

# Train Accident Continuation / Supplement

Complete and submit *Train Accident Continuation / Supplement* any time a train is involved in a reportable motor vehicle accident.

MISSOURI UNIFORM ACCIDENT REPORT

PAGE \_\_\_\_\_ OF \_\_\_\_\_

<b>TRAIN ACCIDENT</b>		<input type="checkbox"/> CONTINUATION <input type="checkbox"/> SUPPLEMENT		<b>AGENCY NAME AND ORI</b>																											
ORIGINAL REPORT / CASE / INCIDENT NUMBER				ADDITIONAL SUPPLEMENT NO.																											
SUPPLEMENTAL REPORT DATE			ACCIDENT DATE			TRP / DIST / PCT		COUNTY																							
REPORTING OFFICER SIGNATURE				DSN / BADGE NO.		SUPPLEMENTAL REVIEWING OFFICER SIGNATURE				DSN / BADGE NO.																					
<b>TRAIN INFORMATION</b>																															
TRAIN ID NO.				LEAD ENGINE NO.				LEAD ENGINE SERIAL NO.																							
MAKE						MODEL																									
HEADLIGHT WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO		HORN WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO		BELL WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO		TRAIN DAMAGE (Circle all damaged areas)				<table border="1" style="font-size: small; text-align: center;"> <tr> <td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> <td rowspan="2">R E A R</td> </tr> <tr> <td>1</td><td>15</td><td>16</td><td>17</td><td>8</td><td>9</td> </tr> <tr> <td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td> <td></td> </tr> </table> 18 - Undercarriage 19 - Windshield 20 - Burned 21 - Towed Unit 22 - Cargo		2	3	4	5	6	7	R E A R	1	15	16	17	8	9	14	13	12	11	10	9	
2	3	4	5	6	7	R E A R																									
1	15	16	17	8	9																										
14	13	12	11	10	9																										
NO. OF CARS		SPEED		DISTANCE FROM IMPACT POINT TO FRONT OF LEAD ENGINE		INITIAL IMPACT NO. <input type="checkbox"/> NA																									
RAILROAD CO. - TRACKS			NAME & ADDRESS (STREET, CITY, STATE, ZIP)																												
RAILROAD CO. - TRAIN			NAME & ADDRESS (STREET, CITY, STATE, ZIP)																												
<b>CROSSING SIGNALS</b>																															
<input type="checkbox"/> 1. LIGHT / GATE / BELL COMBINATION			<input type="checkbox"/> 3. LIGHT / GATE			<input type="checkbox"/> 5. PASSIVE WARNING (CROSSBUCKS ONLY)			<input type="checkbox"/> 7. PAVEMENT MARKINGS																						
<input type="checkbox"/> 2. LIGHT / BELL COMBINATION			<input type="checkbox"/> 4. LIGHT ONLY			<input type="checkbox"/> 6. WIG-WAG TYPE			<input type="checkbox"/> 8. NONE																						
UPON INVESTIGATING OFFICER'S ARRIVAL AT SCENE:			CROSSING GATES DOWN <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			LIGHTS FLASHING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA			BELLS RINGING <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA																						
<b>OTHER CROSSING CHARACTERISTICS</b>																															
ADVANCE WARNING SIGNS IN PLACE <input type="checkbox"/> YES <input type="checkbox"/> NO			DISTANCE FROM SIGN TO NEAREST RAIL <input type="checkbox"/> FEET <input type="checkbox"/> MILES			CROSSING SURFACE (Rubber, asphalt, etc.)			DOT / AAR CROSSING ID NO.																						
<b>SEAT LOCATION</b>		<b>INJURY</b>		<b>TRANSPORTED (Medical Treatment)</b>		<b>EJECTION</b>		<b>AIR BAG FRONT</b>		<b>AIR BAG SIDE</b>		<b>SAFETY DEVICES</b>																			
XX - Not Known P - Pedestrian B - Bicycle M - Motorcycle OE - Occupant - Enclosed Load Area OU - Occupant - Unenclosed Load Area CP - Commercial Passenger SV - Other (Explain in Remarks)		<table border="1" style="font-size: x-small; text-align: center;"> <tr><td>FR</td><td>SR</td><td>TR</td></tr> <tr><td>FC</td><td>SC</td><td>TC</td></tr> <tr><td>FL</td><td>SL</td><td>TL</td></tr> </table> 1. Fatal 2. Disabling 3. Evident - Not Disabling 4. Probable - Not Apparent 5. None Apparent 6. Unknown		FR	SR	TR	FC	SC	TC	FL	SL	TL	1. No 2. EMS 3. Other 4. Unknown		1. NA 2. No 3. Partially 4. Totally 5. Unknown		1. None / NA 2. Deployed 3. Not Deployed		1. None / NA 2. Deployed 3. Not Deployed		1. None 2. Not Used 3. Shoulder Belt Only 4. Lap Belt Only 5. Shoulder and Lap Belt 6. Child Restraint 7. Helmet Used 8. Helmet Not Used 9. Use Unknown										
FR	SR	TR																													
FC	SC	TC																													
FL	SL	TL																													
<b>ENGINEER &amp; CONDUCTOR</b>																															
NAME				DATE OF BIRTH		SEX	VEH. NO.	SEAT LOC.	INJ.	TRANS-PORT	EJEC-TION	AIR BAG F   S	SAF DEV	TELEPHONE NO.																	
ADDRESS																															
ENGINEER																															
CONDUCTOR																															
<b>TRAIN CREW MEMBERS - List Train Passengers in Section 11 - Other Occupants and Pedestrians on Page 3</b>																															
<b>COMMENTS</b>																															

