any questions as we do this.

INTERVIEWER 1 Okay.

VAC STAFF 1: We initially took the trauma over to Westchester Medical Center, which was called in as a Level 1 trauma, which the trauma team met us in trauma bay 1 or 2. And then, the second patient, which I don't believe had any major injuries and was basically just cold, but collared and backboarded as well, was brought into a trauma bay. While we were doing paperwork and getting our gear ready and trying to get ourselves a little bit back together, we were notified by one of our drivers who got a text, because our pagers don't work in the ER, that there was a train explosion. And thus, we immediately didn't even --

VAC STAFF 2: No, I wouldn't say immediately, because we were thinking it's the same one. It was so close to the location, we says, no, we just did this call. Because it said car and fire, and then --

VAC STAFF 1: And then it eventually toned out.

VAC STAFF 2: -- it eventually toned out.

VAC STAFF 1: And we responded from the Medical Center. And we kind of got caught in some traffic because of the backup to begin with from --

Interviewer 2 Yeah, we heard about the traffic, yeah.

VAC STAFF 1: -- the car accident.

INTERVIEWER 1 The car accident, yeah.

VAC STAFF 1: We did have a third rig here, and that one actually had a full crew standing here because they heard of the accidents. And so they responded and found their way there first.

INTERVIEWER 1 So that was B2?

VAC STAFF 2: That's right.

VAC STAFF 1: That was B2.

VAC STAFF 2: That would be the old lady, B2.

VAC STAFF 1: And that was at 1837. They brought the ambulance to the location where it was stationed for rehab.

VAC STAFF 2: Rehab, command, whatever.

VAC STAFF 1: Rehab and command for us for EMS. There was no other vehicles ready to rocket. So at that point this crew actually assessed for scene safety. They met up with the medic, which was -----, and started making scene safety, and started preparing patients for evacuation.

Interviewer 2 And so, they were -- just so that we can keep clear, they were at the Commerce Street crossing.

VAC STAFF 1: Correct.

VAC STAFF 2: Yes.

Interviewer 2 Right? So essentially that point is the tail end of the train?

VAC STAFF 1: Correct.

VAC STAFF 2: Yes, I think --

VAC STAFF 1: Yes.

VAC STAFF 2: -- most of our EMS ambulance -- that's where our staging point was, yes.

Interviewer 2 There was no getting closer or anything?

VAC STAFF 2: No.

VAC STAFF 1: Well, we didn't really need to get by the fire end of it because really the fire trucks needed to be there, the tower ladders needed to be there, and although incident command was up there, we actually located ourselves where there was the patients coming out.

Interviewer 2 Okay.

VAC STAFF 1: I think at that point we ended up -- one ambulance was told that it was at Cleveland, which was at the train station, our initial location, and -- because they told -- diverted us right away and said, listen, we're stuck in traffic. It's not at Cleveland. It's further north. Don't come this way. So, we didn't.

Interviewer 2 Okay.

VAC STAFF 1: And we were the -- him and my ambulance was B3?

VAC STAFF 2: B1.

VAC STAFF 1: Oh, B1. B1 actually got on the scene the second, and then B3 right behind it with a pile of ambulances. I couldn't keep track of who came in exactly first. But for the most part, I listed all the ambulances on the next page.

Interviewer 2 Got it. Hang on just one second, though. I got a couple questions. So who was the EMS IC?

VAC STAFF 1: I was.

Interviewer 2 So you were initially, and then it says --

VAC STAFF 1: With ----- from Greenburgh, met me with that.

Interviewer 2 Okay. Is he -- but he's police?

VAC STAFF 1: No. They are civilian paramedics that ride on the Greenburgh Police Department --

VAC STAFF 2: Greenburgh Police Department runs their own --

UNIDENTIFIED SPEAKER: But they're paramedics, yeah.

VAC STAFF 2: -- EMS program, so --

Interviewer 2 Right. So, here --

UNIDENTIFIED SPEAKER: That's the 5900 --

VAC STAFF 1: -----

UNIDENTIFIED SPEAKER: -- you'll see in the --

VAC STAFF 1: -- I don't know what their numbers are.

Interviewer 2 So, even though for Valhalla it's a third service, in Greenburgh it's a second service with police. That's the nuance here.

INTERVIEWER 1 Right.

Interviewer 2 Right, so --

UNIDENTIFIED SPEAKER: Yeah, you can see the mishmash.

Interviewer 2 I'm translating.

VAC STAFF 1: That's okay.

Interviewer 2 Good.

INTERVIEWER 1 So, so --

VAC STAFF 1: We have a lot of different mirages here.

Interviewer 2 Yeah, right, exactly.

UNIDENTIFIED SPEAKER: Absolutely.

INTERVIEWER 1 So, as the EMS -- so did you communicate with then --

Interviewer 2 Fire.

INTERVIEWER 1 -- with ----- Chief ----- as the -- he was the --

VAC STAFF 1: He was the --

Interviewer 2 Fire IC.

INTERVIEWER 1 -- Fire IC --

VAC STAFF 1: -- Fire IC up in the front. So initially, we -- I met there and ---- went up to start triaging patients as they were coming off with the initial first crew. We basically stood there and [REDACTED] is her name ----? What's the blonde girl's name from Westchester County?

VAC STAFF 2: Oh, from --

UNIDENTIFIED SPEAKER: ----- (director of Westchester County EOC).

VAC STAFF 2: -----

VAC STAFF 1: Yeah. She came to me and said she wanted me to move over to IC. But what we did was, we moved ----- over to the IC.

(Cell phone ringing)

VAC STAFF 1: I'm sorry.

UNIDENTIFIED SPEAKER: That's the Greenburgh Police paramedic supervisor.

VAC STAFF 1: Correct.

UNIDENTIFIED SPEAKER: -----.

Interviewer 2 Okay. So, initially you took control in the chaos initially, and then handed over to --

VAC STAFF 1: No. We both shared it.

Interviewer 2 Okay.

INTERVIEWER 1 So, you shared it with --

VAC STAFF 1: Gus at the EMS IC.

UNIDENTIFIED SPEAKER: ----- is the last name.

INTERVIEWER 1 Okay.

Interviewer 2 EMS IC, so --

INTERVIEWER 1 -----?

Interviewer 2 It's right here, -----.

VAC STAFF 1: I may have spelled it wrong. Don't --

INTERVIEWER 1 Oh, I was --

Interviewer 2 Fair enough. -----, we're not sure. So ----- (director of Westchester County EOC) was actually on scene very early on?

VAC STAFF 1: No.

Interviewer 2 Okay.

VAC STAFF 1: I mean, I feel like it was a while, but I couldn't -- don't quote me on time.

Interviewer 2 Okay.

VAC STAFF 1: We were just --

UNIDENTIFIED SPEAKER: You can look -- actually, CAD notes have what -- she's Car 2. She's CC2 in the CAD notes.

Interviewer 2 Okay. So we can take a look at the timing then.

UNIDENTIFIED SPEAKER: Yeah, that's -- yeah.

Interviewer 2 Yeah, real time and field time are two different things.

UNIDENTIFIED SPEAKER: They're two different things.

VAC STAFF 2: We looked up and it was 3 hours later.

VAC STAFF 1: We had ambulances --

UNIDENTIFIED SPEAKER: Or I think it's WAC (indiscernible).

VAC STAFF 1: -- that were -- he was pretty much based at the train, if I'm not mistaken.

VAC STAFF 2: I moved up --

UNIDENTIFIED SPEAKER: Yeah, WAC (indiscernible).

VAC STAFF 2: -- with Manny with the medic, and we did the, we did the initial triage.

UNIDENTIFIED SPEAKER: And the deputy --

Interviewer 2 So, you were doing triage --

VAC STAFF 2: As they were coming off the train.

Interviewer 2 So at the tail end of the train --

VAC STAFF 2: The tail end of the train. That was the best spot for me because the walkers were coming out of the tail end, both ends, and the injured, which were being transported out, were being transported out by Polaris Rangers ATVs.

UNIDENTIFIED SPEAKER: Yeah, they took --

VAC STAFF 2: So they would have to come by me.

Interviewer 2 So, I see. So, you send EMTs up there --

VAC STAFF 2: Actually --

Interviewer 2 -- to bring them back?

VAC STAFF 2: -- I don't know if any EMTs --

INTERVIEWER 1 No, no the fire department.

VAC STAFF 2: The fire department, some of which were EMTs --

Interviewer 2 Oh, okay. So, the fire department were temporarily --

INTERVIEWER 1 They brought them to the back of the --

Interviewer 2 -- bagging them and bringing them to you? I got it.

VAC STAFF 2: Bagging them --

Interviewer 2 Okay.

VAC STAFF 2: Transport things were coming in with police or whoever had the ATVs. They'd put them in the basket stretchers and they'd bring them out to me.

UNIDENTIFIED SPEAKER: Yeah. They basically handed them off, then, at the end of the train.

Interviewer 2 I get it. Yes, yes.

INTERVIEWER 1 So who brought the ATVs?

VAC STAFF 1: One was Hawthorne.

VAC STAFF 2: Hawthorne.

VAC STAFF 1: And one was Thornwood.

VAC STAFF 2: And then there was Mount Pleasant police had one.

VAC STAFF 1: And Mount Pleasant police.

VAC STAFF 2: And I understand --

Interviewer 2 And are those on skis or are those on --

VAC STAFF 1: No, Polaris.

VAC STAFF 2: Polaris. Not --

Interviewer 2 -- four-wheel tires.

(Simultaneous conversation.)

VAC STAFF 2: Yeah, off-road vehicles, and one was --

INTERVIEWER 1 Hawthorne Fire Department or Hawthorne Police --

VAC STAFF 1: Fire.

VAC STAFF 2: Hawthorne Fire.

Interviewer 2 So how long would you say, guesstimating, that it took for those to actually arrive there on scene?

VAC STAFF 1: I don't know. Because when we got out, people were walking towards us right away, but I don't -- and then, they brought a patient out to me on a skid.

VAC STAFF 2: Yeah.

VAC STAFF 1: The first patient -- there was two patients sitting in Greenburgh paramedic's ambulance with hand burns before I even got there. Then, initially, I literally got there and they were bringing a patient out to me with an open tib-fib on a skid, and we were trying to get them to -- you know, which rig were we going in.

Interviewer 2 Okay. So, you were just initially reacting to whoever showed up next. And then Fire was collecting the folks and bringing them down?

VAC STAFF 2: Yes.

Interviewer 2 Okay.

INTERVIEWER 1 I'm sorry. What -- did you say there were two Greenburgh ambulances there before you got there?

VAC STAFF 1: Um-hum.

INTERVIEWER 1 Okay. Do you know if you were -- so were you the -- well, you didn't get there -- your unit was the --

VAC STAFF 1: I think we all kind of pulled up together. Because there was a Greenburgh paramedic, there was our ambulance, and a Greenburgh paramedic, and then our other ambulance. So, it kind of was like --

INTERVIEWER 1 Okay.

VAC STAFF 1: -- everybody was coming at the -- yeah, Hawthorne showed up at the same time. We all kind of just merged together. So I don't know which one specifically came first, to be honest with you.

INTERVIEWER 1 Right.

VAC STAFF 1: And it was -- you can't -- couldn't -- you know, it was a long road, so you couldn't really -- unless you went down and looked at each rig, which one it was.

INTERVIEWER 1 Hard to see, yeah.

VAC STAFF 1: They're all flashing. It's starting to get dusky.

Interviewer 2 Okay. Okay, so, you know, the scene's a little crazy. What kind of interaction did you guys have with the other EMS units? How do you communicate with them? So, you're now the IC. How does that work? You're talking to dispatch. You're talking to --

VAC STAFF 1: So, initially we were -- the paramedics and the EMTs and the drivers did not leave from there. They were just waiting for patients to come out to transport. I can't really recall which one went out first. I think I wrote them down, but I'm not sure which way they went out.

UNIDENTIFIED SPEAKER: You had like a triage -- was it like a triage, and then just put them in the next --

VAC STAFF 1: Triage was up by where he was.

UNIDENTIFIED SPEAKER: Yeah, so, say, triage and then put them into the next ambulance that pulls up --

VAC STAFF 2: I did initial triage. It went to her, which was --

UNIDENTIFIED SPEAKER: -- and let them go (indiscernible) --

VAC STAFF 2: -- kind of transport. Re-triage and transport, so --

Interviewer 2 Right. So deciding who was going where --

VAC STAFF 2: Yeah.

Interviewer 2 -- when. But I guess my question is, so the call went out for all the available ambulances. You have three. Lots of other people showed up. How many ambulances showed up, ballpark?

VAC STAFF 1: Do you want a count?

Interviewer 2 Okay. Yeah --

VAC STAFF 1: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, and a fly car.

Interviewer 2 Okay.

VAC STAFF 1: There were more coming in, but at that point we --? -----,
which is EMS --

VAC STAFF 2: Eleven.

VAC STAFF 1: -- 11, had put them on hold because we had everybody out of the bus -- out of the train.

VAC STAFF 2: Train.

Interviewer 2 Okay. And you knew that you had everybody out of the train --

VAC STAFF 1: Because one of the medics, which was from the OVAC fly car, initially went in with the start triage tags, and said when you see me again the train will be clear. He went all the way --

Interviewer 2 Perfect. Okay.

VAC STAFF 1: -- up to the front, came back down, met him, and it was clear.

Interviewer 2 Okay. And the timing on that, do you have any idea about what time that was?

VAC STAFF 1: I'm going to say I think at like 1950 we took a -- we started taking greens. So it had to have been just around 1930 --

Interviewer 2 Okay.

VAC STAFF 1: -- which was only about an hour.

Interviewer 2 Okay. And actually, that's what we heard from Fire was it -- it seemed very quick to get all of the injured people out of here. And then when you were sending people -- or I don't know if it was you sending people -- over to The Cliffs, to the gym, those were people who did not identify as injured at all.

VAC STAFF 1: No.

Interviewer 2 Is that correct?

VAC STAFF 1: So, between [REDACTED] myself, and there was another paramedic -- I don't know where she was from -- we basically were screening them, anybody okay. Like there was a couple of limpers. She's like I always limp, you know, that kind of thing.

Interviewer 2 Right.

VAC STAFF 1: They -- I said just keep going. We --

VAC STAFF 2: I would screen them as they were coming off the train.

Interviewer 2 Sure. And they'd get rescreened?

VAC STAFF 2: And then she'd get rescreened there. I mean, I had --

Interviewer 2 Okay.

VAC STAFF 2: -- a 32-week pregnant woman coming out, and I just -- are you sure you're okay? And they would say -- you know.

Interviewer 2 Okay.

VAC STAFF 2: You know what I'm saying?

Interviewer 2 Well, and they were.

VAC STAFF 2: Yeah, they were.

Interviewer 2 They were in the back of the train.

VAC STAFF 2: They were reminded that green's your new favorite color. Tell the person you're green.

Interviewer 2 Well, so green and uninjured --

VAC STAFF 1: Right. Right.

Interviewer 2 -- are two separate things.

VAC STAFF 2: Right.

Interviewer 2 So what you're saying is they were uninjured?

VAC STAFF 1: They were uninjured.

VAC STAFF 2: They were uninjured.

Interviewer 2 You didn't have any anticipation that the people who were at The Cliffs were going to need to be rescreened or re-triaged?

VAC STAFF 1: We re-triaged them.

Interviewer 2 Okay.

VAC STAFF 1: I sent over some of our EMTs, as well as the gentleman that was parked. He was the -- there was a car, and then him, and then my ambulance. He actually was waiting for the train. He actually is a Mahopac Fire Department EMT. He came out with a jump bag and says I'm an EMT, I can help you. And he actually went over -- he walked over with them to initially start it.

Interviewer 2 To just make sure that nobody -- there was nothing else --

VAC STAFF 1: And at that point we found a couple of greens.

Interviewer 2 Yeah, yeah. Okay. The -- okay.

INTERVIEWER 1 Wait. Just so -- so did anybody -- you said you found a couple that -- did anybody from the gym get transported to the hospital?

VAC STAFF 1: Um-hum.

VAC STAFF 2: Yes.

INTERVIEWER 1 About two?

VAC STAFF 2: Two or three. I think two.

VAC STAFF 1: We had two knees that we took. Pleasantville took one.

VAC STAFF 2: Oh, so three.

VAC STAFF 1: And didn't an Empress take one? This guy -- No. 10 was over there. No. 11 -- no, No. 10 --

Interviewer 2 Was over at the --

VAC STAFF 1: -- and No. 12.

Interviewer 2 Okay.

VAC STAFF 1: And No. 5 and -- nope, nope, sorry -- and No. 3 and 4 were over there.

INTERVIEWER 1 At the gym?

VAC STAFF 1: Um-hum.

INTERVIEWER 1 Okay.

Interviewer 2 Okay. And so, at about --

INTERVIEWER 1 Oh, just -- sorry to interrupt you. And all four of those went - - I mean, everybody went to Westchester --

Interviewer 2: Except for No. 12, who went to Phelps.

VAC STAFF 1: Um-hum.

