

Report of an accident not at a level crossing

Filling in this form

Use one form to report a train accident involving a number of casualties. Attach a list of additional casualties to this form giving all the details asked for in Part C

Part A

About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number ?

About your organisation

4 What is the name of your organisation?

5 What is its address and postcode?

6 What is the organisation's business? (please tick)

- railway operator contractor
 minor railway other - please specify
 tramway

7 What is the railway or tramway reference number?

Part B

About the accident

1 On what date did the accident happen?

2 At what time did the accident happen?
(Please use the 24-hour clock eg 0600)

3 Where did the accident happen?

4 Describe the line or location at the time of the accident

5 What was the line category?

6 Describe any other line obstructed by the accident

7 Give the number of the dangerous occurrence you are reporting (the numbers are in the Regulations)

Part C

About the injured person

1 What is their full name?

2 What is their home address and postcode?

3 How old are they?

4 Are they male? female?

5 Are they

an employee of your organisation?
What is their job title?

- contractor? person on business?
 passenger? trespasser?
 person on property? other - please specify

Part D

About the injury

1 What was the injury? (eg fracture, laceration...)

2 What part of the body was injured?

3 Was the injury (tick all the boxes that apply)

- a fatality?
 a major injury or condition? (see accompanying notes)
 an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
 an injury to the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

Part E

About the kind of accident

Please tick one box that best describes what happened.
Train accident

- Collision
- Derailment
- Running into obstruction
- Fire
- Other

Failure

- Rolling stock
- Permanent way etc

Accidents to passengers involving trains

- Getting on or off trains
- Opening or closing carriage doors
- Falling out of carriages while train is moving
- Falling off a platform and being struck or run over by a train
- Crossing the lines at stations
- Other

Other accidents to passengers

- Using stairs and escalators at stations
- Falling off a platform onto the line
- Slipping, tripping or falling on the same level
- Being struck by barrows, falling over packages etc
- Electric shock on electrified railways
- Other

Accidents to other people

- Person on business
- Person on property

Accidents to railway employees and contractors involving moving trains

- Shunting accident
- Accident during the running of trains
- Accident to staff working on or near the track
- Other

Other accidents to railway employees and contractors

- Contact with moving machinery or material being machined
- Struck by a moving object (including flying or falling objects) but not rails
- Struck by a moving vehicle but not a rail vehicle
- Struck against something fixed or stationary
- Injured while handling, lifting or carrying things other than rails
- Falling more than 2 metres
- Falling less than 2 metres
- Falling from a stationary rail vehicle
- Slipping, tripping or falling on the same level
- Trapped by something collapsing or overturning
- Burnt or scalded but not by chemical or electrical agents
- Using power-driven hand tools
- Using unpowered hand tools
- Handling rails by manual or mechanical means

Where to send this form:

This form can be e-mailed to:
riaccident.section@orr.gsi.gov.uk or **faxed to:** 020 7282 2118

- Electric shock or burns from plant or equipment
- Electric shock or burns from live rail on electrified lines
- Electric shock or burns from overhead electrification equipment
- Harmed by lack of oxygen
- Injured by explosion
- Contact with or exposure to harmful substance
- Assaulted while on duty
- Other

Part F

About the train(s) involved in the accident

- 1 What is the reporting number?

- 2 What were the time and place of origin?

- 3 What was the place of destination?

- 4 What speed was the train travelling at?

- 5 What type of train was it? (Give the locomotive and unit details where possible)

Part G

Delays to services

- 1 What lines were affected?

- 2 For how long were services delayed?

from to

Part H

Describing the accident

Please use a separate sheet of paper to describe the accident. Give as much detail as you can.