## DIAGRAMMING METHODS

A departmental decision will be made as to type of diagramming method used. An agency may use the Institute of Transportation Engineers (ITE) symbols or template drawings. See *Appendix A* for legends and examples of diagramming procedures.

## APPENDIX A

### TEMPLATE LEGEND

	Passenger Vehicle or Van at Final Rest
	Passenger Vehicle or Van in Motion
	Passenger Vehicle Overturned on Top
	Passenger Vehicle Overturned on Side
	Pickup Truck
	Straight Truck or Dump Truck
	Passenger Bus or Recreational Vehicle
	Cabover Truck Tractor
	Truck Tractor & Trailer Combination with Conventional Tractor Unit
	Box Trailer, House Trailer, or Camper Trailer
	Boat Trailer
	Tanker Trailer
	Locomotive Train Engine
	Farm Tractor

## TRAIN INFORMATION

**TRAIN ID NO.** – Enter train identification number. Available from conductor.

**LEAD ENGINE NO.** – Enter lead engine number. Not the same as Train ID Number.

**LEAD ENGINE SERIAL NO.** – Enter lead engine serial number.

**MAKE** – Enter lead engine manufacturer. If not available or unknown, enter "Unknown".

**MODEL** – Enter lead engine model name or number. If not available or unknown, enter "Unknown".

**HEADLIGHT WORKING** – Mark to indicate whether lead engine's headlight was in working condition upon investigating officer's arrival.

**HORN WORKING** – Mark to indicate whether lead engine's horn was in working condition upon investigating officer's arrival.

**BELL WORKING** – Mark to indicate whether lead engine's bell was in working condition upon investigating officer's arrival.

**NO. OF CARS** – Enter total number of cars in train. Available from conductor.

**SPEED** – Enter estimated speed of train at time of collision. Available from engineer.

**DISTANCE FROM IMPACT POINT TO FRONT OF LEAD ENGINE** – Measure and record distance from impact point to front of lead engine at its final resting position.

**TRAIN DAMAGE** - Mark "None" if train (including engine and cars) was not damaged.

**Vehicle Damage** - Circle number(s) corresponding to damaged areas of train lead engine. If there was damage to other engines or cars, circle #21.

**Initial Impact No.** - Enter number corresponding to initial point of impact. If initial impact was to other train engines or cars, enter #21. If initial impact was to the cargo, enter #22.