INTERVIEWER 1 Okay. I see it here.

VAC STAFF 2: Yeah, there was a little confusion with that. Even though that transport officer over there told him to go to the medical center, I believe that EMT thought, well, I'm overwhelmed -- they're overwhelmed, and he made his own decision and --

Interviewer 2: That happens.

VAC STAFF 2: -- he decided to go to Phelps.

Interviewer 2: Yeah, okay. And Phelps is a community hospital?

VAC STAFF 1: Yeah.

Interviewer 2: And this wasn't a Level 1 issue anyway.

VAC STAFF 2: No.

Interviewer 2: So, whatever.

VAC STAFF 2: Right.

Interviewer 2: And it's reasonably -- it's not an hour away?

VAC STAFF 1: No.

Interviewer 2: Twenty minutes instead of 10?

UNIDENTIFIED SPEAKER: If that, yeah.

VAC STAFF 1: Yeah.

UNIDENTIFIED SPEAKER: Yeah, yeah.

Interviewer 2: Okay. All right. So at what point were you sure there were no more majors to be sent anywhere?

VAC STAFF 1: When VAC Staff 2 came -- when --

Interviewer 2: When he came off the train?

VAC STAFF 1: When he came off the train, met him --

Interviewer 2: Right. So at about --

VAC STAFF 1: -- and then the last one that came to us, that even though I talked to Dr. ----- from Westchester Medical Center saying, I think all of my -- I think all of our reds have, you know, have been transported, we ended up -- the conductor came out.

Interviewer 2: The engineer --

VAC STAFF 2: No, the engineer.

VAC STAFF 1: The engineer. I'm sorry.

VAC STAFF 2: Yeah, we met with the engineer.

Interviewer 2: We met with -- yeah. And he had said no, no, no, and then he said yes.

VAC STAFF 2: Yeah, we didn't even know he was the engineer, to tell you the truth.

VAC STAFF 1: Because he was really walking around.

Interviewer 2: Yeah.

INTERVIEWER 1 So about what that -- about what time in the sequence of the events was that that you talked to Dr. -----?

VAC STAFF 2: Wasn't he with you most -- you had an aide that was in contact with him all the time, weren't you?

VAC STAFF 1: It was -- so they have what's called a stat flight truck. They wear the red --

UNIDENTIFIED SPEAKER: Yeah, I briefed them on it.

VAC STAFF 1: Okay.

UNIDENTIFIED SPEAKER: That's the 90-Alpha-1 we talked about it.

VAC STAFF 1: And he -- so one of their nurses came to scene and communicated back and forth with me and him. And so I spoke with him once, and then we called him back a second time to reconfirm. I don't know what time. I'm sorry.

INTERVIEWER 1 Like just a rough ballpark? I'm just trying to --

VAC STAFF 1: It was after everybody was off, so 1950?

INTERVIEWER 1 Um-hum. Okay.

Interviewer 2: So, and in that conversation, was that conversation the reds are all gone, there may be a handful more greens, or was that conversation the reds are all gone, there's 300 more people to triage for green?

VAC STAFF 1: No. It was the first one. It was we've sent all the reds that we believe are red. We are -- everybody is off the train, and I believe that was it. But we -- then we ended up having the conductor, which the guy -- the nurse called back.

Interviewer 2: But truthfully --

VAC STAFF 1: Yeah, he wasn't a red.

Interviewer 2: Right. And he could have been a regular patient of any form. It's not a mass casualty when there's one more.

VAC STAFF 1: Right.

VAC STAFF 2: No, I think he was --

VAC STAFF 1: No. No.

INTERVIEWER 1 And so what is the stat flight -- you might have told me about it before --

UNIDENTIFIED SPEAKER: Yeah, that's the one --

INTERVIEWER 1 -- but I don't remember it.

UNIDENTIFIED SPEAKER: It's a helicopter crew where they have an ambulance crew and a flight nurse. And it sounds like the flight nurse came with the flight --

VAC STAFF 1: We don't fly -- that's LifeNet. It's not our thing.

UNIDENTIFIED SPEAKER: Yeah, I know, but it --

VAC STAFF 1: We're in an ambulance.

UNIDENTIFIED SPEAKER: Yeah, I know, I know. It's the, it's the stat truck, that 90-Alpha-1 that I had (indiscernible).

Interviewer 2: So it's the one -- and that is based at --

UNIDENTIFIED SPEAKER: Westchester Medical Center.

Interviewer 2: -- Westchester Medical.

UNIDENTIFIED SPEAKER: Yeah.

Interviewer 2: Okay. So --

UNIDENTIFIED SPEAKER: So you had two ambulances that are based out of -- out of essentially the same place, 87-Alpha-1, which is -- covers that compound, and then 90-Alpha-1, which is the stat flight.

VAC STAFF 1: They didn't show up. Only he did, I think, and his personal.

UNIDENTIFIED SPEAKER: The nurse?

VAC STAFF 1: Um-hum.

UNIDENTIFIED SPEAKER: Okay.

Interviewer 2: Yeah, and that --

UNIDENTIFIED SPEAKER: Because their unit's on the call.

VAC STAFF 1: Right.

UNIDENTIFIED SPEAKER: Their unit is --

Interviewer 2: Right. And I think that the -- okay. Okay.

INTERVIEWER 1 No, so -- and but they're from Westchester Hospital?

VAC STAFF 1: Um-hum.

UNIDENTIFIED SPEAKER: Westchester Medical Center, yep.

INTERVIEWER 1 Okay.

Interviewer 2: Right. Okay. And then, you know, in this situation, you know, I guess ordinarily in a mass casualty situation you want all the ICs in the same place. But I really do understand in this situation that there was no way to do that in any reasonable format. How much interaction did you have or need to have back and forth with the fire and the police ICs?

VAC STAFF 1: It would have been nice, but we have a huge problem here with communications. We're all on different toys.

Interviewer 2: Okay. So that's very interesting because we've asked this question in other interviews and been told, no, all of our radios are interoperable.

VAC STAFF 2: They are.

VAC STAFF 1: Well --

UNIDENTIFIED SPEAKER: They are.

VAC STAFF 1: Well --

UNIDENTIFIED SPEAKER: The technology is there. Whether or not it gets used is a different --

Interviewer 2: Okay.

UNIDENTIFIED SPEAKER: That's the --

Interviewer 2: So the technology is there.

UNIDENTIFIED SPEAKER: Yes.

Interviewer 2: It's not a technology -- we've had other accidents where it's, you know, we don't have channel 7 anymore, and --

VAC STAFF 1: No, no, no. I mean, there's a fire channel and there's an EMS channel. Whether they're all monitoring that, I can't say.

UNIDENTIFIED SPEAKER: Yeah, it's there.

VAC STAFF 1: He had the radio. See, we are -- we were behind the eight ball to begin with because you got to remember we did not leave from here. We left from the Medical Center with an empty truck.

Interviewer 2: I understand.

VAC STAFF 1: So, we had a disadvantage all along.

VAC STAFF 2: Yeah, I actually tore the backboard away from the trauma nurse and said I need this now. You don't have it anymore.

VAC STAFF 1: He had all the radios at triage. I had all the radio mikes out of the main radio out of the ambulance leaning over the radio -- leaning out the window at me because we didn't have anymore.

VAC STAFF 2: Yeah, I mean, I think you relied a lot on -----, EMS 11.

VAC STAFF 1: Yeah, ----- was able to do a lot of the communicating through the --

Interviewer 2: And he was communicating with?

VAC STAFF 1: IC.

Interviewer 2: With the Fire IC?

VAC STAFF 1: Yeah.

VAC STAFF 2: Well, with the command posts, which I assume --

Interviewer 2: Right.

VAC STAFF 2: -- had police, fire, and ambulance.

Interviewer 2: Yeah, that was up, you know, on the Taconic and -- yeah. And how -- in a normal transport, how do you go -- what kind of interaction do you have with the hospital in a normal -- you know, they were -- priority 1 or I'm not sure what --

VAC STAFF 1: We use the radio --

Interviewer 2: Okay.

VAC STAFF 1: -- to communicate.

Interviewer 2: And who's on the other end?

VAC STAFF 1: So, the charge nurse that sits at the -- as you go in the Medical Center and there's a row of all the nurses there?

Interviewer 2: We haven't seen it -- we haven't the system yet.

VAC STAFF 1: Oh, okay. Because I know MTA was in there, but -- there is -- so when you walk in, there's desks here and most of the docs are sitting here. Then there's a row between here and the pediatric section. And in there is the charge nurse, and she actually answers the radio, or if there's a phone, if you needed a phone.

Interviewer 2: Okay. And so you call in individually from the rig for each case?

VAC STAFF 1: Um-hum. We have a radio in the back.

Interviewer 2: Okay. And given the really short transport times here, there was still enough time to do that, or you could hear that happening or --

VAC STAFF 1: I'm sure. I wasn't in them, so I'm assuming they all did.

Interviewer 2: Okay. And do you have a sense of what kind of information the transporting teams were potentially giving the ER?

VAC STAFF 1: I can't answer that either because I was --

VAC STAFF 2: We wouldn't be hearing it.

Interviewer 2: You wouldn't be hearing it.

UNIDENTIFIED SPEAKER: Yeah, it's a different frequency.

VAC STAFF 1: It's a totally different frequency.

Interviewer 2: Okay.

UNIDENTIFIED SPEAKER: Each hospital has its own frequency --

Interviewer 2: You got to dial it --

VAC STAFF 1: It's a trunk. It's trunk.

Interviewer 2: Yeah, it's a trunk.

UNIDENTIFIED SPEAKER: -- its own system so it's --

Interviewer 2: Okay.

UNIDENTIFIED SPEAKER: You have to switch over to that specific hospital and then talk to them and then switch --

Interviewer 2: Okay. Did you have the sensation that there were any issues with the conversations you were having with the hospital?

VAC STAFF 1: I don't believe so, but I can't say -- because I wasn't on the back of any of those ambulances.

Interviewer 2: Oh, no, no. The conversations that you were having with the --

VAC STAFF 2: You had a direct through connection to Dr. ----- through the nurse and you had -----.

VAC STAFF 1: Yeah, right.

VAC STAFF 2: So did you have any problems with the hospital --

VAC STAFF 1: Oh, no.

Interviewer 2: That was my question.

VAC STAFF 1: My first -- when I first got there, ----- was standing right next to me. I said we need to notify the hospital. Anybody -- he's like I already took care of that -- ---

--- I said, fine. I got on the radio and called Mount Pleasant Police and asked them to open up the Furan Building, which was The Cliffs, because we knew we needed some place to warm these patients. And at that point ----- showed up, and he picked up communications, you know, like -- and was writing down some information. So he probably has more information than I do.

INTERVIEWER 1 So ----- is -- who is he?

VAC STAFF 1: EMS 11.

UNIDENTIFIED SPEAKER: EMS mutual aid coordinator.

VAC STAFF 2: He would be the coordinator for this area.

Interviewer 2: So he's a county guy?

VAC STAFF 1: Yep.

Interviewer 2: A county guy.

UNIDENTIFIED SPEAKER: Yeah. He's the EMS mutual aid coordinator through Westchester County --

Interviewer 2: Okay.

UNIDENTIFIED SPEAKER: -- Fire Department Emergency Services.

Interviewer 2: Okay.

VAC STAFF 1: And him and I and ---- were kind of -- he was writing down a lot

--

INTERVIEWER 1 And the nurse, the nurse you keep referring to?

VAC STAFF 1: In the red suit?

Interviewer 2: Yeah, from the hospital.

UNIDENTIFIED SPEAKER: Stat flight nurse.

VAC STAFF 1: It's the stat flight nurse. It's a guy. I don't know his name. I'm sorry. I know him when I see him. He knows me because he picks up patients from where I work all the time.

INTERVIEWER 1 And he was stationed on -- I mean, he stayed there --

VAC STAFF 2: He was there too.

VAC STAFF 1: He stayed for quite a while, but I wouldn't say the whole event.

Interviewer 2: Okay.

VAC STAFF 2: It's my understanding he had a direct phone line to Dr.-----?

VAC STAFF 1: Yeah, and he -- and ----- gave me his phone number, and I put it in my phone.

UNIDENTIFIED SPEAKER: Yeah, and I think he sat at the -- he stayed there and waited.

VAC STAFF 1: Yeah, and I wrote his number down. And at one point when we said I think we have the one guy, you want to call him back. He did.

Interviewer 2: And did you have any other conversations with the hospital?

VAC STAFF 1: Myself?

Interviewer 2: With anyone else at the hospital? With the Emergency Operations Center?

VAC STAFF 1: He is the -- Dr. --

Interviewer 2: That's your connection to that system?

VAC STAFF 1: Well, he is the --

Interviewer 2: Their internal system?

VAC STAFF 1: He's the head of the ER as well as disaster.

Interviewer 2: Right. No, no, I understand that. But he can't be running the ER and running the EOC simultaneously.

VAC STAFF 1: He wasn't working as the -- as a physician that night, I don't think.

Interviewer 2: Okay. Okay.

VAC STAFF 1: I don't believe anyway.

Interviewer 2: All right. And did you have any on scene interaction with Metro-North or MTA? Anyone from MTA in any capacity?

VAC STAFF 2: Oh, yeah, we treated --

VAC STAFF 1: Yes. We treated your boss for -- or his boss -- for frostbite.

VAC STAFF 2: VAC STAFF 2?

VAC STAFF 1: He has round glasses.

UNIDENTIFIED SPEAKER: It's like (indiscernible)?

VAC STAFF 2: Yeah, we -- that was the big joke. Yeah, and it's --

UNIDENTIFIED SPEAKER: Yeah, I don't -- I'm not familiar. Did he --

VAC STAFF 1: So, if you look at the --

UNIDENTIFIED SPEAKER: He's not my boss, I can tell you that. I don't even remember his name.

VAC STAFF 1: Well, he's supposedly higher up because he is -- was standing behind the governor. He was there to meet the governor.

VAC STAFF 2: Yeah, he was giving us a hard time because he --

UNIDENTIFIED SPEAKER: (Indiscernible)

VAC STAFF 2: -- said he had to meet the governor.

VAC STAFF 1: We were trying to treat him and he wouldn't let us treat him. I'm like you are -- your feet are white and they're not blanching, and you really need -- and he had loafers on with dress socks.

Interviewer 2: In 10 inches of snow?

VAC STAFF 1: In 10 degrees.

Interviewer 2: Yeah.

VAC STAFF 1: In 10 degrees in water, so I -- you know, we gave him socks, we gave him some heat packs. He refused to be treated any further, and off he went to meet the governor.

Interviewer 2: So in terms of --

VAC STAFF 1: So they came and got us to go in their little bus. They have a bus there.

Interviewer 2: So you -- you're on scene, you've now triaged everybody, there's people over at The Cliffs, but all of the patients -- you know, eventually you get the engineer, but all the patients are gone. And then you stayed on scene. Was that just to back up the fire department?

VAC STAFF 1: Well, it's our territory. We kind of follow --

VAC STAFF 2: That was rehab for the fire department, rehab there, and also we had a room full of people that we couldn't get -- buses weren't coming for them.

Interviewer 2: Right. So, you were just there backing the whole system up, right? The buses never came, and people eventually dispersed in onesies and twosies.

INTERVIEWER 1 Did the buses --

VAC STAFF 2: The buses --

INTERVIEWER 1 The buses did come.

VAC STAFF 2: -- finally did come.

Interviewer 2: Eventually, but hours later.

INTERVIEWER 1 Right.

VAC STAFF 2: Yeah. And we had called --

VAC STAFF 1: And we called immediately.

Interviewer 2: And there were a lot of calls, but it was also rush hour.

VAC STAFF 1: Yeah, I know.

Interviewer 2: There's only so many buses and bus drivers.

VAC STAFF 1: And the other problem is, is that there was truly only one way in and out of that --

Interviewer 2: Right.

VAC STAFF 1: -- complex, which was hidden behind a building. And we knew where it was --

VAC STAFF 2: That's how we got in.

VAC STAFF 1: -- which was nice until Channel 4 found it, Channel 7 found it, and they all found it. When they were following us, you know, oh, let's follow that ambulance, and then they found their way.

Interviewer 2: Okay. And do you have a sense of anything that you would consider an issue or something that you or somebody else coulda, woulda, shoulda done better in terms of the emergency response here?

VAC STAFF 1: Responding to the incident?

Interviewer 2: All aspects. From the dispatch to the on-scene, to the after-the-fact?

VAC STAFF 1: Well, I already know that I did one error, in my eyes, and that was, although they went in with the start tags, the patients never came out tagged --

VAC STAFF 2: They were never tagged.

VAC STAFF 1: -- and I should have tagged them. That was my --

VAC STAFF 2: So the -- yeah, so the --

VAC STAFF 1: And I had --

VAC STAFF 2: -- triage was done verbally, and it should have been tagged.

VAC STAFF 1: Yeah.

Interviewer 2: Okay.