Part I

Your Signature

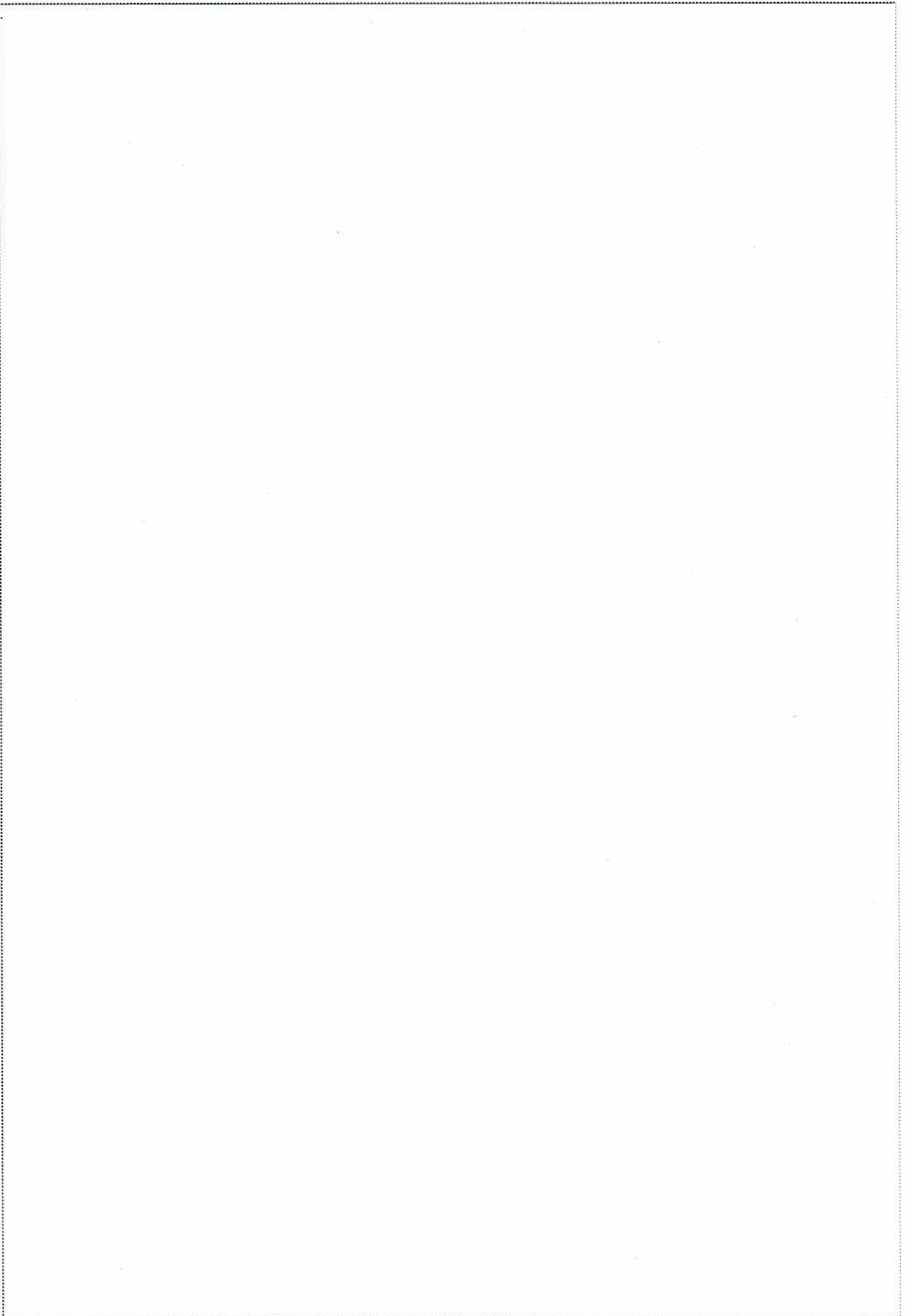
Signature

Date

or posted to:

HM Railway Inspectorate, Office of Rail Regulation
Accident Section, One Kemble Street, London, WC2B 4AN
Tel: 020 7282 3910

Part H



Report of an accident at a level crossing

Filling in this form

Use one form to report a train accident involving a number of casualties. Attach a list of additional casualties to this form giving all the details asked for in Part C

Part A

About you

- 1 What is your full name?

- 2 What is your job title?

- 3 What is your telephone number?

About your organisation

- 4 What is the name of your organisation?

- 5 What is its address and postcode?

- 6 What is the organisation's business? (please tick)

- railway operator
 minor railway
 tramway
 contractor
 other - please specify

- 7 What is the railway or tramway reference number?

Part B

About the accident

- 1 On what date did the accident happen?

- 2 At what time did the accident happen?
(Please use the 24-hour clock eg 0600)

- 3 Where did the accident happen?

- 4 What is the National Grid reference number?

- 5 Give the number of the dangerous occurrence you are reporting (the numbers are in the Regulations)

Part C

About the injured person

- 1 What is their full name?

- 2 What is their home address and postcode?

- 3 How old are they?

- 4 Are they

- male?
 female?

- 5 Are they

- an employee of your organisation?
 What is their job title?

- contractor?

- pedestrian?

- passenger?

- trespasser?

- person in a road vehicle?

- other - please specify?

- 6 What was the injury? (eg fracture, laceration?)

- 7 What part of the body was injured?

- 8 Was the injury (tick all the boxes that apply)

- a fatality?
 a major injury or condition? (see accompanying notes)
 an injury to an employee or self-employed person which prevented them doing their normal work for more than three days?
 an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

Part D

About the Level Crossing

1 Please tick the box that describes the crossing

Protected level crossings

- Manned gates (MG)
- Manually controlled barriers (MCB)
- Manually controlled barriers monitored by closed circuit TV (CCTV)
- Automatic half-barriers (AHB)
- Automatic open crossing – remotely controlled (AOCR)
- Automatic open crossing – locally monitored (AOCL)
- Automatic barrier crossing – locally monitored (ABCL)
- User-worked crossing with miniature warninglights (MWL)
- Trainman operated gates or barriers (TMO)

Unprotected level crossings

- User-worked gates (UWG)
- User-worked gates with telephone (UWGT)
- Open crossing (OC)
- Footpath crossing (FC)

2 Was the level crossing

- public?
- occupation?
- accommodation?

3 How many railway tracks run over the crossing?

4 What is the permitted speed for trains over the crossing?

5 Were any pre-existing faults found with the crossing control or operating equipment after the accident?

- yes – please give full details in Part F
- no

6 Is there a supervising signalbox?

- yes – what is its name?

- no – is the crossing
 - operated by the train crew?
 - user-worked?

7 Is the crossing user-worked?

- yes – how is warning of trains given?

- no

8 What is the sighting distance, in metres: all crossings from an up train from a down train

unprotected crossings

2 metres from the nearest rail

on the up train side

on the down train side.

9 What is the normal position of gates or barriers?

10 Are the gates or barriers interlocked with protecting signals?

- yes
- no

Are there wicket gates?

- no
- yes – are they lockable?

- yes
- no

were they locked at the time of the accident?

- yes
- no

Part E

About the train(s) involved in the accident

1 What is the reporting number?

2 What were the time and place of origin ?

3 What was the place of destination ?

4 What speed was the train travelling at ?

5 What type of train was it? (Give the locomotive and unit details where possible)

6 What was the line category?

Part F

Describing the Accident:

Please use a separate sheet of paper to describe the accident. Give as much detail as you can.

Part G

Your signature

Signature

Date

or posted to:

HM Railway Inspectorate, Office of Rail Regulation
Accident Section, One Kemble Street, London, WC2B
4AN

Tel: 020 7282 3910

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Part H

