

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. 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

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 24-hour clock e.g. 06.00

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

4. What was the line category?

5. Describe any other obstruction caused by the accident

6. 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 your 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 D

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 E

About the kind of accident

Please tick one box that best describes what happened

Train Accident

Failure

- | | |
|---|---|
| <input type="checkbox"/> Collision | <input type="checkbox"/> Rolling stock |
| <input type="checkbox"/> Derailment | <input type="checkbox"/> Permanent way etc. |
| <input type="checkbox"/> Running into obstruction | |
| <input type="checkbox"/> Fire | |
| <input type="checkbox"/> Other | |

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 railway employees and contractors involving moving trains

- | | |
|--|---|
| <input type="checkbox"/> Shunting accident | <input type="checkbox"/> Accident to staff working on or near the track |
| <input type="checkbox"/> Accident during the running of trains | <input type="checkbox"/> 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
- Slip, trip or fall on same level
- Trapped by something collapsing or overturning
- Drowning, suffocation or asphyxiation
- Exposure to or contact with harmful or hot substance or object
- Exposure to fire
- Exposure to an explosion
- Contact with electricity or electrical discharge
- Any injury by an animal
- Other kind of accident
- Physical assault or violence
- High fall over 2 metres
- Low fall up to and including 2 metres
- Height of fall not known
- Kind of accident not known

Part F

About the train(s) involved in the incident

1. What is the reporting number?

2. What was the time of origin?

(Please use the 24-hour clock e.g. 06:00)

3. What was the place of origin?

4. What was the place of destination?

5. What speed was the train travelling at (mph)?

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

Part G

Delays to service

1. What lines were affected?

2. For how long were services delayed? (24-hour clock)

From _____ to _____ e.g. 06.30

Part H

Describing the accident

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

Part H (continued)

Describing the accident

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

Part I

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 D, 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

Report of an Injury or Dangerous Occurrence

Guidance on Site of Injury:

Please use one of the following Sites of Injury for **Part D, 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