VAC STAFF 1: And if it was more than these 12 patients, I probably would have lost count, even though I had it on an easel and I'm writing it all down, and writing all down my information. I think that if I had the ability of a radio handed to me, I would have at least been able to communicate better. And where my location was -- and although they wanted me to go to IC -- that was four cars up, and I can't see these patients. I can't see the ambulances going out. I can't see a lot of things because there's two tower ladders and an engine in the middle of everything. And I would have been standing in the smoke.

Interviewer 2: Details.

VAC STAFF 1: Details. I know.

Interviewer 2: Okay, so --

INTERVIEWER 1: So what -- like you said, you know, if I had better radio access, I could have communicated. Who would you have chosen to communicate with?

VAC STAFF 1: IC. Him. I would have been able to communicate with him to say how are we doing? What are we looking at? Is there anything coming out? Give me a heads up. If I was talking to IC --

UNIDENTIFIED SPEAKER: (Indiscernible)

VAC STAFF 1: -- I could have been where's the buses? Where is the -- you know, is there anything coming for, you know

-- they finally got Red Cross. We went out ourselves and bought 10 boxes of coffee because it was 10.

Interviewer 2: Right.

VAC STAFF 1: It was 1:00 in the morning.

Interviewer 2: Right. So we're really focused more on the evacuation -- the earliest aspects of this. And I'll let -- I'll tell you that one of the things that we've heard was the hospital felt or thought that they didn't get enough information. So what it sounds like, part of that was you didn't have a radio that you could talk to people with.

VAC STAFF 1: I was not able to -- right. I was not able to get a hold -- talk to the hospital. But I also did kind of depend on ---- to guide that, and ----- told me he called. So I'm assuming the job is done because I did ask early on. So, you know, when you ask somebody if they did it, you know, you're assuming they did it. So what was relayed to them, I don't know. And they literally knew that we were -- we'd left the ER going, we're going to a train explosion. So you kind of got a head up.

Interviewer 2: Right.

VAC STAFF 2: That's a lot. So --

Interviewer 2: So they knew that there was a mass casualty. The issue that they had was --

INTERVIEWER 1 They weren't getting the individual patient info.

Interviewer 2: No -- no, they got --

VAC STAFF 2: No, no.

Interviewer 2: -- they got that. What -- they heard 12, then they heard 20, then they heard 100.

VAC STAFF 1: I don't know where they got that from.

Interviewer 2: And they spooled up for 100, and then they never -- their story -- they never got told it was over.

INTERVIEWER 1 Right. Because they were thinking --

Interviewer 2: They never ever got told it was over.

INTERVIEWER 1 They're thinking even if the criticals are done, we have up to 100 people that might have minor lacerations and stuff, and we might start getting, 30, 40, 50 people --

Interviewer 2: You know, 50 broken feet, or whatever.

INTERVIEWER 1 -- with lacerations, so we've got to keep the surgeons online for stitches or something.

VAC STAFF 1: Right, right, right.

Interviewer 2: So, they -- their take on this --

VAC STAFF 1: I'm not understanding why that, because we did talk to -- I talked to Dr. ----- myself on that guy's phone and said it looks like all the reds are off. We're still moving some people off the trucks, but they've cleared the train.

Interviewer 2: Right. So the issue then was how -- they knew there were hundreds on the train. How many of those were actually green versus uninjured, right? So 200 greens is still a huge deal.

VAC STAFF 1: Yeah.

Interviewer 2: Versus 3 greens, which is no deal at all, and 200 -- you know, 197 uninjured. So, I think that the -- that's kind of one of the things that we're interested in is how did that go? I don't know where -- I mean, obviously it's the game of he said/she said, and the numbers always inflate. They never get smaller.

VAC STAFF 1: I don't know where they got 20, but --

Interviewer 2: So they got from -- they got up to 100 pretty quickly --

VAC STAFF 1: I don't know where that came up.

Interviewer 2: And I'll be honest that, apparently at 8:00, they were still bringing staff in. So their take on this is, nobody told us enough information to appropriately -- I mean, they over responded, which is okay --

UNIDENTIFIED SPEAKER: They're erring on the side of caution, yeah.

Interviewer 2: Well, except that it puts --

UNIDENTIFIED SPEAKER: Well, except that --

Interviewer 2: -- the other patients --

UNIDENTIFIED SPEAKER: -- they've got other work to do too.

Interviewer 2: -- in the hospital --

VAC STAFF 1: In jeopardy.

Interviewer 2: -- and the staff rushing in, in potential jeopardy, you know. You want to have an -- you know, slightly over --

UNIDENTIFIED SPEAKER: Commensurate.

Interviewer 2: -- not, you know, exponentially over. And so, you know, if you -- knowing that -- so let me ask you this. Knowing that, what kinds of things could have happened either through dispatch or as a formal process -- you know, and obviously we need to talk to ---- and find the flight -- the stat flight nurse. But what's -- listen, we're not interested in blame. That's not what we do. We're interested in a systems issue so that when you know that you're down to there could be three or four more greens, that gets communicated all along. And then, obviously you're going to stay and back up the fire department doing its thing, another 300 people sitting around waiting for a ride. But how could that work better? I mean --

VAC STAFF 1: I think that the -- you know what? Someone had mentioned to us why didn't the communications truck come out and everybody get radios, out of the county?

UNIDENTIFIED SPEAKER: I don't work for them.

VAC STAFF 1: I know. But you know what I'm talking --

UNIDENTIFIED SPEAKER: Just (indiscernible).

VAC STAFF 1: No, do you know what I --

UNIDENTIFIED SPEAKER: I'm the lone orphan.

VAC STAFF 1: No, no.

UNIDENTIFIED SPEAKER: No, but it --

VAC STAFF 1: Is that what's that for?

UNIDENTIFIED SPEAKER: It's a capability of it. Unless that -- unless the resource is requested, they're -- I mean, they don't self-dispatch.

VAC STAFF 1: Yeah.

UNIDENTIFIED SPEAKER: So unless the resource is requested for -- it can be offered --

INTERVIEWER 1 And you're talking about the EOC?

Interviewer 2: The EOC, yeah.

UNIDENTIFIED SPEAKER: Yeah, there's a -- Westchester County Emergency Services has a field communications unit. And that's what I believe Susan's talking about. It's -- unless that -- unless the resource is requested --

VAC STAFF 1: Oh.

UNIDENTIFIED SPEAKER: -- it's -- you know what I mean, it's --

VAC STAFF 1: Yeah, we didn't request it. I guess --

UNIDENTIFIED SPEAKER: That's why.

Interviewer 2: Do you mean if --

VAC STAFF 1: I mean, there was an assumption that it was coming?

UNIDENTIFIED SPEAKER: No, there's no --

VAC STAFF 1: But I guess not.

Interviewer 2: So, did --

UNIDENTIFIED SPEAKER: Well, I don't know (indiscernible).

Interviewer 2: Would that have made a difference?

VAC STAFF 1: I guess if we had more radios, we were able to communicate. Is that what our problem lied? You had all the radios. I didn't have any.

VAC STAFF 2: Going through EMS 11 wasn't that easy. I mean, I don't know if they were concentrating more on the fire version of it or what. Our point-to-point radios were working somewhat because I would use that to get a hold of -----, who was at the --

VAC STAFF 1: Yeah, we had our own internal VHF radios that we were able to --

Interviewer 2: And that's specific to this program?

VAC STAFF 1: Yeah.

VAC STAFF 2: Yeah. So, I mean, I used that to get the count of how many people were still at The Cliffs.

UNIDENTIFIED SPEAKER: Was there ever a communication between any of -- I'm going to say the EMS IC and EMS 11? Whoever the --

Interviewer 2: See, this --

UNIDENTIFIED SPEAKER: -- was there ever communication -- I don't want to say you --

VAC STAFF 1: He was with me.

UNIDENTIFIED SPEAKER: Standing right next to you?

VAC STAFF 1: He was standing right next to me.

UNIDENTIFIED SPEAKER: Okay.

VAC STAFF 2: Yeah.

Interviewer 2: So --

UNIDENTIFIED SPEAKER: So he had the information to know that there was no longer any patients?

VAC STAFF 2: Yeah, he --

UNIDENTIFIED SPEAKER: Okay.

VAC STAFF 2: I thought he had mentioned -- I could hear him on EMS 11 saying stuff like that.

VAC STAFF 1: Yeah.

Interviewer 2: But who was he talking to?

VAC STAFF 2: Well --

VAC STAFF 1: Well, was he bringing it back to the main IC?

UNIDENTIFIED SPEAKER: Which is -- that's where ---- was. ----- was at the Incident Command post.

VAC STAFF 1: He came -- he was with me most of the --

UNIDENTIFIED SPEAKER: No, I was standing next to --

VAC STAFF 1: -- and then after --

UNIDENTIFIED SPEAKER: ----- at the Incident --

VAC STAFF 1: Yeah, but that was after the patients were done, then he went over there.

UNIDENTIFIED SPEAKER: Okay. So, I mean, the information was there --

VAC STAFF 1: Because he had a clipboard and he was --

UNIDENTIFIED SPEAKER: -- he had. It's whether --

INTERVIEWER 1 Whether it was (indiscernible) or it was --

UNIDENTIFIED SPEAKER: Whether it was disseminated or not --

Interviewer 2: Yeah, that's kind of the --

INTERVIEWER 1 Maybe -- well, maybe he got -- maybe he just switched gears so fast that he --

Interviewer 2: That's kind of the impression I get. And I'm getting -- I'm going to ask this question again. One of the things that didn't happen -- and really, I think part of it is that from a mass casualty point of view, this was clearly a mass casualty, but it wasn't a really big one. Right?

VAC STAFF 1: I agree.

Interviewer 2: There was an awful lot of people there. Not very many of them were injured and alive. Okay. Because you all didn't deal with the dead folks, right? And so, what, if any, are the criteria that the county has set for opening the Emergency Operations Center, bringing out the communications truck? Is it only when you ask for it? Because, frankly, that requires somebody to remember to ask for it. And if it really is 100, you know, reds and yellows, who the hell's going to remember that stuff?

UNIDENTIFIED SPEAKER: Well -- yeah, it's --

Interviewer 2: So, are there --

UNIDENTIFIED SPEAKER: I don't -- I'm not familiar with what their current criteria is. I mean, that's something --

Interviewer 2: Right. Right. That's something we'll have to look into.

UNIDENTIFIED SPEAKER: The chief of communications was on scene.

Interviewer 2: The chief of communications for the county?

UNIDENTIFIED SPEAKER: For Westchester County, and the EMS -- he's the -- he is -- he's the chief communications and chief of EMS for Westchester County. He holds two titles.

Interviewer 2: Excellent.

UNIDENTIFIED SPEAKER: He was on location at the incident command post.

Interviewer 2: And who is that?

UNIDENTIFIED SPEAKER: -----

Interviewer 2: Okay.

UNIDENTIFIED SPEAKER: He's -- you'll see EMS 1 and County Car 5 in the CAD notes.

Interviewer 2: Okay.

UNIDENTIFIED SPEAKER: That's CC 5.

Interviewer 2: Okay. So he was there --

INTERVIEWER 1 And that's what? CC --

UNIDENTIFIED SPEAKER: CC 5.

Interviewer 2: -- and then ----- was there at some point --

INTERVIEWER 1 And ES 1 under -- which is --

VAC STAFF 1: Well, ----- had come to me --

INTERVIEWER 1 Westchester County (indiscernible).

VAC STAFF 1: -- and asked me to move to IC. And at that point, I said I'm -- I was really moving a patient, and I said why don't you take ----- over, and we'll communicate back and forth? And that's where that went. So ----- went over.

Interviewer 2: Okay.

UNIDENTIFIED SPEAKER: And what did you use to contact -----?

VAC STAFF 1: ---- was standing there.

UNIDENTIFIED SPEAKER: Oh, so it was ---- who was supposed to get you the (indiscernible) --

VAC STAFF 1: But then -- yes, you're right. At what point did he disappear and went to the main? I don't remember, but I think it was -- we were done.

UNIDENTIFIED SPEAKER: In the mix everything anyway --

VAC STAFF 1: I think it was just the --

UNIDENTIFIED SPEAKER: -- trying to keep track of that.

VAC STAFF 1: -- you know, the walking out.

Interviewer 2: Yeah.

VAC STAFF 1: But I don't know exactly --

Interviewer 2: Like clearing out the walking wounded. What do either of you know of in terms of criteria for calling out the Emergency Operations Center? Because, obviously, if there are criteria, you should know them.

VAC STAFF 2: We would contact what was on 60-Control control and request it, yeah.

Interviewer 2: But there's no this many people, this many

VAC STAFF 1: I guess I -- maybe it was my fault that I didn't request it?

Interviewer 2: Well, but --

UNIDENTIFIED SPEAKER: Drew, you're not the --

UNIDENTIFIED SPEAKER: Well, it's not a fault --

UNIDENTIFIED SPEAKER: -- the incident commander --

UNIDENTIFIED SPEAKER: It's not fault.

UNIDENTIFIED SPEAKER: -- chief.

UNIDENTIFIED SPEAKER: It's not a fault -- it's going to fall someone --

VAC STAFF 1: Is that what an -- maybe the -- but to make a suggestion to the IC and say, listen, I think what we could do is use this, I didn't remember it. Fire didn't remember it. IC didn't remember it, so --

Interviewer 2: Well, but here's the --

UNIDENTIFIED SPEAKER: But the question now is more along the lines of, if something were -- similar were to happen in a few weeks, what could you do to make it better? I mean, you did really well with this -- what happened here.

Interviewer 2: Right. We're not -- and again, there's no blame.

VAC STAFF 1: Oh, all right.

UNIDENTIFIED SPEAKER: And nobody's looking for fault at all.

UNIDENTIFIED SPEAKER: (indiscernible) fault someone.

VAC STAFF 1: There's always some room for --

UNIDENTIFIED SPEAKER: But is there something -- you know, if something - - you had a similar kind of event a week from now --

INTERVIEWER 1 Well, usually, I mean such a big -- especially for a system that's set up for a mass casualty type event, a resource like an EOC would have an automatic -- some sort of an automatic mechanism that, you know, if it passes this gate, the EOC is going to get brought in. And so --

Interviewer 2: But that's what I'm asking for. What's that criteria?

INTERVIEWER 1 Right. And that's why we need to understand where that criteria comes from. And it doesn't -- and I -- you know, that kind of thing isn't like for one individual person to, like, be, oh I have to remember to do that.

UNIDENTIFIED SPEAKER: Yeah, the person --

INTERVIEWER 1 There's got to be --

UNIDENTIFIED SPEAKER: -- will know that it's (indiscernible).

INTERVIEWER 1 -- usually it's ingrained in the system that it happens under a system control, not somebody just like having to remember it.

Interviewer 2: So, if --

VAC STAFF 2: Well, I think that's what the coordinators, whether it be the fire or EMS coordinators are supposed to, like --

VAC STAFF 1: Guide us.

VAC STAFF 2: -- strongly suggest --

VAC STAFF 1: Guide us as the volunteers --

VAC STAFF 2: Yeah, saying we have this; why don't we bring it in?

VAC STAFF 1: -- to say let's do this, let's do that.

Interviewer 2: So you have ----- Right, yeah.

(Simultaneous conversation.)

INTERVIEWER 1 Somebody who's sitting back with an objective -- it's kind of like the role of an IC, but like a step back to be looking at the whole thing saying, what happens?

VAC STAFF 2: Yeah, that's what our --

Interviewer 2: Well, and helping --

VAC STAFF 1: He's not --

Interviewer 2: -- to coordinate.

VAC STAFF 1: Well, yeah. I mean, it wasn't his job to say that's a red, that's a green, that's a yellow.

Interviewer 2: No, that's your job.

UNIDENTIFIED SPEAKER: Yeah, that's --

VAC STAFF 1: It was I'm here for you and, you know, he kind of communicated that way. And one of the -- and again, I think we always seem to have this little bit of a problem, whether it's a four piece people, you know, accident, it's always communications is our -- and, I mean, I know we're going to be changing -- you know, the radios are expensive. We don't have the money. Our radios that we use here are 15 years old from a grant from Spano (ph.), so, they're -- you know. The trunking radios are expensive, and now they're going to talk -- do digital in a year, so we're not buying new ones, you know. They're expensive and we don't --

Interviewer 2: Right.

VAC STAFF 1: -- have that kind of money here.

Interviewer 2: But the things --

VAC STAFF 1: So, a lack of it affect it.

Interviewer 2: -- the things that we hear at pretty much every accident have mostly to do with communications when it comes to the ways in which the responders respond. It sounds like at baseline here, you have some baseline technology. You have it -- you're all on the same channels. That's the first hurdle. Okay? That's hurdle number one. Hurdle number two is that you know how to use them in regular use, and you know and practice how to use them when there are additional issues going on, a mass casualty situation.

And the thing that we find is, realistically speaking, transportation accidents and natural disasters like hurricanes are the mass casualty incidents that we're going to have. All right? We can talk about terrorism all you want, but the reality is these are the everyday ones. And so -- and this is so not specific to this accident or this county or this particular crew. This is an all over the country kind of a thing, and it's a problem all over the country. And sometimes it's the 6-car pileup with 6 injured, sometimes it's the 50-car pileup with 100 injured, and everything in between.

