

SUPERINTENDENT'S TELEGRAPHIC REPORT OF ACCIDENT

For use of this form, see FM 56-20. The proponent agency is TRADOC.

ACCIDENT NUMBER

TIME

DATE

TO

OPERATING UNIT

TRAIN NUMBER

ENGINE NUMBER

LOCATION

ENGINEMEN

CONDUCTORS

BRAKEMEN

TYPE OF ACCIDENT

CAUSE

TYPE OF TRACK

 CURVE TANGENT CUT FILL

WEATHER CONDITIONS

SPEED OF TRAIN

OTHER TRACKS OBSTRUCTED BY ACCIDENT

NUMBER OF LOADED AND EMPTY CARS IN TRAIN

NUMBER OF CARS BETWEEN ENGINE AND DAMAGED CARS

POSITION OF ENGINE

ENGINE DAMAGE

SECTION MEN WORKING

CAN TRACK BE CLEARED
WITHOUT ASSISTANCE

ADDITIONAL EQUIPMENT REQUIRED; FROM WHAT DIRECTION

 YES NO YES NO

MATERIALS REQUIRED

TIME WRECKER ORDERED

TIME WRECKER DEPARTED

TIME REQUIRED TO CLEAR MAIN TRACK

DELAYS TO OTHER TRAINS

EXTENT OF DAMAGE TO OTHER CARS AND CONTENTS *(Initials, number and type of car)*WILL LIVESTOCK OR PERISHABLES IN
TRAIN HAVE TO BE FORWARDED? IF YES, WHEN.QUANTITY AND TYPE OF CARS REQUIRED
TO TRANSFER LIVESTOCK OR PERISHABLESEXTENT OF PERSONAL INJURY *(Name, address, and occupation of injured) (For additional space use reverse side)*

TREATMENT GIVEN INJURED

WITNESSES *(Names and addresses)*REMARKS *(For additional space use reverse side)*

SIGNATURE