**RAILROAD CO. – TRACKS** – Enter railroad track owner's name and address. Available from conductor.

**RAILROAD CO. – TRAIN** – Enter train owner's name and address. Available from conductor.

**CROSSING SIGNALS** – Mark up to four types of crossing signals present at scene.

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| 1. LIGHT / GATE / BELL COMBINATION | 5. PASSIVE WARNING (CROSSBUCKS ONLY) |
| 2. LIGHT / BELL COMBINATION        | 6. WIG-WAG TYPE                      |
| 3. LIGHT / GATE                    | 7. PAVEMENT MARKINGS                 |
| 4. LIGHT ONLY                      | 8. NONE                              |

### UPON INVESTIGATING OFFICER'S ARRIVAL AT SCENE:

**CROSSING GATES DOWN** – Indicate whether crossing gates were down. Mark "NA" if no crossing gates.

**LIGHTS FLASHING** – Indicate whether crossing lights were flashing. Mark "NA" if no lights.

**BELLS RINGING** – Indicate whether crossing bells were ringing. Mark "NA" if no crossing bells.

### OTHER CROSSING CHARACTERISTICS

**ADVANCE WARNING SIGNS IN PLACE** – Indicate whether there were signs warning that a railroad crossing was ahead.

**DISTANCE FROM SIGN TO NEAREST RAIL** – If advance railroad warning signs were present, measure and enter distance from nearest rail to farthest warning sign based on involved vehicle's travel direction. Enter "None" if no signs.

**CROSSING SURFACE** – Identify and enter surface type within crossing, i.e., rubber, wood, asphalt, concrete, etc.

**DOT / AAR CROSSING ID NUMBER** – Enter DOT / AAR Crossing Identification Number located on control box. Enter "None" if no number.

**ENGINEER INFORMATION** – Enter complete information on engineer according to instructions for drivers in *Sections 10 & 11*.

**CONDUCTOR INFORMATION** – Enter complete information on conductor according to instructions for drivers in *Sections 10 & 11*.

**TRAIN CREW MEMBERS** – Enter complete information on additional crew members according to instructions for vehicle occupants.

**TRAIN PASSENGERS (Non-crew)** - List all commercial train passengers in *Section 11 - Other Occupants and Pedestrians* and *Other Occupants & Pedestrians Continuation / Supplement*, using code "CP" in seat location field.

### Short Form Information

SHORT FORM REQUIRED FIELDS - Following is a list of required short form fields. These fields have captions or borders shaded gray.

#### Section 1

Agency Name and ORI  
Property Damage Only  
Complaint / Report / Incident Number  
No. of Vehicles Involved  
Accident Date  
Accident Time  
Time Notified  
Time Arrived  
Investigation Date

#### Section 2

County  
Municipality  
Beat / Zone  
Trp / Dist / Pct  
Investigated at Scene  
On (street)  
Distance From  
Location  
Intersecting Street or Roadway  
Roadway Direction  
Road Maintained By

#### Section 3

Damage to Property Other Than Vehicles

#### Section 4 & 5

Driver's Full Name & Driver's Address  
Proof of Insurance  
Insurance Company  
License Plate Number  
License Plate State  
VIN

Vehicle Damage Information  
Initial Vehicle Impact  
Towed – Yes or No

#### Section 7

Collision Diagram  
Direction Prior to Impact

#### Section 9

Driver's Date of Birth  
Driver's Air Bag  
Driver's Safety Device

#### Section 12

Vehicle Body Types

#### Section 15

Accident Type

#### Section 16

Traffic Conditions

#### Section 17

Vehicle Action / Sequence of Events

#### Section 18

Probable Contributing Circumstances

#### Section 21

Traffic Control

#### Section 23

Light Condition

#### Section 25

Road Condition

#### Section 27A

Commercial Motor Vehicle CMV Criteria

#### Section 29

Reporting Officer Name, DSN / Badge No.  
Beat / Zone, and Trp / Dist / Pct  
Reviewing Officer Name, DSN / Badge No.