

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. Please attach a list of additional casualties to this form in an email or by post, giving all the details asked for in Part C.

Part A

About you

1. What is your Title / First name / Surname?

2. What is your job title?

3. What is your telephone number?

4. What is your E-mail address?

About your organisation

5. What is the name of your organisation?

6. What is its full address and postcode?

Property

Street

Locality

Town

County

Postcode

7. What is the organisation's business? (please select)

Railway Operator

Contractor

Minor railway

Other - please specify

8. Your reference

4. What is the Grid Reference?

5. Give the number of the dangerous occurrence you are reporting.

For further guidance on dangerous occurrences which are reportable in relation to railways, please see:

<http://www.legislation.gov.uk/nisr/2004/196/regulation/2/made>

Part C

About the injured person

1. What is their Title / First name / Surname?

2. What is their full address and postcode?

Property

Street

Locality

Town

County

Postcode

3. How old are they?

4. Are they:

Male

Female

5. Are they:

an employee of your organisation? If yes, please enter their job title below in the other - please specify box.

contractor?

person on business?

passenger?

trespasser?

person on property?

other - please specify below

Part B

About the accident

1. On what date did the accident happen? (Please use format: dd/mm/yyyy)

2. At what time did the accident happen? (Please use the 24-hour clock e.g. 06:00)

3. Where did the accident happen? (Use the final page, if necessary)

Part C (continued)

About the injury Enter the number of the Injury Type and Site you are reporting. The numbers are in the notes which accompany this form on pages 4-5.

1. What was the injury?

2. What part of the body was injured? (see notes on pages 4-5)

3. Was the injury (tick one option only)

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 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 it's name?

No - is the crossing

Operated by the train crew?

User-worked?

7 Is the crossing user-worked?

No.

Yes - How is warning of trains given?

8 What is the Sighting Distance? (all crossings)

From an up train (m):

From a down train (m):

Unprotected crossings

2 metres from nearest rail

What is the Sighting Distance? (unprotected crossings)

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?

Yes.

No.

Are the wicket gates 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 the following space below to describe the accident.
Give as much details as you can.

Part F (Continued)

Please use the following space below to describe the accident.
Give as much details as you can.

Part G

Your signature

Signature

Date (Please use format: dd/mm/yyyy)

Report of an Injury or Dangerous Occurrence

Guidance on Type of Injury:

Please use one of the following Types of Injury for **Part 7 , Question 1**

No.	Description
02	AMPUTATION involving loss of part/whole of limb, digit etc. Excludes loss of tooth or nail
03	LOSS OF SIGHT of eye (major whether permanent or temporary)
04	FRACTURE with dislocation, chipped or cracked bone; hairline fracture.
05	DISLOCATION without fracture
06	CONCUSS/INTERNAL damage without fracture to skull, chest, pelvis, abdomen etc.
07	LACERATION & open wounds resulting in several tendon, nerve, blood vessels & stitches
08	CONTUSION superficial injuries which do not break the skin surface, bruises & crushing
09	BURNS from electricity, flame, hot/cold object, external chemical burns, welders eye flash
10	ASPHYXIA/POISON Absorption, ingestion or inhalation of toxic substances & asphyxia by gases
11	STRAIN and sprains including back/torn ligaments
13	SUPERFICIAL abrasions, scratches, blisters, bites, cuts, puncture wounds, graze
14	MULTIPLE injuries of more than 1 type where no 1 injury is more severe
15	ELECTRICITY loss of consciousness, shock etc. form electricity/electrical appliances
16	NATURAL CAUSES including heart attack
28	OTHER KNOWN where injury is not included in another category. Includes traumatic shock
29	OTHER N/K where no information is available to identify the nature of injury

Guidance on Site of Injury:

Please use one of the following Sites of Injury for **Part 7 , Question 2**

No. Description

01	EYE - Eye including eyelids
02	EAR - Ear
03	FACE - OTHER PARTS: other parts of face (including jaw and teeth)
04	HEAD - Parts of head; skull; forehead; etc. but excluding face.
05	SEVERAL HEAD - Several locations of head.
07	NECK - Neck including spine in the neck.
08	BACK - Back including spine in the back.
09	TRUNK - chest, abdomen, pelvis, groin.
10	SEVERAL TORSO - Several location of neck, back and trunk.
12	FINGER - 1 or more fingers including thumb(s).
13	HAND - Hand
14	WRIST - Wrist.
15	UPPER LIMB - Upper limb including arm, shoulder, elbow, collar bone, shoulder blade.
16	SEVERAL U/LIMB - Several locations of upper limb.
22	TOE - 1 or more toes
23	FOOT - Foot including heel.
24	ANKLE - Ankle
25	LOWER LIMB - Lower limb including calf, knee thigh, and hip.
26	SEVERAL L / LIMB - Several locations of lower limb.
27	SEVERAL LOCS - Several locations where more than 1 part of the body is affected.
28	GENERAL LOCS - General locations where the body system is affected e.g. drowning & asphyxia
29	UNSPECIFIED LOCS - Part(s) of the body affected not known