And so, if we as the NTSB can highlight this issue and say we've got to get out of our silos and we've got to solve this problem, that's kind of where we're interested in getting at. And just so that we're clear, when we make recommendations -- and we don't write regulations and we don't write legislation, we just make recommendations. They're here's a problem -- you know, sometimes it's here's a problem; you, you, and you get together and come up with a plan to fix it. It is not typically terribly prescriptive in the, you must all have channel 7 on your radio and -- I mean, we're not going to go there.

So our hope is through these kinds of interviews and this process of our accident investigation, we can get to connecting some of these dots that sometimes you in your very local environment may not even be able to see, and probably can't address, you know. So that's -- I mean, just because you -- you know, you need political will at a higher level, but that's hard to get to. We can sometimes get to those folks.

If I'm going to recap here, it kind of sounds like what I'm hearing is, in terms of the individual patient care and getting the people off the scene, that went pretty well. There was pretty good communication among -- there wasn't a turf battle, okay, which we sometimes see, among --

UNIDENTIFIED SPEAKER: No.

VAC STAFF 1: Not at all.

Interviewer 2: -- who was in charge and who was taking
who --

VAC STAFF 1: No.

Interviewer 2: -- and all of that crazy -- okay. There wasn't a -- you know, we've had -- well, it's really bad injuries, so we need the helicopter even if it's not a transport time issue. We've seen that, so --

VAC STAFF 1: We play nice in the sandbox when we have to.

Interviewer 2: Okay. And that's great. And that's a huge part --

VAC STAFF 1: No, I don't really --

Interviewer 2: No.

VAC STAFF 1: I mean, unless somebody else had an issue that I'm not aware of, I don't think we had any issues. We had paid and we had volunteers, and we all were here to do the same job.

Interviewer 2: And we've -- boy, have we seen issues.

INTERVIEWER 1 That's not always the case.

Interviewer 2: That's right. Exactly.

VAC STAFF 1: No, not at all. And we've had -- we actually had the two competitors Empress and TransCare Air, and they played very nice together.

Interviewer 2: Good. So that's the kind of thing that --

VAC STAFF 1: Not at all.

Interviewer 2: And just so that you know, that's the other kind of thing where we don't go -- it won't be highlighted in the report these are the really good things that happened. But it will be noted that there were no issues with this potential problem area, you know. And sometimes in our reports you'll see, you know, the weather wasn't a problem and the lighting wasn't a problem, and the roadway wasn't -- the road service wasn't a problem, but, oh man, the brakes, they were a problem. Okay?

So that's the kind of thing where we try and make sure that people who deserve some kudos get the kudos, and -- because in other times those other things are a problem. In this case it sounds like even though there's a pretty relatively robust county structure, it doesn't actually work quite as well as it looks like it should work, or maybe it could work.

UNIDENTIFIED SPEAKER: Well, it's so fragmented.

INTERVIEWER 1 Or as it could work.

UNIDENTIFIED SPEAKER: It's not a centralized system. That's part of the problem. It's a fragmented system.

UNIDENTIFIED SPEAKER: When you -- because when you look at it, actually this agency specifically isn't dispatched by 60-Control. And the medics aren't dispatched by 60-Control, the fire department is. So, it's kind of like --

INTERVIEWER 1 Dispatched by who?

UNIDENTIFIED SPEAKER: 60-Control, the Westchester -- the emergency -- county 9-1-1 system.

Interviewer 2: So who dispatches you guys?

UNIDENTIFIED SPEAKER: Mount Pleasant Police Department.

VAC STAFF 1: Mount Pleasant Police.

Interviewer 2: So there's a separate PSAP for them and but they --

UNIDENTIFIED SPEAKER: No, there's -- there's a separate PSAP --

UNIDENTIFIED SPEAKER: Well, that's a whole other --

UNIDENTIFIED SPEAKER: -- when you talk PSAPs --

UNIDENTIFIED SPEAKER: That's a big problem too.

UNIDENTIFIED SPEAKER: -- each individual municipality is the primary PSAP. The secondary PSAP is the 9-1-1 center. Fire and EMS dispatch is the secondary PSAP in Westchester County. It goes into the primary police agency first, and then is -- they have a hot button that sends it to Fire and EMS.

Interviewer 2: Wait, wait. So, if I call 9-1-1 right now -

UNIDENTIFIED SPEAKER: You will get Mount Pleasant Police Department.

Interviewer 2: And if I say ambulance?

UNIDENTIFIED SPEAKER: They will dispatch because they dispatch for their own agency. They dispatch for the police department --

VAC STAFF 1: For us.

UNIDENTIFIED SPEAKER: -- or for fire department. Just for EMS, just for this --

Interviewer 2: Okay.

VAC STAFF 1: We're on the other side of town.

UNIDENTIFIED SPEAKER: Of town. You dial 9-1-1 --

VAC STAFF 1: And if you're in Hawthorne --

VAC STAFF 2: You'll still get the police department.

UNIDENTIFIED SPEAKER: Mount Pleasant Police Department, but they'll --

VAC STAFF 2: They'll call them to dispatch.

UNIDENTIFIED SPEAKER: -- (indiscernible) 60-Control. Not them. I do not work for them.

VAC STAFF 2: Yeah, I know you --

UNIDENTIFIED SPEAKER: I need to reiterate that.

VAC STAFF 2: Yeah, I'm sorry.

UNIDENTIFIED SPEAKER: I do not work for them.

VAC STAFF 2: You know it so well.

UNIDENTIFIED SPEAKER: That's because I work in the system, but --

Interviewer 2: So they dispatch it, and then it somehow goes to the 9-1-1 center?

UNIDENTIFIED SPEAKER: It's a hot button system. So if they press Fire EMS, it's a call transferred to the Fire --

VAC STAFF 1: Police hold.

UNIDENTIFIED SPEAKER: And it then it transfers the call to the Fire dispatch, Fire and EMS dispatch.

INTERVIEWER 1 So you're dispatched by --

VAC STAFF 1: Mount Pleasant Police.

VAC STAFF 2: I know you're looking puzzled and --

INTERVIEWER 1 -- Mount Pleasant?

Interviewer 2: No, no, no.

VAC STAFF 2: -- you have every right to because it's the only one in the country.

UNIDENTIFIED SPEAKER: No, it's not.

Interviewer 2: It's not. Oh, no. Oh, no.

UNIDENTIFIED SPEAKER: No, it's not.

Interviewer 2: Oh, no. No.

UNIDENTIFIED SPEAKER: It's absolutely not.

Interviewer 2: Let me tell you -- (indiscernible).

VAC STAFF 2: Well, it's the only one in the country that's so big.

Interviewer 2: The PSAP that's in the little, you know, plug-in phone thing next to -- from like, you know, 1920 next to the kitchen table in somebody's house. Oh, yeah, um-hum. So, you're not -- it's not the craziest, but --

UNIDENTIFIED SPEAKER: Yeah, it's not.

Interviewer 2: -- they're all crazy.

UNIDENTIFIED SPEAKER: So that's the way Westchester County is set up because of the --

Interviewer 2: Historical.

UNIDENTIFIED SPEAKER: -- home rule state.

Interviewer 2: Right. Yes, right.

UNIDENTIFIED SPEAKER: So each municipality's primary police agency is the primary PSAP. The secondary PSAP is the Fire and EMS agency -- is the Fire and EMS dispatch in the municipalities that aren't dispatched by the primary PSAP. Yeah? Yes or no?

VAC STAFF 1: That's why --

Interviewer 2: I get it, but the only --

VAC STAFF 1: -- that's why we have two different radios.

Interviewer 2: Right. The only reason it works is because the dispatchers have been there long enough to understand the nuances. Every time you get a new dispatcher, it's got to be a disaster. You know, they got to -- they need a year of training.

VAC STAFF 2: Ah, yeah. We're fortunate that our dispatchers have been there awhile and they've actually -- the ones that I know because I'm a police officer --

Interviewer 2: Right.

VAC STAFF 2: -- are ex-chiefs from the area, so that --

Interviewer 2: Right. So they know --

VAC STAFF 2: -- they know the area.

Interviewer 2: -- the nuances, right. And that's -- but that's, you know, that's not a replicate-able system.

VAC STAFF 2: No.

Interviewer 2: You know? So when it comes to the kinds of things that we're interested in, it sounds a little crazy. We're looking for a replicate-able system. So, this is --

UNIDENTIFIED SPEAKER: Did you have a question about it?

Interviewer 2: Sorry.

INTERVIEWER 1 Well, I just want to make sure I have it right here. So the primary PSAP in the municipalities is the --

UNIDENTIFIED SPEAKER: Primary police agency.

INTERVIEWER 1 And they -- if it's Fire or EMS, they dump it to a --

VAC STAFF 2: They could.

UNIDENTIFIED SPEAKER: Depending. If the, if -- depending -- if the primary PSAP -- if the PSAP is the dispatch, then they do -- they handle it themselves.

INTERVIEWER 1 Okay.

UNIDENTIFIED SPEAKER: If it's not, then it gets dumped to the secondary PSAP.

INTERVIEWER 1 Okay.

Interviewer 2: So let me ask you one -- to just -- whatever your experience was on one other topic, which is total chaos, a lot of people with different kinds of information. Did anybody contact you to ask you how many injured people there were? Anybody? Metro-North? MTA? The --

VAC STAFF 1: There were.

UNIDENTIFIED SPEAKER: County?

VAC STAFF 1: But if you're asking me who --

UNIDENTIFIED SPEAKER: What organization?

VAC STAFF 1: -- there were several times. I had an easel -- I have the paper downstairs. It was my scribble board, and I knew who went where and what it was. I didn't have names up there, obviously. But, you know --

Interviewer 2: What their (indiscernible) --

VAC STAFF 1: -- amputee, hand, ALS, this truck. Because I knew they all went to the medical center.

Interviewer 2: Right.

VAC STAFF 1: There was a few stragglers that I didn't catch, which I caught within the last 2 days. Yes, there was -- and so, I know that I counted. I had to count that a couple of times.

Interviewer 2: Because somebody asked?

VAC STAFF 1: Yes.

Interviewer 2: And --

VAC STAFF 1: Not for reporters or anything.

Interviewer 2: No, no, no.

INTERVIEWER 1 No, no, no, but --

VAC STAFF 1: Within the scene.

INTERVIEWER 1 Yeah.

Interviewer 2: Yeah.

VAC STAFF 1: Um-hum.

Interviewer 2: Okay. And was one of those people asking -----?

VAC STAFF 1: He was there --

Interviewer 2: I mean, you --

VAC STAFF 1: I can't make an assumption that -- he was there.

Interviewer 2: Okay. He was there at some point, but -- okay. Okay. Again, there was a lot of drama. The press were there pretty quickly. You know, I was sitting at home, and by 8:00 I knew about it and was looking at, you know --

UNIDENTIFIED SPEAKER: Starting to get a bag together.

Interviewer 2: Yeah. Well, I called my boss saying are we going to this? And of course the first answer was, what are you talking about; it's a grade crossing. Well, it's a little more than that. Because we don't actually typically investigate grade crossing accidents because the people in the car die because they were in the wrong place.

VAC STAFF 2: Nobody else dies.

INTERVIEWER 1 Because there have to be --

Interviewer 2: It's the six in the train that really got us here, yeah. So the aspect of both communicating within the community, so communicating with the medical center, with Metro-North, among all of these entities -- we know there were a lot of MTA police around. But when I arrived whenever -- Wednesday morning, there were a lot of missing pieces of data that would ordinarily have been shared.

VAC STAFF 1: I don't think MTA ever asked us.

Interviewer 2: Okay.

VAC STAFF 1: I don't think they've ever come -- they ever came to me, but they were busy.

UNIDENTIFIED SPEAKER: Well, they (indiscernible) lost.

Interviewer 2: Right.

VAC STAFF 1: They only came to us to treat the guy with the frostbite, and that was like 11:30, 12:00 when we were having a cup of coffee finally.

Interviewer 2: Right. Right.

VAC STAFF 1: But, you know, I mean, they were busy. They had things they had -- they were trying to get it, you know, together I guess.

Interviewer 2: Okay. Okay.

VAC STAFF 1: I mean, I knew that at one point we were over at IC because we went over to [REDACTED] He didn't ask us.

VAC STAFF 2: No.

Interviewer 2: Okay.

VAC STAFF 2: And the only --

VAC STAFF 1: How many we transported, how many we did?

VAC STAFF 2: The only MTA cop I saw was the one where we brought him to the back of the rig when the engineer came. I says this is the engineer, you may want to talk to him. And then, let them talk to him for a minute, and then they transported him out.

VAC STAFF 1: In Greenburgh's bus.

VAC STAFF 2: In Greenburgh's bus. And there were a bunch at The Cliffs I think trying to interview bystanders there.

Interviewer 2: A bunch of who?

VAC STAFF 2: MTA cops at The Cliffs trying to do their interview. That's the -

Interviewer 2: All right.

VAC STAFF 2: -- you know, the bulk -- and the one or two that tried to escort the buses when they finally showed up.

Interviewer 2: All right. Well, listen, are there any questions you guys have for us? I don't have any more questions. [REDACTED] or --

INTERVIEWER 1 Yeah, I think -- the only thing I was going to say was I think - so I think I can like e-mail you a request for the patient care reports for the ones that you guys handled. But I don't even know if we -- do you have a feeling that you want to talk to the -- I don't know if it's worth our efforts to go and talk to the individual EMS transport people.

Interviewer 2: No. What I would say is this. It doesn't sound like there were issues or concerns on that end.

INTERVIEWER 1 Right. So I think it would --

Interviewer 2: We're probably better focusing on talking to some of the --

VAC STAFF 2: Do you want to mention -----(the volunteer EMT)?

VAC STAFF 1: What?

VAC STAFF 2: Do you want to mention -----(the volunteer EMT)?

UNIDENTIFIED SPEAKER: Players, major players?

Interviewer 2: -- EOC people, yeah.

INTERVIEWER 1 Well, I would rather -- yeah, I'd rather talk to the guys who came up here and just get the patient care report. Because the patient care report is going to give me the basic factual information I need.

Interviewer 2: Right.

INTERVIEWER 1 And then --

Interviewer 2: Time here or time there, that kind of stuff.

INTERVIEWER 1 Yeah.

Interviewer 2: Injuries.

VAC STAFF 1: So we do have a piece in here that's kind of a lost piece of a puzzle. Like I said, there was one guy that came up to me and said I'm an EMT, and there is where he was parked, and he pulled his bag out, and off he went. I had another one; I'm a nurse I can help. Again, I sent them over the greens or people that walked over to The Cliffs, to make an assessment. I had another girl that came up to me and said, I'm an EMT with Bedford Katonah, and I'm going okay great. I said can you go with her to take these two burned hands to the medical center, which was in our ambulance? And so, she said, yeah, no problem. She goes, what's your name? And she introduced herself my driver. They took the patient, and that was fine. They get there and he goes where's our truck; why isn't it back? And so she calls ----- he calls -----, our driver, and says our EMT has just turned into a patient. She was in the front of that truck -- in the front of that train. And we had no idea. She did not give us that piece of information.

INTERVIEWER 1 Oh, she was on the train?

VAC STAFF 1: She was putting burn patients out with her coat. I didn't know that. She totally --

VAC STAFF 2: She did that --

VAC STAFF 1: -- had nothing on her that --

VAC STAFF 2: -- found her way to the back of the train to us, and then offered to help. Us not knowing that she was even on the train, put her into service --

INTERVIEWER 1 So you thought she had driven up?

VAC STAFF 2: -- she did her transport where she collapsed.

Interviewer 2: Well, now, let me ask you this. Would that be a normal thing that you would do, someone that you don't know that's not part of your crew would take your rig, or go with --

VAC STAFF 1: Well, we had a -- no, but we had -- these guys were waiting 35, 40 -- these were -- you know, they were --

UNIDENTIFIED SPEAKER: (indiscernible) volunteers driving up --

VAC STAFF 1: Yeah.

UNIDENTIFIED SPEAKER: -- and you don't know everybody and --

Interviewer 2: Right.

VAC STAFF 1: Right. When you, when you tell them that you're from Katonah or Lewisboro and you kind of -- we know -- you know, we have a small (indiscernible) community. And nobody else was there, and these guys were shivering and they had already been waiting about 30, 35 minutes. And those were the two hand wounds, awake, alert, oriented, sitting up in the back of the truck waiting. And I just said, you know what, at least we can get them in the truck and get them situated.

And really, it was -- you know, I said -- we had her here when we did our critical stress. And, you know, we pulled her in as part of our family to have her here. And she told us, you know, some stories about the front, and, you know, put it together and whatnot. So she happens to be one of our EMTs for that night as well.

INTERVIEWER 1 So she was a passenger in the front of the train?

VAC STAFF 1: Um-hum.

VAC STAFF 2: Yes.

UNIDENTIFIED SPEAKER: What is her name?

