



REPORT OF INSPECTION OF RAILCAR, EQUIPMENT AND APPLIANCES

INSTRUCTIONS: If railcars, machinery, tools, or appliances are involved in an accident resulting in injury or death, that equipment or thing must be carefully inspected as soon as possible to determine its condition. The inspector must complete, sign, and date this report. This report and one copy shall be sent to the Superintendent for transmission to the Claims Department.

In all coupling accidents, both railcars and locomotives must be inspected and a separate report completed covering inspection of each railcar or locomotive. Locomotive inspections will be reported on Form 25035 – Mechanical Inspection (LMI 9429).

When an accident causing injury or death involves machinery, tools, equipment, or other appliances, the involved items are to be held for disposition by the Claims Department.

Inspection made at 1:50 A.M. or P.M. on the 28 day of April, 2020 at Proviso because of the injury to _____ on the _____ day of _____ 20____ at _____

INSPECTION OF RAILCAR, EQUIPMENT OR TOOL OTHER THAN LOCOMOTIVE (Give Initial and Number or Description) ADMX 17300

COUPLER MECHANISM	KIND		CONDITION AS TO DEFECT	
	"A" End	"B" End	"A" End	"B" End
Coupler	<u>SEBDCITE</u>	<u>SEBODE</u>		
Knuckle	<u>E5DAE</u>	<u>E5DBE</u>		
Lock Block	<u>E42AE</u>	<u>E42AE</u>		
Pin Lifter	<u>Straight</u>	<u>Straight</u>		
Other Parts				
Coupler Height	<u>31 1/4</u> Inches	<u>31 1/2</u> Inches		
Lateral Side Play at				
Striking Casting				
Carrier Irons	<u>OK</u>	<u>OK</u>		

BRAKE ASSEMBLY	KIND	CONDITION AS TO DEFECT	
		"A" End	"B" End
Hand	<u>Universal 9300-3</u>		
Air	<u>DB20 DB10</u>		
Last Inspection	Place: _____ Date: _____		
Other Parts	<u>Shoes and Rigging OK</u>		
Brake-Step	Size <u>112x10 1/8</u>		
TRUCKS			
Wheels	<u>6 1/2 x 12 x 36</u>		
Axle	<u>OK</u>		
Other Parts			
LADDERS	<u>OK</u>		
HAND-HOLDS	<u>OK</u>		
SILL-STEPS	<u>OK</u>		
ROOF	<u>OK</u>		
RUNNING BOARDS	<u>OK</u>		
OTHER PARTS			
INSPECTION OF SHOP MACHINERY OR TOOLS			

IF DEFECTS FOUND, DESCRIBE FULLY

This Report is made on the 28 Day of April, 2020 at _____

By (NAME) [Signature] (OCCUPATION) SR. Manager Mechanical

The undersigned, helped to make the above inspection, and certify that the facts as stated in above report are true:

NAME: [Signature] (OCCUPATION) Dir. Mech. Maint.



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Inspection made at 1:20 A.M. or P.M. on the 28 day of April, 2020 at Proviso because of the injury to _____ on the _____ day of _____ 20____ at _____

INSPECTION OF RAILCAR, EQUIPMENT OR TOOL OTHER THAN LOCOMOTIVE (Give Initial and Number or Description) ADMX 19588

COUPLER MECHANISM	KIND		CONDITION AS TO DEFECT	
	"A" End	"B" End	"A" End	"B" End
Coupler	<u>SE 60DE</u>	<u>SE 60DE</u>		
Knuckle	<u>E50BE</u>	<u>E50DE</u>		
Lock Block	<u>E42AE</u>	<u>E42AE</u>		
Pin Lifter	<u>Straight</u>	<u>Straight</u>		
Other Parts				
Coupler Height	<u>31 1/4</u> inches	<u>31 1/4</u> inches		
Lateral Side Play at				
Striking Casting				
Carrier Irons	<u>OK</u>	<u>OK</u>		

BRAKE ASSEMBLY	KIND	CONDITION AS TO DEFECT	
		"A" End	"B" End
Hand	<u>Elcon National 1993</u>		
Air	<u>ABDX ABDX</u>		
Last Inspection	Place: _____ Date: _____		
Other Parts	<u>Shoes and Rigging OK</u>		
Brake-Step	Size <u>118 x 10 1/8</u>		
TRUCKS			
Wheels	<u>6 1/2 x 12 x 36</u>		
Axle	<u>OK</u>		
Other Parts			
LADDERS	<u>OK</u>		
HAND-HOLDS	<u>OK</u>		
SILL-STEPS	<u>OK</u>		
ROOF	<u>-</u>		
RUNNING BOARDS	<u>OK</u>		
OTHER PARTS			
INSPECTION OF SHOP MACHINERY OR TOOLS			

IF DEFECTS FOUND, DESCRIBE FULLY

This Report is made on the 28 Day of April, 2020 at _____

By (NAME) _____ (OCCUPATION) SR. Manager Mechanical

The undersigned, helped to make the above inspection, and certify that the facts as stated in above report are true:

NAME: _____ (OCCUPATION) Dir. Mech. Maint



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Inspection made at 1:25 A.M. or P.M. on the 28 day of April, 2020 at Provo because of the injury to _____ on the _____ day of _____, 20____ at _____

