



## NTSB TDA Rail Passenger Accident Notification Supplemental Form

**DISCLAIMER:** The information requested on this form will be used by the NTSB and our federal partners during the initial launch phase of an NTSB accident investigation. Completing this form is voluntary; however, **rail passenger carriers must still comply with notification and reporting requirements in accordance with 49 U.S.C § 830.5**

**Instructions:** Please complete the following fields with as much information as possible. This form should be submitted to the TDA Division **within 1-2 hours** after the rail passenger carrier makes the official accident notification to the NTSB Response Operations Center. For questions, please call TDA at 202-314-6185.

### RAIL PASSENGER CARRIER ACCIDENT INFORMATION

<b>Rail Passenger Carrier Operator:</b>			
<b>Operated As:</b>		<b>Train Number:</b>	
<b>Accident Site location:</b> (for example, city & state)		<b>Time of Accident:</b>	

<b>Total Number of Persons on Board</b>	
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### PASSENGERS INFORMATION

<b>Adults:</b>		<b>Infants</b> (lap only):		<b>Non-Revenue:</b>		<b>Total Passengers:</b>	
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### CREW INFORMATION

<b>Number of Train Crew:</b>		<b>Number of Service Crew:</b>		<b>Total Crew:</b>	
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### ADDITIONAL DETAILS

<b>HazMat onboard?</b> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>		<b>Special populations onboard</b> (VIPs, special needs groups, student groups)	
<b>Train Fatalities:</b> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>		<b>Ground Fatalities:</b> Yes <input type="radio"/> No <input type="radio"/> Unknown <input type="radio"/>	
<b>Number of Train Fatalities</b> (if known) <input type="text"/>		<b>Number of Ground Fatalities</b> (if known): <input type="text"/>	
<b>Is there ground structure damage?</b> Yes <input type="radio"/> No <input type="radio"/>			
<b>Additional Details</b> (office buildings, residences, shopping mall, other):			

<b>Train/Route Originating Station:</b>		<b>Destination Station:</b>	
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<b>Toll-free Family Assistance Phone #:</b>		<b>EOC Phone Number:</b>	
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<b>Friends and Relatives Center (FRC) Location(s):</b>	
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<b>Family Assistance Center (FAC) Planned Location:</b>	
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<b>Partner Agreements for this Train/Route:</b>	
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<b>Rail Passenger Carrier POC Name, Title &amp; Direct Phone Number:</b>	
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Send completed form to [assistance@ntsb.gov](mailto:assistance@ntsb.gov)