INTERVIEWER 1 We would like to, we would like to interview her just as a -- because we're trying to get --

Interviewer 2: As a passenger.

INTERVIEWER 1 As a passenger.

UNIDENTIFIED SPEAKER: Yeah, as a passenger.

Interviewer 2: So my suggestion is that if you're comfortable giving us her information, that's great. Otherwise, you call her and give her ours.

VAC STAFF 1: I have to call her.

UNIDENTIFIED SPEAKER: Yeah, that's fine.

VAC STAFF 1: She's from Katonah -- Bedford Hills.

INTERVIEWER 1 You can have her contact us. Have her contact my --

Interviewer 2: Interviewer 1, cell.

INTERVIEWER 1 -- the Interviewer 1 one, cell phone.

Interviewer 2: Yeah.

INTERVIEWER 1 And just have her contact me and suggest a good time for --

Interviewer 2: A conversation.

INTERVIEWER 1 -- either a phone interview or -- you know, I don't know if she lives around here or not, but, you know, we're trying to get a chance to talk to --

UNIDENTIFIED SPEAKER: People who were on the train.

INTERVIEWER 1 -- several of the people on the front of the train to get -- you know, to map out what's happening on the front of that train, so --

Interviewer 2: Yeah. Do you guys have any questions for us about what happened or --

VAC STAFF 1: I mean --

Interviewer 2: There are some things we can't -- we can't tell you everything, but

--

VAC STAFF 1: I mean, we only can surmise. And, you know, we have heard for the last 3 days, and I'm sure you have, because I'm getting tired of hearing, now who's saying this -- you know, the woman was -- no she was this, she was that. I don't want to hear it. It's an accident. Accidents happen. I don't know what happened, and to me it doesn't really matter.

VAC STAFF 2: No.

VAC STAFF 1: So, there's a lot of conversation about that, and I kind of just go, I don't want to hear it. I heard it all today too, and I was like -- so I know that that conversation

has gone in here. We don't really to -- I don't need to -- and I don't really want to. It doesn't really matter. It's over and done with.

I think our biggest clip is to make sure our people are safe. And then our concern is, is to make sure that they're emotionally -- and their well-being, which we take care of, I think. And I think that, you know, just to move forward with this and learn from our mistakes, you know. Everybody says we did well, you know. It was kind of -- you know, there were some items that were in the mix. And hopefully we didn't do anything that could jeopardize anything.

Interviewer 2: I mean, as best -- we've had at this stage of the investigation some pretty significant concerns in other accidents for kind of how it all went down on scene during the rescue portion. I don't think we have those here. So from our standpoint -- okay, you didn't use the tags. But the reality is that do all of the -- does the entire county use the same red/green -

VAC STAFF 2: I don't know if they have the exact --

Interviewer 2: -- like green tags?

VAC STAFF 2: -- same tags. And they were trying to canvass us just this year about that.

UNIDENTIFIED SPEAKER: It's pretty common.

VAC STAFF 2: Which ones do you use, which ones don't you use?

VAC STAFF 1: Well, that's the thing. ----- brought out the start triage tag.

VAC STAFF 2: Yeah, he brought his own.

VAC STAFF 1: He opened it up. He -- it was a little pouch like that. He gave it to ----- says I'm going in the truck. He went in the train. He goes, when you see me again the train's going to be empty. So I'm like --

VAC STAFF 2: Yeah, but I think --

VAC STAFF 1: And it didn't dawn on me, like, well, where's the tag? I'm just --

Interviewer 2: Right.

VAC STAFF 2: No, I think the VAC Staff 1 thing was is I'm walking past passengers. I haven't come across an injured person. Because I think most of them had already gone through.

Interviewer 2: Right. Right.

VAC STAFF 2: I mean --

UNIDENTIFIED SPEAKER: Yeah, well --

VAC STAFF 1: You didn't have time to really --

UNIDENTIFIED SPEAKER: -- unless they were on the first car, I don't think there were -- there were very few injured --

Interviewer 2: But we've had --

UNIDENTIFIED SPEAKER: -- that weren't on in the first car.

Interviewer 2: -- we've had accidents where you're tagging with red, yellow, green, and the next group that comes in to help is expecting 1, 2, 3.

VAC STAFF 1: Right.

Interviewer 2: Right?

VAC STAFF 1: No, I don't think --

Interviewer 2: So, you know.

VAC STAFF 1: -- we're that way.

UNIDENTIFIED SPEAKER: I don't think we're that fragmented.

VAC STAFF 1: I think we're pretty -- we're pretty much -

VAC STAFF 2: Colored.

VAC STAFF 1: -- red, yellow, green. Right.

Interviewer 2: Okay. All right.

VAC STAFF 1: Throughout the county.

VAC STAFF 2: Yeah.

Interviewer 2: All right. So it works until you've got bring in --

VAC STAFF 1: I would agree with that.

VAC STAFF 2: The tag may be a little bit --

Interviewer 2: -- aid across the county lines and then you got a problem.

VAC STAFF 2: -- different configuration, but it's the same colors.

INTERVIEWER 1 What e-mail address do I -- can I send you a request for the patient care reports?

VAC STAFF 1: V-v-a-c?

VAC STAFF 2: Yeah, -----.

INTERVIEWER 1 E-v-a-c --

VAC STAFF 1: V-v as in Valhalla Volunteer.

INTERVIEWER 1 Victor-Victor?

VAC STAFF 2: Adam-Charlie-1 --

Interviewer 2: We can keep these?

VAC STAFF 1: Yeah.

Interviewer 2: Okay. Perfect.

VAC STAFF 2: -- .

UNIDENTIFIED SPEAKER: I did want to ask a couple of questions. The injuries -- there were some burns as well as some other --

VAC STAFF 2: The first one that came to us had some burns on the finger.

VAC STAFF 1: So the two that were sitting in Greenburgh's truck when we initially arrived -- I went to see them real quick -- they had dressings on. I didn't see underneath them, so I can't assess was it first, second, or third. They had dressings on.

Interviewer 2: But it was hands?

VAC STAFF 1: And they were hands, so they're a red right away. I understand they opened up the door to release them from the front compartment. That was the two gentlemen.

INTERVIEWER 1 And the other ones that --

VAC STAFF 1: Transported with (the passenger/EMT who volunteered) --

INTERVIEWER 1 -- the woman who was in the front, she rode with who in the back?

Interviewer 2: That would have been --

INTERVIEWER 1 She was in the back of an ambulance?

Interviewer 2: -- right, two.

INTERVIEWER 1 She rode with them to Westchester County.

Interviewer 2: That would have been like --

INTERVIEWER 1 And then you couldn't figure out where she went after that or

--

(Simultaneous conversation.)

VAC STAFF 1: Yes, but --

VAC STAFF 2: She would have been, yes.

VAC STAFF 1: She was there and ----- stayed with --

Interviewer 2: Because then you'd only have one --

VAC STAFF 1: -- our driver stayed with her until her boyfriend came down.

INTERVIEWER 1 Okay.

VAC STAFF 1: We didn't leave her alone.

Interviewer 2: And did she actually get seen as a patient in the emergency room?

VAC STAFF 1: No, she refused. She snuck out. She's going to be a nurse. I'm so proud of her.

(Laughter.)

VAC STAFF 1: You're a doc, right?

Interviewer 2: Yeah.

VAC STAFF 1: All right.

Interviewer 2: So, there, you know.

UNIDENTIFIED SPEAKER: She had to be good to con her.

VAC STAFF 1: She conned me, and I don't get conned. And I'm a nursing instructor from 15 years, so she really conned me. So I really -- that was one of my stresses during debriefing. I was very upset.

(Whereupon, the interview was concluded.)

CERTIFICATE

This is to certify that the attached proceeding before the

NATIONAL TRANSPORTATION SAFETY BOARD

IN THE MATTER OF: METRO-NORTH RAILROAD FATAL TRAIN
CRASH, VALHALLA, NEW YORK
FEBRUARY 3, 2015
Interview of VAC Staff 1 and VAC Staff 2

DOCKET NUMBER: DCA-15-MR-006

PLACE: Valhalla, New York

DATE: February 6, 2015

was held according to the record, and that this is the original, complete, true and accurate transcript which has been transcribed to the best of my skill and ability.

Transcriber

In Person Meeting Notes with Westchester Medical Center Staff February 6, 2015

NTSB investigator met with the emergency ops team at the medical center: Senior Vice President (SVP), Registered Nurse (RN), Chief RN of the Emergency Department (ED), a communications staff member, Medical Director for Regional Emergency Services, and the Executive VP.

There was a group discussion of events of the evening.

- Trauma team was already in the ED because they had responded to the trauma page for two victims from the previous head on collision.
- First indication of a problem was a call to find out how many patients the Medical Center could accept. Based on the situation in the ED, the response was 6 critical and no limit on minor injuries.
- About 6:40 pm, notified there were 12-20 injured in a train collision or explosion on a Metro North (MN) rail line.
- About 6:47pm, the internal mass casualty incident protocol was activated and a “code triage” began in the emergency department.
- There were no further “official” reports from the scene and no information from the county at all.
- The medical director drove in.
- At some point, there were reports (informal) that up to 100 patients could be arriving, and an internal disaster was declared. This means staff going off shift don’t leave, conference rooms get set up as triage/staging areas, among other things.
- The hospital has 3 ambulances and all went to the scene. One paramedic was asked to stay to communicate back to the hospital about events.
- The first 11 patients arrived without mass casualty tags, by about 7:45pm. 5 were labeled critical.
- A final patient arrived at 2040 (the engineer).
- At some point relatively soon after that, they were told “all the reds are clear” but then understood there might be 300 more “green” patients coming and were unclear on when to stand down. Staff was not fully released until 10:30pm.

Other issues were discussed.

- Hospital staff estimated that 20-30 MTA PD officers arrived and took over to interview patients, interfering with patient care. This included entering ICUs and not abiding by infection control practices. Attempts to identify command leadership were met with the statement that the officers were “just posted here”.
- All the MCI patients were initially registered with pre-registered “disaster names” to speed up their care. Over the first few hours, each was actually identified by their name and family members who arrived were informed and reunited. However, there were three more families looking for missing loved ones.
- Attempts were made to identify someone at MN or in the County to help these families. The first number supplied by MN and called by families was apparently a wrong number

– someone answered who didn't know why people were calling. The second was a voice information system giving additional numbers to call for lost items. The families were increasingly distraught; they apparently found out that there were fatalities on the train only from a news report.

- At some point, a Rabbi from MTA Chaplaincy arrived but did not seem to help calm the situation.
- A Family assistance center was opened at 01:30am on 2/4 and the two remaining families transported there by MTA PD.
- Westchester Medical Center (WMC) Communications staff reached out to Communications at MN but were not asked for any information or given any information. The message was “we're working on it.”
- WMC staff were surprised that no one from MTA, MN, or the County ever called to ask for information regarding the patients. They supplied a list of the injured to MTA PD at some point over the night.
- Of note, the only other MTA personnel who arrived and wanted to talk with patients were MTA risk management. They were turned away.

**Transcript of Interview with the Director of the Westchester County Office of Emergency Management.
February 9, 2015.**

UNITED STATES OF AMERICA
NATIONAL TRANSPORTATION SAFETY BOARD

Investigation of: *
METRO-NORTH RAILROAD FATAL TRAIN *
CRASH, VALHALLA, NEW YORK * Docket No.: DCA-15-MR-005
FEBRUARY 3, 2015 *
*

Interview of: the Westchester County Office of Emergency Management (WCOEM) Director.

Valhalla, New York
Monday,
February 9, 2015

The above-captioned matter convened, pursuant to notice.

BEFORE: INTERVIEWER 1 Ph.D.
Survival Factors Investigator

APPEARANCES:

INTERVIEWER 1 Ph.D., Survival Factors Investigator
National Transportation Safety Board

I N D E X
ITEM

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I N T E R V I E W

INTERVIEWER 1 Okay. This is the 9th of February and this is WCOEM Dir..
INTERVIEW OF WCOEM Dir.
BY INTERVIEWER 1
Q. First, since -- why don't you tell me what your role was --
A. Sure.
Q. -- and how you got dispatched to the scene?

A. So I'm the director of the county's Office of Emergency Management, and I was actually home at the time of the initial notification. And I had actually originally seen what we call iPage, which is a text message from our dispatch center that I get for every major incident.

Q. Right.

A. Or any incident involving multiple agencies. So that's not uncommon. I get multiple of these a day and I often take no action in response.

Q. Okay.

A. There had been a major accident that I had monitored on my ride home --

Q. Is this the head-on collision you were --

A. -- in the same area.

Q. Yup.

A. So when I first saw the iPage text message, I assumed they were one and the same.

Q. Okay.

A. So I took no action. I was then called by the New York State Office of Emergency Management to ask if I had any additional information about a train accident in Westchester and I said that I hadn't, but that I would check and I would get back to them. So I called the deputy commissioner, and she confirmed that she understood that there was a train accident in Valhalla and that this was a totally separate incident than the one that I had monitored earlier.

Q. Okay.

A. So I made that notification to the state and, you know, I kind of awaited further instructions. And then shortly thereafter, I received a call from our dispatch center, 60-Control, basically indicating that it was a serious incident and

Q. That dispatch center, what's the name of that dispatch center?

A. It's called 60-Control.

Q. Okay.

A. It's the one that that whole --

Q. So that's the Westchester County --

A. That's correct. So all the fire and EMS dispatch would've come from there.

Q. Okay. And what's your designation? Like how would I -- if I look at the incident detail report, what's your designation there?

A. I'm OEM-1.

Q. OEM --

A. That'd be OEM-1.

Q. -- 1? Okay.

A. On that run report.

Q. All right.

A. So I'd say that was probably, I don't know, 20 minutes into the incident I got that call. And then probably another 25 minutes or so later, I was on scene.

Q. So you -- so en route for about 20, 25 minutes. So you probably arrived about 45 minutes?

A. Give or take. Yeah, about 45 minutes into the incident.

Q. Okay. All right. And so why don't you go ahead and describe what, you know, what your reactions were on the scene?

A. Sure. So when I first pulled up, I staged somewhere around the Taconic and just emergency vehicles for as far as the eye could see. So I --

Q. Let me ask you a question. When you pull up on the Taconic, did you feel like -- approximately how many, like just ballpark number, how many emergency vehicles were there and did you feel like it was an issue for you to get to the scene?

A. Not for me because I didn't have any equipment that I needed to bring with me. But I would say dozens --

Q. Okay.

A. -- of units at that point. And that was -- my understanding, all of the patients had been transported, so this was mostly fire apparatus, law enforcement, Metro-North vehicles. Most of the ambulances had departed the scene at that point.

Q. Okay.

A. But I did have to go through a police traffic control point to access the scene.

Q. Okay.

A. So I staged, you know, pretty far away and walked and ultimately presented at the command post.

Q. Okay. When you got to the command post, who was there and what roles were defined?

A. So I saw the chief of the Valhalla Fire Department, was at the ICP; the county fire coordinator, was there.

Q. What's his last name?

A. -----.

Q. ----- He's the county fire coordinator?

A. He's actually the commissioner of emergency services now. He recently -- that's a slip on my part. He recently delegated that authority to another gentleman who was at the ICP. His name is -----, and he's the county fire coordinator and he was present at the ICP.

Q. Okay.

A. And then there was some other folks in the general vicinity that you can tell were working on different issues.

Q. Okay.

A. EMS personnel from Westchester County; there were MTA personnel, law enforcement.

Q. Was there a designated law enforcement point of contact or law enforcement incident commander type --

A. There were several, at least as far as I could tell from my perspective, there were several high-ranking MTA Police personnel and New York State Police personnel around the ICP, but I didn't really interact with them much.

Q. Okay. Now, you said several high-ranking MTA --

A. MTA Police and New York State Police folks that I saw.

Q. Oh, there was New York State Police as well?

A. Yeah, I thought I saw some state police people, ----- Yeah, Captain -----; I thought I saw him there.

Q. Okay.

A. He's somebody we work with pretty regularly. And several MTA Police officials.

Q. Okay. And then other police agencies?

A. I did ultimately see a county police; I believe he's a detective --

Q. Okay.

A. -- arrive on the scene and I did see someone from NYPD, who, when I did speak with him briefly, he indicated he was Joint Terrorism Task Force out of the city.

Q. And that's later on? That's probably, like --

A. He was there pretty quick. I mean, I wouldn't say he pulled up with me, but when I turned around at some point later in the incident, he was there.

Q. So --

A. He didn't appear to have much of a role --

Q. Right.

A. -- other than to try to figure out what was going on and what implications there may be.

Q. Okay. Okay. So you got to the command post, checked in. Then what happened?

A. So I had, on my walk from the car to the ICP, I was made aware that there was a situation developing at a facility called The Cliffs, which I had no idea what The Cliffs was. But when I got the ICP, I was told that it was a local gym where evacuees had been told to go to await transport to the next station.

