

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 contractor
 minor railway other – please specify

7 What is the railway 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 guidance 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 a member of the public which meant that 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 crossing

- 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 warning lights (MWL)
- Trainman operated gates or barriers (TMO)

Unprotected level crossing

- User-worked gates (UWG)
- User-worked gates with telephones (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 signal box?

- 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 meters:

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 details as you can.

Part I

Your signature

Signature

Date

Please continue on this page if necessary