



RAILWAY ACCIDENT/INCIDENT REPORT FORM



Reporting Railway or Track Operator: _____

Address of Railway or Track Operator: _____

Telephone #: _____ Cell #: _____ Fax #: _____

E-Mail Address: _____ Date: _____

Date and Time of Accident: _____ Date Reported: _____

Weather conditions and Temperature: _____

(Check box or fill in appropriate information)

This Report is for: A Reportable Accident A Reportable Incident

Event Location: (Mileage, sub-division, track designation, track section, nearest station, etc.)

Train Designation or Identification: (Train Number or Movement Number)

General Description of Accident/Incident: (Use additional sheets if necessary)

Type of Railway Operation
Common Carrier Industrial Commuter
Street Car Heritage Other: (describe) _____

Type of Rolling Stock Operation
Pulling Pushing Rolling Free Stationary

Type of railway Activity

Passenger Train Freight Train Mixed Train Work Train
Yard Movement Other: (Describe) _____

Direction of Travel

North South East West
Inbound Outbound Yard Stopped

Names of Train Crew

Conductor: _____ Engineman: _____
Trainman: _____ Yard Switchman: _____
Hostler: _____ Other: (Describe): _____

Type of Accident

Injury or Death Collision Crossing Collision Train Collision
Derailment Property Damage Fire/Explosion Threat

Damages (Use additional sheets if necessary)

Freight cars describe types & car ID numbers & number damaged: _____

Passenger cars describe types & car ID numbers & number damaged: _____

Locomotives describe types & engine numbers & number damaged: _____

Other rolling stock describe type & equipment numbers & number damaged: _____

Track & infrastructure (Describe): _____

Other damages (Describe): _____

Dangerous Goods (Use additional sheets if necessary)

Number of Dangerous Goods Cars Damaged

Number of Dangerous Goods Cars Ruptured

Number of Dangerous Goods Cars Leaking

Names of Dangerous Goods Involved: _____

Names of Dangerous Goods Released: _____

Grade Crossing Accidents

Name of Crossing: _____

Sub-Division & Mileage of Crossing, or: _____

Geographic Location: _____

Type of Crossing Protection

Signals

Gates

Stop Signs

Flagged

Highway User Involved

Car

Light Truck

Heavy Truck

Heavy Truck/Trailer

Passenger Bus

Passenger Van

Industrial Equipment

Farm Equipment

Motor Cycle

Bi-Cycle

Pedestrian

Other (Describe): _____

Action by Train Crew

Ringing Bell

Sounding Whistle

Emergency Braking

Engine Lights On

Action by Crossing User

Stopped Foul

Stopped on Crossing

Moving Over Crossing

Other (Describe): _____

Outcome

Train was Struck

Car was Struck

Train Derailed

Other (Describe): _____

Estimated Cost of Damage

Railway Damage Costs

\$

Non-Railway Damage Costs

\$ _____

Causes

Identify the Primary Cause: _____

Identify Contributing Factors: _____

Corrective Actions

Describe Corrective Action Taken: _____

Report Submitted by:

Name: _____

Title: _____

Signature: _____

Date: _____

Forward the completed reported, within 30 days of the event, to:

Postal Address: **Railway Safety Manager,
BC Safety Authority,
505 Sixth Street, Suite 200
New Westminster BC
V3L 0E1**

or E-Mail to: bcsa.railway@safetyauthority.ca