Q. Right.

A. It was not clear to anyone at the command post how many people were there. So it was interesting, as I got closer to the command post, the number kept going down. So I had initially heard that there were 300 people at The Cliffs, and then I heard there were 150 people at The Cliffs and then I heard there were 50 people at The Cliffs.

Q. So the issue was -- there wasn't a specific, like, safety or something issue; the issue was just that it was an unknown situation?

A. It was an unknown and it was something that had to be clarified because these folks obviously couldn't stay there. They had to be brought somewhere.

Q. Got it. Okay.

A. So that was my first assignment. They asked me to please go to The Cliffs and figure out what the situation was and where we stood with respect to moving those folks on to their destination.

UNIDENTIFIED SPEAKER: Sorry, Interviewer 1, to interrupt, but do you want the on-scene --

INTERVIEWER 1 Sure.

UNIDENTIFIED SPEAKER: 2004, 8:04.

INTERVIEWER 1 Okay. That's his on-scene --

UNIDENTIFIED SPEAKER: Per the CAD, 1932 responding 2004.

INTERVIEWER 1 Got it.

UNIDENTIFIED SPEAKER: But the CAD is, you know, (indiscernible).

INTERVIEWER 1 Right, right. I understand.

WCOEM Dir.: Can get backed up or something, (indiscernible).

INTERVIEWER 1 Yeah, take them a minute to get it logged in, yeah.

BY INTERVIEWER 1

Q. Okay. So you went to the -- so you were asked to go to The Cliffs?

A. Um-hum.

Q. And then what happened?

A. If memory serves, there were -- I think there were 75 people at that point and I was working with a gentlemen from the Metro-North Rail, who I can't recall his name.

Q. So did you go over to The Cliffs by yourself or did you meet people there or --

A. So I walked over by myself. It's not a very long walk, but it was through some interesting terrain.

Q. Yeah.

A. But I was able to get over there and there was a Valhalla volunteer ambulance core unit there, some MTA Police, and a gentleman from Metro-North Rail was there, a gentleman in a suit. I never got his name. And I believe that was it. And then we just started talking about, you know, did somebody count heads and how many people we got and where are they going and where are the buses and stuff like that. And then things started to kind of unfold, I guess --

Q. Were the people still arriving there or by this time, was it pretty much everybody -

A. Folks were leaving there by this time.

Q. People were leaving? Okay.

A. So people were wandering off, you know, just leaving on their own accord or, you know, I --

Q. As they left, was there anybody checking on them before they left?

A. I believe the ambulance had done a canvass, the ambulance that was there, is anyone injured, you know.

Q. Okay.

A. Because I did ask the question, you know, does anybody else need to go to the hospital, to the ambulance guy. And he said that as far as he was aware, no.

Q. Okay.

A. So I think by the time we got -- I think by the time the buses showed up, there were like 50 people, or fewer than 60, something like that, in that ballpark. I don't have an exact number. It was like a bus and a little bit on a second bus. So a bus is about 45 and then I think there were like a dozen more, something like that, that had to go in a second unit.

Q. Okay. What kind of bus -- the bus was from where?

A. So there was some confusion about this. Someone had requested buses from what's called Liberty Lines, which is the county's ground transportation provider. This is fairly common, especially at winter incidents. You know, you call buses to --

Q. Yeah.

A. -- keep responders warm or to, you know -- and that's who we would call if we ever had to do an evacuation. But it appeared that Metro-North may have also requested buses through their normal -- their contracts. Because after the Liberty Lines buses departed the scene, the yellow school buses started to show up.

UNIDENTIFIED SPEAKER: So Liberty had taken everyone?

WCOEM Dir.: My understanding is Liberty transported everyone to the next station. And I don't think there was anybody left.

BY INTERVIEWER 1

Q. And so the Liberty Line buses transported them to where?

A. I believe it was the Pleasantville Station. That's the next station up on the line? Yeah.

Q. Okay. To the train station?

A. That's my understanding, yeah.

Q. Okay.

A. That's my understanding is that was their destination.

Q. Okay.

A. You know, so the mission was accomplished. I was able to keep the command post updated on that. And when we wrapped up, I was able to report that that was one thing we could check off the list.

Q. Now did you have a radio to --

- A. Yeah.
- Q. -- talk to the command post?
- A. Um-hum.
- Q. Okay.
- A. Yeah, that's how I was able to do that.
- Q. All right. So that sounds like that got wrapped up.
- A. Yeah.
- Q. And then what did you do?
- A. So then I got back to the command post and kind of gathering, you know, situational awareness for myself. I'd only been on the scene a short time before I had to go to The Cliffs. So people were talking --
- Q. Approximately when was -- like when did all that get wrapped up at The Cliffs and when did you get back?
- A. I don't -- I want to say that wasn't an hour. It was hard to tell.
- Q. Okay.
- A. By the time the last person got on the bus and I felt comfortable that this was a done deal, probably an hour maybe.
- Q. Where were they in the firefighting stages or whatever by now?
- A. So the fire was out. I believe all of the EMS had transported and some of the fire units were actually starting to pack up.
- Q. Okay.
- A. So that was -- I kind of offered my assistance with that, you know, help demobilizing some of these units because there were a lot of units just kind of around.
- Q. Yeah.
- A. Metro-North was starting to arrive in force, a lot of Metro-North folks at that point, so it kind of gives you an idea of how far in we are. And then I was asked to spearhead the family assistance planning.
- Q. Okay.
- A. So then my attention was diverted to that, and that would remain the case for the next several days.
- Q. You're still --
- A. I'm still doing that.
- Q. -- you're still responding. Okay. Who asked you to -- so did the -- was this still -- at this point at the command post, who was IC? Was it still the Fire Chief or is it --
- A. So I believe that Chief ----- was still around. I did not physically see him at that point when I returned, but I know that they were in and out of meetings, briefings. There was a command-like vehicle that some meetings were held in, so he may have been in there.
- Q. Okay.
- A. But my immediate supervisor, -----, who's the deputy commissioner here at Emergency Services, indicated that somebody needed to take this on --
- Q. Right.
- A. -- and that that person would be me.
- Q. Okay. I understand.
- UNIDENTIFIED SPEAKER: Could've been you drew the short straw.
- BY INTERVIEWER 1
- Q. Okay. So what were your on-scene actions with that? What'd you do with that?
- A. So we had someone assigned from Metro-North to work directly with me.
- Q. Okay.

A. And this was ----, who I happened to know very well already.

Q. How do you spell his last name?

A. ----.

Q. Okay.

A. And so we were assigned to work together on this, and then gradually we started to pull in other stakeholders that had arrived on the scene. So there was a member of Red Cross's Disaster Response Team that I have worked with many times in the past; we engaged him.

Q. Do you know who requested Red Cross or how did they get -- no? Okay.

A. They were there when I got there.

Q. Okay. And so they had a person from MNR, a person from Red Cross?

A. Um-hum. And then the rabbi from the MTA Chaplain Services, Rabbi -----, we got him into our circle.

Q. And that -- this MTA Chaplain Services, what kind of an -- I never heard of an organization like that.

A. I hadn't either. I hadn't either. He -- I don't know.

UNIDENTIFIED SPEAKER: The MTA is a kind of a parent. You know, their subways, bridges, tunnels, Metro-North --

INTERVIEWER 1 Right.

UNIDENTIFIED SPEAKER: -- for the parent agency. It's not really a parent, but he's actually the chaplain.

WCOEM Dir.: Okay. I understood he was pretty high up in the organization.

UNIDENTIFIED SPEAKER: Yeah.

INTERVIEWER 1 So MTA would've asked him to --

UNIDENTIFIED SPEAKER: I don't know how he was dispatched, how he learned of it. I don't know if he was requested specifically --

INTERVIEWER 1 Okay.

UNIDENTIFIED SPEAKER: -- but he did appear.

INTERVIEWER 1 Okay.

BY INTERVIEWER 1

Q. All right. And so you guys put your team together?

A. Um-hum.

Q. And what'd you do on scene?

A. So we did, -- we kind of staked some area in this command-like vehicle near the command post. It was indoors. So then it occurred to everyone at the table that we had absolutely no experience with this amongst us, the group. So what we did was Red Cross reached out to some other folks that they believed were en route to assist us, who had some experience with this. And I had -- the suggestion was made to me that New York City had reached out, New York City OEM, my counterparts there, they had done this before and they were offering their assistance. So we got onto a conference call with them.

Q. So how'd you guys get a hold of New York City? Like who knew the contact points there?

A. So someone from there had reached out to [REDACTED] and I.

Q. Okay.

A. And they were saying if you need us, give us a call.

Q. Great.

A. So I cannot honestly remember who facilitated this call, but --

Q. That's all right.

A. -- we did have it. And I said teach me how to do this in the next 15 minutes because then I got to go. So they sent me a bunch of resources and --

Q. What kind of resources? Were they like --

A. Some checklists and things --

Q. Oh, okay.

A. -- out of their plan. You know, they didn't want to overwhelm me with their whole plan. They sent me what they thought would be the most valuable. Yes.

Q. Yeah, read this.

A. So that was helpful, you know, to a point. And then the Red Cross, some additional folks arrived and they had actually done this before.

Q. Okay.

A. So that was very helpful. They really did -- they brought some people that really were knowledgeable.

Q. So you were mostly doing a planning or planning stage. When was -- while you're on scene, was there any sort of product, I guess, for lack of a better word? Did you launch any, you know --

A. Right. So we wanted to pick a location. That was the goal before we broke up, was to pick a location. The chief of the Mount Pleasant Police was within earshot and had offered his facility, the Mount Pleasant Town Hall.

Q. This is -----?

A. -----

Q. Okay.

A. Yeah, Chief ----- . But he said he had checked with the town supervisor, who is the chief elected official in the town of Mount Pleasant, and this was good to go if we needed a site. It was decided by the group that that was a good location to start, but that we weren't going to be able to manage this from this vehicle.

Q. Right.

A. So we were going to go back to my offices, which are in Hawthorne.

Q. Okay.

A. A very short drive, and that Rabbi ----- would go to the hospital, that as far as we knew from -- I had a very brief exchange with someone at the Westchester Medical Center and I was informed that there wasn't anybody at the hospital. So Rabbi ----- was dispatched to the hospital.

Q. Anybody with the hat of family services?

A. Right. Yeah, I mean, I understood that the -- that there were maybe some MTA Police --

Q. Right.

A. -- people there, but that there was nobody there for the families specifically.

Q. Right.

A. So then Rabbi ----- said he would do that and then we kind of drove to the office, my office down the road here.

Q. Okay. Okay. And that's when you left the scene and then basically you followed through with lots of --

A. Yeah.

Q. -- stuff from there?

A. Yeah, you know, we printed out the New York City resources. We reviewed them. We were in contact with Metro-North situation room, in contact with the medical center by phone and they confirmed that they had about two dozen family members in their waiting

room who wanted some answers, and they said that we are working with the railroad to set up a family assistance center at town hall and that if they could please assess if anybody needed transportation, you know, that we might be able to facilitate transportation.

Q. Now, was this -- when you left the scene to go to your offices, had they already -- what time was this? Had they already done the on-scene -- didn't they do a, you know, the press conference or something on scene?

A. So we actually, as soon as we were walking in, the press conference was about to start at the Hudson Valley TMC. This is the county executive's press conference, because then he came down and we spoke after that.

Q. At the -- okay.

A. So in terms of timing, whatever time he did that.

Q. And had whoever's doing the press conference, did any staff in the press conference come talk to your group beforehand, ask any information?

A. We actually spoke afterwards about -- you know, that please keep me in the loop on the family assistance operation and things of that nature.

Q. Okay. So that was -- wasn't that about at around midnight or something? Or --

A. It had to be.

INTERVIEWER 1 Do you know what time that was?

UNIDENTIFIED SPEAKER: I don't.

INTERVIEWER 1 Maybe a little earlier?

UNIDENTIFIED SPEAKER: Can I ask a question? Just because --

INTERVIEWER 1 Sure.

UNIDENTIFIED SPEAKER: -- we were bogged down on scene.

BY UNIDENTIFIED SPEAKER:

Q. Do you know what agencies were in that press conference?

A. It was just him.

Q. It was just ----- and no MTA?

A. He's the only one that spoke.

Q. (Indiscernible). Yeah, okay.

A. Yeah.

Q. Because this was kind of a rigmarole on scene.

A. Yeah.

INTERVIEWER 1 Okay.

WCOEM Dir.: He's the only one that spoke.

BY INTERVIEWER 1

Q. So who -- and who is that?

A. He's the county executive.

Q. Okay.

A. He's the chief elected official for the county.

Q. And what's his name?

A. ----- And we watched it on the local cable channel.

Q. Okay. So yeah, I think that was around midnight or 1.

A. Or just south of that, yeah.

Q. I'm not sure if I've got that right. I --

UNIDENTIFIED SPEAKER: I just don't recall. Because I know --

INTERVIEWER 1 Because, I mean, eventually the governor went out there. He was out there too at some point.

WCOEM Dir.: That was --

UNIDENTIFIED SPEAKER: The governor came. The --

WCOEM Dir.: -- 5 in the morning.

UNIDENTIFIED SPEAKER: -- (indiscernible) president, the chairman, but I think, you know, everybody was trying to get everybody together.

INTERVIEWER 1 Yeah.

WCOEM Dir.: Yeah, I mean, we were trying to do the same thing. It was just very chaotic. You know, we tried to convene -- New York City had recommended we convene a conference call to discuss family assistance. We tried to do that, but we were, everybody was kind of a step ahead of that already. We had picked a location; we knew where the majority of the families had already started to congregate at the hospital. So then we physically -- we decided that we weren't doing much good in the office, that we had to physically go to the family assistance center and start doing the work of setting the facility.

BY INTERVIEWER 1

Q. Okay.

A. So that's what we did.

Q. That's the next day?

A. Yeah. And you know, we had some difficulty getting people to go there, representatives. That was ultimately resolved

Q. Because --

A. -- and we had some high-ranking people there.

Q. You mean because, you mean to go set up the facility just because they didn't want to like -- they're more comfortable trying to do the work from their office or like they --

A. No, I mean, I would speak to their state of mind. I think there was a lot going on and then this thing became a priority.

Q. Right.

A. And we had to pull people out of what they were doing --

Q. Okay.

A. -- to go and address the families.

Q. I understand.

A. I mean, these folks had been at the hospital for hours. And they just wanted to know; they wanted to know what the status was, you know.

Q. Right.

A. I can't get so-and-so on the cell phone, and it's been 6 hours, you know, or whatever it was.

Q. Right.

A. And I'm really worried now, you know, what should I do? So --

Q. So at what point did you set up -- didn't you guys set up a call-in line, right?

A. Metro-North did, yep.

Q. Okay.

A. Metro-North did through their situation room. We had a discussion about that, that there was a need for such a line. Metro-North situation room did that.

Q. About what -- do you know, was that like in the early morning hours or in the middle of the night or --

A. Yeah, I would say, yeah, probably in the midnight range.

Q. Okay.

A. To tell people -- it was basically a recording. And, you know, that wasn't ideal, but that's what was available at the time. That basically said if you've been impacted by the incident and you want to report a missing person or you need mental health counseling or

something like that -- I can't recall the exact what it said -- but to go to Mount Pleasant Town Hall and gave the address.

And then once we were satisfied that -- you know, we were going to have people there from the MTA Police, we were going to have people there from Metro-North Rail to address some of the questions that were going to be raised. We had mental health support from Red Cross there, the local chief elected official. The town supervisor was there. We had kind of set an agenda for, okay, when the families get here, this is how we'd like to see this unfold. And then we tried to stick to that.

But when the families finally arrived, you know, there were a lot -- you know, they sat there. They immediately wanted answers. So Chief ---- from the MTA Police gave kind of the initial -- kind of led the initial question and answer. The town supervisor actually greeted them and explained to them what this was, you know, that this was for family members or people that were missing loved ones, and that there were people here from the railroad and people here from Red Cross and the county. And we had the medical examiner was there, ----. She was there in case anybody had any questions about that process.

Q. And so you held like a little -- like, or you just kind of had something up at the front, these people talked and gave --

A. Yeah. It was a podium. We tried to keep it informal. But, you know, it was all the families.

Q. Approximately how many people were there at that point?

A. I'd say about two dozen. We were informed right before we opened the center that one family, a small family that I believe was a husband and wife, an elderly couple, would not be making the trip, that they were tired, that they were going to go home, that they were not going to come to town hall.

Q. And then on scene -- did you have somebody on scene directing people towards the town hall or --

A. So we did not.

Q. -- or was it pretty much everybody was gone by then or

A. I wasn't aware of any families showing up at the scene but that doesn't mean that they didn't.

Q. Right.

A. Most people we dealt with were at the hospital. I'm not sure if anybody --

Q. I imagine it would be hard to get to the scene at this point anyway.

A. Yes. Yeah, it thinks it was pretty well locked down.

Q. Because it's -- yeah. Okay.

A. But it was revealed, though, so Chief ----- did a question and answer. People asked some very specific questions about why they could not release the identities of those still on the train. And, you know, I thought the chief did the best he could with respect to leaving the gory details out. But that was hard and people wanted to hear that. It was clear that people wanted to hear that.