INSPECTION OF RAILCAR, EQUIPMENT OR TOOL OTHER THAN LOCOMOTIVE (Give Initial and Number or Description) ADMX 16410

COUPLER MECHANISM	KIND		CONDITION AS TO DEFECT	
	"A" End	"B" End	"A" End	"B" End
Coupler	<u>SE60DE</u>	<u>SE60EE</u>	_____	_____
Knuckle	<u>E50BE</u>	<u>E50BE</u>	_____	_____
Lock Block	<u>E42AE</u>	<u>E42AE</u>	_____	_____
Pin Lifter	<u>Straight</u>	<u>Straight</u>	_____	_____
Other Parts	_____	_____	_____	_____
Coupler Height	<u>31</u> inches	<u>32</u> inches	_____	_____
Lateral Side Play at	_____ inches	_____ inches	_____	_____
Striking Casting	<u>OK</u>	<u>OK</u>	_____	_____
Carrier Irons	_____	_____	_____	_____

BRAKE ASSEMBLY	KIND	CONDITION AS TO DEFECT	
		"A" End	"B" End
Hand	<u>Universal</u>	_____	_____
Air	<u>ABDW ABOX</u>	_____	_____
Last Inspection	Place: _____ Date: _____	_____	_____
Other Parts	<u>Shoes and Rigging OK</u>	_____	_____
Brake-Step	Size <u>112 x 113/4</u>	_____	_____
TRUCKS	_____	_____	_____
Wheels	<u>6 1/2 x 12 x 36 OK</u>	_____	_____
Axle	<u>OK</u>	_____	_____
Other Parts	_____	_____	_____
LADDERS	<u>OK</u>	_____	_____
HAND-HOLDS	<u>OK</u>	_____	_____
SILL-STEPS	<u>OK</u>	_____	_____
ROOF	<u>—</u>	_____	_____
RUNNING BOARDS	<u>OK</u>	_____	_____
OTHER PARTS	_____	_____	_____
INSPECTION OF SHOP MACHINERY OR TOOLS	_____	_____	_____

IF DEFECTS FOUND, DESCRIBE FULLY

This Report is made on the 28 Day of April, 2020 at _____

By (NAME) [Redacted] (OCCUPATION) SR. Manager Mechanical

The undersigned, helped to make the above inspection, and certify that the facts as stated in above report are true:

NAME: [Redacted] (OCCUPATION) Dir Mech. Maint



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Inspection made at 12:40 A.M. or ① P.M. on the 28 day of April, 2020 at Proviso because of the injury to _____ on the _____ day of _____, 20____ at _____

INSPECTION OF RAILCAR, EQUIPMENT OR TOOL OTHER THAN LOCOMOTIVE (Give Initial and Number or Description) ADMX 17650

COUPLER MECHANISM	KIND		CONDITION AS TO DEFECT	
	"A" End	"B" End	"A" End	"B" End
Coupler	<u>SE 60 DE</u>	<u>SE 60 DE</u>	_____	_____
Knuckle	<u>E 50 AE</u>	<u>E 50 BE</u>	_____	_____
Lock Block	<u>E 42 AE</u>	<u>E 42 AE</u>	_____	_____
Pin Lifter	<u>Straight</u>	<u>Straight</u>	_____	_____
Other Parts	_____	_____	_____	_____
Coupler Height	<u>31 3/4</u> inches	<u>31 1/4</u> inches	_____	_____
Lateral Side Play at	_____ inches	_____ inches	_____	_____
Striking Casting	<u>OK</u>	<u>OK</u>	_____	_____
Carrier Irons	_____	_____	_____	_____

BRAKE ASSEMBLY	KIND	CONDITION AS TO DEFECT	
		"A" End	"B" End
Hand	<u>Universal 9300-3</u>	<u>Damaged</u>	<u>Crushed</u>
Air	<u>ABOX</u>	<u>ABOX</u>	_____
Last Inspection	Place: _____ Date: _____	<u>B End Pipes Bent</u>	<u>Bent</u>
Other Parts	<u>Shoes and Rigging OK</u>	_____	_____
Brake-Step	Size _____	_____	_____
TRUCKS	_____	_____	_____
Wheels	<u>6 1/2 x 12 x 36</u>	_____	_____
Axle	<u>OK</u>	_____	_____
Other Parts	_____	_____	_____
LADDERS	<u>OK</u>	<u>BR Bent Missing</u>	<u>BR Bent and Missing</u>
HAND-HOLDS	_____	_____	_____
SILL-STEPS	_____	_____	_____
ROOF	_____	_____	_____
RUNNING BOARDS	<u>OK</u>	<u>Tank Jacket BR Crushed</u>	_____
OTHER PARTS	_____	_____	_____
INSPECTION OF SHOP MACHINERY OR TOOLS	_____	_____	_____

IF DEFECTS FOUND, DESCRIBE FULLY

BR Side of car all Crushed and Damaged

This Report is made on the 28 Day of April, 2020 at _____

By (NAME) _____

(OCCUPATION)

SR. Manager Mechanical

The undersigned, helped to make the above inspection, and certify that the facts as stated in above report are true:

NAME: _____

(OCCUPATION)

Dir. Mech. Maint.