Q. They wanted to hear how people died or they wanted to --

A. I think they --

Q. -- hear the names?

A. -- they wanted to know -- I think they knew the answer, but they wanted him to say it, that their cell phones were irretrievable, that their IDs couldn't simply be pulled out of their pockets and identified. So, you know, they kind of forced him to say the bodies were charred and that it was going to be a process, that this was a process that was going to needed to ID. And then ----- --

- Q. So at this point --
- A. -- then spoke.
- Q. -- at this point did you have -- I mean, you may not even have had the proper identification yet?
- A. No. There was no positive ID at all.
- Q. Yeah.
- A. It's not a manifested train. This is only hours afterwards. There was --
- Q. Yeah.
- A. All these folks had was, I've been calling so-and-so for the last couple of hours and he isn't picking up.
- Q. Right.
- A. So -- and they were tired. You know, it was late.
- Q. Tired and grumpy, for sure.
- A. They were.
- Q. Yeah.
- A. And they were numb by the time they made it to our place, to the family assistance center.
- Q. Right.
- A. Supposedly the scene at the medical center was not as relaxed.
- Q. Right. Yeah, I heard that.
- A. But there was only two families. So there were two dozen people there. We found out later when we --
- Q. At this point there was only two families?
- A. So it was two dozen people, about --
- Q. Okay.
- A. -- give or take. And --
- Q. Oh, so people weren't -- okay, yeah.
- A. -- they have all these detectives there to take their statements about who they were looking for and can you describe them and get all their information and stuff like that. And when they went to go break up, somebody from the families was like, well, listen, you know, it's just the two of us, you know. This was a family.
- Q. Right.
- A. These six people, and these six people were another family looking for the same people. So there was really two missing persons.
- Q. I see. I understand. And --
- A. And they picked a spokesman, a spokesperson, and they met with the law enforcement officers.
- Q. Now, how many -- so the law enforcement officers were kind of expecting -- they were maybe expecting to talk to various groups of people and take these statements and collect a list of names of potential missing people?
- A. That's right.
- Q. And then it became apparent that, oh, all these people are all looking for the same person?
- A. That's right. We thought all these folks were going to have a different story, different person that was missing, and it was just two people.
- Q. Okay. And how many MTA officers were there?
- A. Three detectives and Chief -----.
- Q. Okay.

A. And I believe they posted a guard in support of the Mount Pleasant Police, who were obviously very committed to the scene too, so --

Q. Right. Okay. Well, that's interesting. And then so at what point did the family -- this center, how long did you occupy the town hall and when did you break up and move it?

A. So we were there -- so the families left. They all went home, presumably. We had a meeting in the town supervisor's office with the MTA Police, the captain, myself, the medical examiner, the town supervisor, the chief of police from the town of Mount Pleasant, and essentially we just talked about what do we do now? You know, does this facility stay open in case somebody rolls over at 3 in the morning and realizes their husband isn't there and they want to come speak with somebody?

We thought at that point that was unlikely, so we scheduled to meet the next morning at the medical examiner's office and that folks should be directed to the medical examiner's office the following day.

Q. Okay. So it sounds to me like -- like I'm surprised you didn't get families that wanted assistance for some of the injured and stuff.

A. I was surprised at how low the volume was. I was expecting --

Q. So you think those people were camping out at the hospital or something or --

A. I think they were, or they were somehow in contact with them and they didn't need any additional information. That was not clear.

Q. Right.

A. But throughout the event, I was surprised at how few people came forward.

Q. Right.

UNIDENTIFIED SPEAKER: Yeah, I'd be curious to know how many people were at the medical center. Because that's where --

BY INTERVIEWER 1

Q. But how would they know -- like, because that person can't talk. They're not talking on their cell phone.

A. I mean, it's the closest hospital.

Q. How do they -- it's like -- that's interesting, you know, it's like -- because, you know, you would think, like if you hadn't been able to reach them, you think, well, I either go to the hospital and hope I can try to find something out there or they've announced that there's this family assistance center --

A. Right.

Q. -- I'd probably go there. But maybe not.

UNIDENTIFIED SPEAKER: Yeah, it is kind of the hospital in the area.

INTERVIEWER 1 Yeah. That's true. That could definitely play a role.

WCOEM Dir.: It's the closest to the scene, so, I mean --

INTERVIEWER 1 Yeah.

WCOEM Dir.: -- that's where I would've gone.

BY INTERVIEWER 1

Q. And they figured maybe that's the hopeful choice, right?

A. Yeah.

Q. Okay.

A. Yeah, it was surprising. It was surprising on how few people. And then we had -- so we met the next morning at the medical examiner's office and we were prepared for a 10 a.m. scheduled meeting with families. The recording that the Metro-North Rail maintained was amended to reflect that, so that if any new people called, they would know to be there at 10 to meet with representatives.

- Q. Oh, okay. What time did you change the recording, do you know, roughly?
- A. Sometime during the night.
- Q. Okay.
- A. Metro-North would've changed it.
- Q. Okay.
- A. And when that number started to get called, you know, the media called it and they knew that the meeting was going to be at 10.
- Q. Oh, God.
- A. So that caused a bit of a problem.
- Q. I can imagine.
- A. A lot of news coverage. A lot of news coverage. And but we had, you know, high-ranking people from the county there to meet with the families and so Metro-North had a vice president there and the chief of police, and we had our medical examiner. I was there.
- Q. And so about how many family members showed up for that?
- A. One.
- Q. One family?
- A. And --
- Q. Was it one of the same two families from the night --
- A. I did not recognize her from the night before, but she did -- she showed up alone and she had --
- Q. One person?
- A. One person showed up by herself. She had dental records with her. So she had obviously -- I assumed that she had been briefed by somebody who had met with us the night before. She met with a mental health counselor, she met with the medical examiner and she met with our county executive, and then she left.
- Q. Okay.
- A. So there was no -- we didn't have a meeting with her.
- Q. One person and probably about 100 media people?
- A. Yes. Yes. And that was it.
- Q. Okay.
- A. And then we scheduled a 4 p.m. for the families. Nobody came. But our understanding is that the MTA Police were in pretty consistent phone contact with the families that had come forward, so that they probably didn't think there was going to be a whole lot of value in coming in person, especially given the media --
- Q. Okay.
- A. -- presence. So I think they were getting everything they needed from the MTA Police.
- Q. Yeah.
- A. So then we discontinued at that point.
- Q. Right. So I'm going to channel----- here and if you could -- she likes to ask the question if there's anything, like, that jumps out in your mind as you review the events in your head, you know, that would've, could've, should've -- like, oh, if only I had done or if only this -- not necessarily just you, but if only this had happened or --
- A. Sure.
- Q. -- this was done or something. What jumps out at you?
- A. I think if we had had a better framework in place -- we, I mean the county, the railroad, and even if it wasn't a rail accident, you know, the airport, the B-Line bus, you know, the schools for an active shooter, something -- a framework in place where we could all agree

that by this many hours after an incident, we want to have a family assistance reunification center set up and this is the framework that we're going to use to do that, this is what the county's role is, this is what the carrier's role is, this is what the law enforcement's role is, Red Cross. I don't think we -- we were coming up with that as we were going along.

Q. Right.

A. And there was a lot of discomfort with doing so because the stakes were so high.

Q. Right.

A. You know, we had these folks coming in --

Q. Yeah, they're hard decisions to make when you don't know --

A. Yes.

Q. Yeah.

A. And we wanted to make things as easy on these folks as possible, even if that made it harder on us. But it shouldn't have been that difficult.

Q. Right.

A. You know, if we had had something in place. So I think that's something that we're going to prioritize moving forward --

Q. Right.

A. -- is to try to come to some consensus about who does what with respect to family assistance and reunification so there's a framework in place for that.

Q. That's excellent. Any questions that you can think of that I didn't ask nor do you have any questions for me?

A. No, I don't think so. You know, we've been dealing very much with ----- . You know, we worked very closely together on day 2. We went to the medical center to try to get some answers for the NTSB with respect to the victim list of the injured. We were able to secure that. That was interesting. And attended the medical center's press briefing, the one where there was nobody from the railroad there, there was nobody from the county there. That was strictly the medical center. So I pretended I was media and --

UNIDENTIFIED SPEAKER: We got the (indiscernible) from you, I thought?

WCOEM Dir.: Yes. I walked into the hospital --

UNIDENTIFIED SPEAKER: Right.

WCOEM Dir.: -- to meet with my counterpart, the emergency manager for the medical center, to get the list for NTSB of who was still in the hospital, and the media was there. So I just asked the security guard, what's going on? He said there's a press conference about the train crash. So that --

BY INTERVIEWER 1

Q. So the medical center called a press conference about the train crash?

A. Yes, they did.

Q. And what was their -- and when was it?

A. This was in the morning, I want to say --

Q. So Wednesday morning? Or, wait, what day is it?

A. -- maybe noon, noon-ish.

UNIDENTIFIED SPEAKER: I want say it was, yeah, about noon.

WCOEM Dir.: Around noon? Yeah.

UNIDENTIFIED SPEAKER: Now ----- was looped into that or no?

WCOEM Dir.: No. As far as I'm aware, no.

BY INTERVIEWER 1

Q. And what were their -- what did they say? What was --

A. So that was the status of --

Q. -- what was their message?

A. -- status of patients who were admitted to the hospital and what the hospital's role in the incident was.

Q. Okay.

A. So I attended that, sat in the back and took notes.

Q. What did they say their role was?

A. They basically said that, you know, immediately they had declared a mass casualty incident, you know, an internal disaster for the hospital. They activated their trauma teams, that the hospital was already busy at the time of the incident so that they needed additional personnel. And then they kind of broke it down of, you know, we had these types of injuries and we had this many present with burns and this many critical condition, this many serious condition, and they kind of broke it down like that and --

Q. Okay.

A. -- they took a few questions and --

UNIDENTIFIED SPEAKER: And at that point it was one critical, one serious --
WCOEM Dir.: Yeah.

UNIDENTIFIED SPEAKER: -- four had been released.

WCOEM Dir.: Yeah. Yeah, four had been released by the time of the press conference. There was one patient that had gone to a different hospital. He was treated and released; a minor injury from what I understand.

INTERVIEWER 1 Okay. Great.

WCOEM Dir.: Yeah, that's pretty much it.

INTERVIEWER 1 That's all I have.

Do you have any questions?

(Whereupon, the interview was concluded.)

CERTIFICATE

This is to certify that the attached proceeding before the
NATIONAL TRANSPORTATION SAFETY BOARD

IN THE MATTER OF:

METRO-NORTH RAILROAD FATAL TRAIN
CRASH, VALHALLA, NEW YORK
FEBRUARY 3, 2015
Interview of WCOEM Dir.

DOCKET NUMBER:

DCA-15-MR-005

PLACE:

Valhalla, New York

DATE:

February 9, 2015

Was held according to the record, and that this is the original, complete, true and accurate transcript which has been transcribed to the best of my skill and ability.

Transcriber

**Transcript of Interview with the Passenger/EMT who assisted the Valhalla Volunteer Ambulance Squad
February 10, 2015**

UNITED STATES OF AMERICA
NATIONAL TRANSPORTATION SAFETY BOARD

Investigation of: *
METRO-NORTH RAILROAD FATAL TRAIN *
CRASH, VALHALLA, NEW YORK * Docket No.: DCA-15-MR-006
FEBRUARY 3, 2015 *
*

Interview of: Passenger/EMT who helped (referred to as Pass/EMT)
Valhalla, New York
Tuesday,
February 10, 2015

The above-captioned matter convened, pursuant to notice.

BEFORE: INTERVIEWER 1
Survival Factors Investigator

APPEARANCES:

INTERVIEWER 1, Human Performance Investigator
National Transportation Safety Board

INTERVIEWER 2 Ph.D., Survival Factors Investigator
National Transportation Safety Board

INTERVIEWER 3, M.D., Chief Medical Officer
National Transportation Safety Board

PERSON 2

PERSON 3
(Pass/EMT's father)

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ITEM

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INTERVIEW

INTERVIEWER 1: All right. Hello?

UNIDENTIFIED SPEAKER: (Indiscernible)

INTERVIEWER 1: Okay, who's on the phone?

INTERVIEWER 3 So INTERVIEWER 3 on the phone.

INTERVIEWER 1: Okay. And INTERVIEWER 3 is our chief medical officer.

INTERVIEWER 2 And INTERVIEWER 2 is also.

INTERVIEWER 1: INTERVIEWER 2 is our survival factors investigator. And who else? Hello?

INTERVIEWER 3 That's it on the conference call.

INTERVIEWER 1: Okay. Thank you.

Okay, so in this room, we have PERSON 2, Pass/EMT -- and I forgot your name?

PERSON 3: PERSON 3.

INTERVIEWER 1: PERSON 3, who is Pass/EMT's father.

INTERVIEW OF Pass/EMT

BY INTERVIEWER 1:

Q. Okay, so we'll start the interview. I think what we're interested in is if you could go through the whole sequence of events, but we'd like to first start with, I guess, the -- you know, what happened before. Like where did you get on the train, where were you seated, and if you can remember who was around you, that would also be valuable information for us.

A. Okay. So I got on the train in Grand Central. I had just gotten out of class and I got in towards, like, the middle of the train, I guess, and started looking for a seat, and I couldn't really find a free one until I got to the front car. And I ended up sitting down in, like, the very front section of the front car. So I guess it's like this is the very front of the car. There's one, two, three seats, and I was in the third seat back on the right side.

Q. Okay.

A. And I remember there were three people in that little front section with me. Because it's like the driver's compartment, and then the front doors to exit the train. And so in that section, there was one guy sitting in front me, one guy sitting across from him, and then someone sitting directly across from me. And there were, I mean, there were a bunch of people behind me in that section who I didn't really take much notice to.

BY INTERVIEWER 3

Q. Okay, I'm sorry, Pass/EMT. I'm --

A. Yeah?

Q. Pass/EMT?

A. Uh-huh?

Q. It's INTERVIEWER 3. Listen, I'm looking at a diagram, so I'm trying to make sure that I understand where you were sitting.

A. Yeah.

Q. So were you right behind the engineer's compartment?

A. Yeah. So there's the engineer's compartment and then there's like -- you know how there are the seats that face each other?

Q. Yep.

A. So, and then behind those two seats that face --

Q. So were you in one of those seats?

A. No. Behind those two seats that face each other, there's another seat that faces forward.

Q. Yep.

A. It's on the right-hand side, in that --

Q. I've got it now.

A. -- that two-seater. Yeah.

Q. And were you at a window or the aisle?

A. I was sitting on the aisle for most of the ride. I mean, I was alone in those two seats. It was just me.

Q. Yes.

A. So I was sitting there and, I mean, it was a normal train ride. I was watching a TV episode of Grey's Anatomy, and I had just closed my computer actually and I heard somebody scream; it sounded like a girl to me and it came from, like, the front of the train. And then I heard us hit the car and I thought that we hit somebody. I didn't realize that we hit a car because, I mean, I've heard of people jumping in front of the train, so -- but then like -- but then we had, like, the impact and like a few seconds later the -- like I guess it was the third rail, it popped through the left side of the train and just started cutting, and then it just cut back and everything that it cut, like, caught on fire.

And then, I mean, I rolled in my seat and I was kind of -- I was there for a little while until the train stopped. And then once the train came to a stop, I got out of my seat and I got up and there was a guy laying down in, I guess, the doorway, right by the doors, and he had gotten his legs cut off and he was yelling for help. But there was another person that I saw who was in that section behind the doors, who was on fire and I think he was dead at that point, but I tried to, like, take a coat and tried to like smolder the fire off of him, but I couldn't because I started to not be able to breathe. There was -- everything was on fire and it looked like something had fallen on top of him. I don't know if it was a seat or like the baggage holder or something, but something had fallen and was like pinning him down kind of.

And so I turned back to the guy whose legs got cut off and two other people helped me and we lifted him off of the train and got him out to the side of the rails. And then I guess the car started to burn up a little bit more, so we needed to move him back because we thought it was either going to explode or the train was going to completely catch on fire. So we carried him further down and -- I mean -- I don't -- do you want me to like keep going until I left the scene? I got some people's belts and I put them on his legs and tied them as tight as I could. And there was another guy next to us who I think he got his leg cut off or something was wrong with his leg and he was on the ground with two other people helping him.

And then we waited for the EMTs to get there, and when they did, I ran over to the ambulances and got a bunch of like blankets and abdominal pads, like trauma pads, and yelled at some people for backboards, and then I ran back to him and I covered him with a blanket because he was getting cold, and helped them get him into a backboard and cervical

collar. And then we pulled him out -- me and another firefighter from Valhalla pulled him out in a Stokes basket and we got him onto the ambulance. And then somebody called saying that they needed an EMT, which was Valhalla Ambulance Corps, they had two patients that needed to be transported. So I went as the EMT in their rig to the trauma center. And once they got there, I went into the EMS room and filled out the paperwork for them and then I got picked up and came to my firehouse.

BY INTERVIEWER 1:

Q. Okay. So I just want to get back to when you were on the train. Could you describe, like, in more detail sights, sounds, smells? And also I'd like to know how you exited the train.

A. Oh.

Q. Could you provide that information?

A. Yeah. Sights, as in what? Like the third rail or --

Q. Just anything you can think of.

A. I mean, like the front area, the area where I was sitting, on the right side, it seemed okay, but the left side was on fire and I think the seats might have been on fire. And then behind me was way worse. It was -- you know, people -- you could tell that -- well, there was more than one person that was dead and on fire there. I just kind of had tunnel vision so I only saw the one person, but -- and it was really dark and smoky. But it looked like stuff had like collapsed or maybe been, I guess, broken in half by the third rail coming through or something. But it was pretty much like demolished in there.

Q. Do you remember odors or anything like that?

A. It smelled like burning everything -- burning hair, burning clothes.

Q. Okay.

A. I mean, it smelled like a fire, but a lot of burning hair too.

Q. And which side of the train did you exit?

A. We got off on the right side. Somebody had opened the doors already when I got out of my seat. And so we -- I helped actually -- first, we lifted the guy out who got his legs cut off, and then I stayed in the train for a little bit and called out to see if anybody else was there, because people told me to so I did it, and nobody responded. So somebody grabbed my hand and helped me down and over the third rail, because we didn't know if that was still alive.

Q. Okay. So, the right side, is that the cemetery side or is that the --

A. That's the side closer to the highway.

Q. Okay.

A. Yeah.

INTERVIEWER 1: INTERVIEWER 2 and INTERVIEWER 3, do you have any questions? No? Are they even on here?

PASS/EMT Yeah.

INTERVIEWER 1: INTERVIEWER 3?

INTERVIEWER 3 Sorry. I'm -- I had myself muted.

BY INTERVIEWER 3

Q. In front of you, in the two seats that are facing each other, was there anybody sitting there?

A. Yes. There was one person sitting in that four-seater right in front of me, and then one person sitting in the four-seater diagonally from me. I remember distinctly because they were talking and it's the quiet car.

Q. And what about anybody just across the aisle from you?

A. Yeah, there was somebody watching TV there.

Q. Okay, that's really helpful. Do you have any idea how all of those other people fared --

A. I honestly --

Q. -- (indiscernible)?

A. I think I saw one of the people that was sitting in front of me get up and he got his coat, which gave me the idea to get my coat because I wasn't really thinking about that. But, I - for the rest of it, I don't know. I honestly couldn't tell you.

Q. Okay, okay.

A. And, I mean, I don't know if this is helpful, but I don't remember ever hearing the horn blow at all. And, I mean, I went to visit one of my patients in the hospital a few days ago, and we were talking about it, and he doesn't remember it either, which was weird. And I didn't hear it the entire train ride, so --

INTERVIEWER 1: Did you feel --

BY INTERVIEWER 3

Q. Yeah, unfortunately, you do get -- you get -- it becomes background noise after a while.

A. Yeah.

Q. And is this your usual train? Is this the train you usually take?

A. Yeah, on Tuesdays. I mean, I have a different schedule like every day of the week because my classes aren't all always at the same time. But I always take the 544, yeah.

Q. Yeah. And what are you in school for? What are you doing?

A. Nursing, actually.

Q. Okay.

BY INTERVIEWER 1:

Q. How long have you been with the fire department?

A. Five years now. I joined, like, as soon as I could. I was in their junior corps and I've been an EMT for like 1 year.

Q. Okay. So can you describe how long it took for -- so once you evacuated the person with the broken leg --

A. Yeah.

Q. -- how long did it --

A. Cut off legs.

Q. Cut off legs.

A. Not broken.

Q. Okay. How long was it before first responders reached you?

A. I mean, I honestly, I don't know what -- if I could give you an accurate statement of that, because for me it was like a lifetime.

Q. Yeah.

A. But -- and, I mean, we didn't really call 911 at first. I didn't even think of calling 911 until somebody else said it, that we needed 911. And so, we called maybe, I guess, like a few seconds after we got out of the train, but -- maybe like 20 minutes -- I don't know -- that's what I would say, to get to me, because we were at the very front.

Q. Okay. Could you -- once you were outside, could you describe like the progression of the fire? You know, was -- what was the condition of the vehicle in the front of the train and --

A. The car was not a car anymore. It was completely engulfed and it was getting a lot -- it got a lot worse. It kind of like had a, like, mini-explosion, I guess, when we got out of the train, which is why we moved further away from it. And the train, it was -- there wasn't as

much fire in the front area where I was sitting; there was more behind me, behind the first doors. There was a lot more fire.

INTERVIEWER 2 Hey, INTERVIEWER 1?

INTERVIEWER 1: Yes, Tom?

BY INTERVIEWER 2

Q. Okay. So, Pass/EMT, this is INTERVIEWER 2. Did you smell any gasoline at any point?

A. I don't really recall, but --

Q. Okay. No problem.

A. Yeah, I don't -- that's not something that stands out, more so, just the smell of fire.

Q. Okay. And -- um-hum. And -- sorry -- I'm kind of multi-tasking, so if you already said this, sorry. But did you do -- we heard something about people looking around for a tourniquet on scene before -- did you hear that or were you involved with that in any way?

A. I wasn't looking for a tourniquet. I stole some people's belts. I wasn't trying to go looking for the real deal.

BY INTERVIEWER 3

Q. Pass/EMT, it sounds like you were using the belts as tourniquets; is that right?

A. Yes. We tied the belts as hard as we could around his legs.

Q. Okay. And have you been trained in how to do that?

A. Yeah. I'm an EMT, so -- I mean, not to use belts, but I kind of used whatever I could. He was asking for help, so I wasn't going to just leave him hanging.

Q. Sure, sure. And when you were kind of there next to the train -- and I know that you were cold and there was snow, but when you looked up at the train, were the second set of doors open?

A. Of the front car?

Q. Yeah.

A. Yes.

Q. When you came out the first set of door --

A. I came out of the front set, but people were coming out the back.

Q. So, the second --

A. Yeah, people were coming out the second set.

Q. Okay. How about any of the emergency windows?

A. I think some guy tried to break one open, but I don't know if he actually managed to.

Q. Okay.

BY INTERVIEWER 1:

Q. So, when the first responders arrived, how did they evacuate the injured, especially the man with, you know, the leg -

A. Oh, well, we were already in the snow when the first responders got there. So, I mean, we got everybody out that was still alive, as far as we know. So when the first responders got there, just backboards and Stokes baskets and pulling them down the tracks.

Q. Just pulling them down the tracks?

A. Yeah.

Q. Pulled them down the east track?

A. The clear track, yeah.

INTERVIEWER 1: PERSON 2, do you have any questions?

BY PERSON 2:

Q. Excuse me. Just going back to the fire, to the extent you can remember, so you mentioned that there was heavier fire behind the glass.

A. Behind me.

Q. Can you segment that out at all? I mean, was there heavier fire way back in the train or was it all the same or --

A. No. It was like literally -- like the front section, where I was sitting, then there's the first doors out --

Q. Right, the vestibule.

A. -- right behind it. That section, that chunk, was heavy fire.

Q. Heavy fire. Okay.

A. And, I mean, it was more so on the left side, but -- which makes sense. That's where it started, so -- I mean, I thought those seats were kind of flame retardant, but they were burning.

BY INTERVIEWER 3

Q. Pass/EMT, one of the questions that we have is, we've heard some descriptions about the fire, and I'd like to get a sense of how big we're talking, so I'm going to give you some examples. There is obviously the kind of fire that you have from a candle that's pretty little; there is a kind of fire that you might get with a torch, which is pretty -- even bigger than that; there is a kind of fire that you might see in a fireplace that's bigger again; and then, you know, there's the fire the size of a car, bigger yet. Can you kind of give us a sense of how big this was, what the area of the fire was?

A. Well, so when the third rail -- like, when I first saw the third rail, it came through, like I guess the amount of fire that you could see as it came through was like the size of like a bonfire, I guess. And -- but like, it like was the -- it was like bonfire size, but it was like the length of the car. But then behind the first doors, I'd say like a car fire.

UNIDENTIFIED SPEAKER: The length of the train car all the way back?

PASS/EMT Yeah, as far as I could see. It was literally just like taking a torch and just like cutting through the whole car and burning everything as it went.

BY INTERVIEWER 2

Q. Pass/EMT, did you remember seeing any sparks?

A. Yeah. I mean, that's what it was. It was huge, like huge sparks coming off of it.

Q. So the sparks were -- and do you remember a color of the sparks?

A. Red.

Q. Like were they bright white, were they yellowish, were they --

A. They were yellowy-orange-ish, I guess.

Q. Okay. So you saw a mix of like sparks and flame?

A. Yeah.

Q. Or was it like -- was there --

A. No, it was a mix.

Q. And was -- okay. And then when --

INTERVIEWER 3 Pass/EMT, at any point --

INTERVIEWER 1: Go ahead, INTERVIEWER 3.

INTERVIEWER 2 Go ahead, (indiscernible).

INTERVIEWER 3 Sorry.

BY INTERVIEWER 3

Q. Pass/EMT, at any point, was -- did you see someone that you thought was the engineer?

A. Yeah, actually. Sorry. I forgot to mention that. When we were helping with the guy who got his legs cut off, there were three of us trying to like slide him down closer to the door so we could lift him out. And as we were doing that, some guy walked by us from the front of the train with a backpack on. And I remember somebody being like, are you the driver? And he said yeah, and then he just jumped off the train and walked away. I don't know where he was going. That's all I saw of him, though.

Q. Okay.

A. I think he was in shock probably. I mean, we all were.

INTERVIEWER 3 I think that's all the questions I have, guys.

INTERVIEWER 1: INTERVIEWER 2, do you have any questions?

INTERVIEWER 2 Yeah, I guess the only thing I have is I just wanted to maybe get a little more detail about what happened as she -- after she assisted some of the people and then left scene, if she -- who did she speak to or coordinate with or like how did it work to --

BY INTERVIEWER 2

Q. I mean, it's awesome that you were able to operate or assist (indiscernible). How did that -- can you describe that in a little more detail?

A. Like the agencies that I worked with?

Q. No, the -- like when you left the scene, you said something about riding in -- that you --

A. Yeah, yeah.

Q. -- (indiscernible) ambulance perhaps?

A. Yeah. Yeah, I was in an ambulance. I was the only one in the back, and there was a lady driving. I was with two patients. One patient had a partially severed finger and the other one had third -- second-degree burns to his hands and forehead and his hair was completely singed. So I rode with them. I mean, I took their blood pressures, their vitals, and got their personal information, as you do; you know, filled out the paperwork for them.

Q. Okay. And as you -- like how did they pick that ambulance to put you in? Had you been treating those patients at the scene, and then --

A. No, no. They --

Q. -- they said, okay, you ride with them, or --

A. It was kind of -- I mean, it was -- sorry for a lack of a better word, but it was kind of a shit show. So, I mean, they didn't know really where all their EMTs were. They were spread out throughout the train helping different people. And somebody yelled, who is in that department, I need an EMT. And I said I'm an EMT; I'm going to help. And so I was introduced to the person who would be driving, and they brought me to the ambulance and I met my patients there. And I hadn't met them before. They were sitting further back in the first car.

Q. Okay, so this was like an EMS coordinator on scene that said --

A. Yeah.

Q. -- okay, here's a driver; why don't you help them?

A. Yeah, basically.

Q. Okay, great.

INTERVIEWER 2 I think that's all I have, INTERVIEWER 1.

INTERVIEWER 1: Okay. All right, I think that's it. Pass/EMT, do you have any questions? I think you had a question that you posed to me. I think it's probably a good question to ask INTERVIEWER 2. He's our lead investigator in this.

PASS/EMT Okay. Yeah, I was just wondering if, I guess, my -- sorry -- my interview would be a part of, I guess, the law suits that will probably be coming out in the near future from other people, like if I was going to be called to court or something?

BY INTERVIEWER 2

Q. All I can -- right. Let me -- so what I can do is I can explain our process. First of all, your name or, you know, any identifying information will not be released in any way. What will happen is, I prepare a factual report of all of the evidence that we gather on scene, and each of the different disciplines is doing the same thing. So my end of it is the survival factors. We also have, you know, lots of other disciplines looking at different things, and all of us will create a factual report that will eventually become -- that will be released in a public docket with the accident, but that'll take a long time, several months to a year, before that docket gets opened.

Q. Okay.

A. Because what happens with the NTSB is that -- so we go on scene, we gather up a bunch of information, and then we close the factual and on-scene portion of the investigation. And we do our own work where we roll it up and develop it into a single what we call a Board report, and we eventually have a public board meeting where it's either -- it's broadcast live via the Internet from our office in D.C., or the public are welcome to come and attend. And we go through -- that report has all of our findings and conclusions. Like it basically presents a summary of the factual information and then talks about any issues that we found. It makes conclusions and then it has recommendations.

And in the public meeting, we discuss all of that. Our Board will either adopt or change or or reject the recommendations that they feel are needed, and then that's -- at that point, after that public board meeting, the final report becomes official and gets released.

So it's -- sometimes there's still lawsuits and such that are in process or still being, you know, worked through, and if that's the case, the different attorneys like to pull those reports. Because once we open our public docket, the reports are public and they'll pull those and see -- you know, there's lots of detail that's provided, but any personal identifying information is removed. But I will have a section that says interviews and a summary -- like kind of a summary, bulletized shortened description of this interview will be in there. And so, you know, like an attorney will be able to read it and if the public somehow knows, you know, who is the person, if they're able to deduce who the person was who was an EMT that helped out on the scene, then they might be able to figure it out, but it won't be included the report.

PASS/EMT Okay.

INTERVIEWER 1: Okay.

INTERVIEWER 2 Does that answer your question?

PASS/EMT Yeah. Thank you.

INTERVIEWER 2 Okay.

INTERVIEWER 1: All right, guys, I'm going to conclude the interview now.

INTERVIEWER 2 Okay.

INTERVIEWER 1: Thanks.

INTERVIEWER 3 Thank you.

(Whereupon, the interview was concluded.)

CERTIFICATE

This is to certify that the attached proceeding before the
NATIONAL TRANSPORTATION SAFETY BOARD

IN THE MATTER OF:

METRO-NORTH RAILROAD FATAL TRAIN
CRASH, VALHALLA, NEW YORK
FEBRUARY 3, 2015
Interview of Pass/EMT

DOCKET NUMBER: DCA-15-MR-006
PLACE: Valhalla, New York
DATE: February 10, 2015

was held according to the record, and that this is the original, complete, true and accurate transcript which has been transcribed to the best of my skill and ability.

Transcriber

**Notes from Teleconference with the Director of the Bureau of Emergency Medical Services and Trauma Systems, New York Department of Health.
April 14, 2015**

Attendees: Survival Factors Investigator- NTSB, Chief Medical Officer- NTSB, Director of the Bureau of EMS- NY Dept. of Health (Director).

The Survival Factors Investigator described some of the findings from the Valhalla crash. While the response had the important elements in place and overall went well, there were some communication issues that affected the trauma center response and the family assistance.

The Director described some of the basic important elements to avoid issues, including proper use of the unified command structure. She noted that the various entities are coming from different viewpoints and ownership positions, which can lead to a breakdown in communicating to other disciplines. She noted that the State is working on training ambulance services on triage.

The potential for politicians to distract and divert communication from the incident command was discussed. The triage was discussed, including the issue that tags were available and brought onto the train, but the injured had been moved off of the train, so they were utilized to their full advantage.

The Chief Medical Officer described the situation involving a passenger on the train who was an EMT and offered help, and participated in the transport of patients. Lee noted that NY State is currently involved in a first responder credentialing and identification process. The state has about 65K people in the emergency response system, but approximately 40k who are actively involved. This system is creating a database and is issuing ID cards to responders. The cards can be scanned by the agencies to access the credentials for the cardholder. Lee will provide some info to Tom.

The Director also noted that NY is in the process of transitioning to the COP verification process for trauma centers, and the Westchester was recently established as a level 1. The group discussed the issues of effective communication between trauma centers and the EMS community. [REDACTED] will provide some info to the Survival Factors Investigator.

Dispatch support was discussed and it was noted that it was fortunate that Westchester has a good system in place with a central dispatch center.

Training was discussed along with the various aspects of classroom versus actual experience and practice and drills. It was noted that CME recertification and maintaining the required levels of the IC structure according to the ICS and NIMS can be a challenge to manage at the local level.

It was noted that while the response went reasonably well, had there been more casualties, the minor issues would have been magnified and the response organization could have broken down. It was noted that the County EMS coordinator was there, but it took some time due to the traffic issues and access to the scene.

It was noted that the fire/rescue and EMS coordinators were from the same area and had worked the auto accident but were unfamiliar with each other. It was noted that the agencies were operating on a common radio channel which helped.

The Director requested a copy of the report when available. (I'll check to see if the draft Survival Factors Factual report can be sent out to her during the review cycle, otherwise we'll have to wait until the public version is released in the docket.)