



## **COMPANION GUIDE: Guidelines for Submitting Accident/Incident Reports by Alternative Methods**

### **(Electronic File Format and Valid Data Specifications)**

Companion Guide to FRA Guide for Preparing Accident/Incident Reports

**U.S. Department of Transportation  
Federal Railroad Administration**

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**Office of Safety**

**COMPANION GUIDE:  
GUIDELINES FOR SUBMITTING ACCIDENT/INCIDENT REPORTS  
BY ALTERNATIVE METHODS:**

**Electronic File Format and Valid Data Specifications**

**INTRODUCTION**

**Background:**

The Railroads may choose to submit, to the FRA, their Accident/Incident Reports in an electronic file, with report data in either ASCII format; or in a database table or spreadsheet. This document, the Companion Guide to the FRA Guide for Preparing Accident/Incident Reports ("Companion Guide") is the companion guide to the FRA Guide for Preparing Accident/Incident Reports ("FRA Guide") which is a supplement to 49 CFR Part 225, and it provides the acceptable electronic file format and valid data specifications for the following Accident/Incident Reporting Forms:

- Form FRA F 6180.55              Railroad Injury and Illness Summary
- Form FRA F 6180.54              Rail Equipment Accident/Incident Report
- Form FRA F 6180.55a            Railroad Injury and Illness Summary (Continuation Sheet)
- Form FRA F 6180.57              Rail-Highway Crossing Accident/Incident Report

The FRA Guide describes the various FRA Accident/Incident Reporting and Recordkeeping Forms, and it contains a list of these forms in its Appendix H, along with the actual forms. Please refer to the FRA Guide for reporting guidelines and instructions for completing the forms. Please note that if any discrepancies are found in this Companion Guide compared to the instructions in the FRA Guide, the FRA Guide should be followed. Where an "Appendix" is referenced (e.g., Refer to Appendix H), refer to the Appendices in the FRA Guide. Where an "Attachment" is referenced, refer to the attachments found at the end of this Companion Guide.

Railroads have the option of submitting electronic files via Internet or on optical media (CD-ROM explained on page 3) to the FRA in lieu of hard copy monthly submission for: Forms FRA F 6180.54, FRA F 6180.55a, and FRA F 6180.57. Railroads may also submit electronic files for Form FRA F 6180.55, and for this form, either the hard copy, or an image (.jpg or .pdf) must also be submitted.

**Brief Submission Guidelines:**

The following is a brief summary of guidelines for submitting reports as electronic files, either electronically over the Internet, or on optical media:

1. Newly submitted reports, and updates and amendments to reports, may be submitted in electronic files. The entire year-to-date files are submitted (but do not include deleted reports).
2. Electronic data files that adhere to one of the file formats in this Companion Guide can be submitted over the Internet via e-mail as attachment, or submitted on optical media.
3. One of the file formats provided in this Companion Guide, must be followed. **If the optical media or electronic submission does not strictly follow the rules set forth below then the entire submission will be returned and the paper forms will be required. The FRA will work with the railroad to assist and only if this is not workable will paper forms be required.**
4. Submissions should follow guidelines provided in the FRA Guide.

#### Changes to Companion Guide Compared to Previous Version

In this newest version of the Companion Guide, there are changes to some of the data values on the forms, and two new fields have been added (ROADWAY on Form FRA F 6180.57 (for "Roadway Conditions"), and TERRITORY on Form FRA F 6180.54 (for "Type of Territory")). Refer to Attachment A for a summary of changes to this version of the Companion Guide, compared to the previous (2003) version of the Companion Guide, and for related information. A list of changes for each specific form, by field name, is provided in Attachment B of this Guide. In addition, minor wording changes were made in the description of some of the fields, to more closely correspond to a form's wording or to FRA Guide instructions.

#### Submitting Data in Acceptable File Format:

A railroad choosing to use optical media or electronic submission via the Internet must use one of the approved formats specified in this Companion Guide. FRA may reject submissions that do not adhere to the required formats, which may result in the issuance of one or more civil penalty assessments against a railroad for failing to provide timely submissions of required reports as required by § 225.11. When appropriate, FRA will assist railroads in filing acceptable electronic/optical media submissions.

#### Applicable Reporting Standards/Forms after June 1, 2011

Railroads amending/correcting reports created or submitted prior to the effective date of the Miscellaneous Amendment to the Federal Railroad Administration's Accident/Incident Reporting Requirements; Final Rule (Final Rule), which became effective June 1, 2011, 75 FR 68862, November 9, 2010, must amend or correct the form that was originally created/submitted for the accident/incident. Moreover, those amended/corrected reports for accidents/incidents occurring prior to the effective date of the Final Rule are subject to the standards that were in effect at the time that the Accident/Incident occurred. Railroads submitting reports, including

late reports, for accidents/incidents that occurred prior to the effective date of the Final Rule must submit these reports using the forms and standards that were in effect on the date the accident/incident occurred. These requirements are also discussed in the FRA Guide (refer to Chapter 1).

Railroads should use this guidance for amending/correcting reports and submitting reports, including late reports, to determine whether to provide data for new fields (i.e., new fields that become effective on June 1, 2011), or previous fields (i.e., those fields that were in use, since 2003, with Accident/Incident date prior to June 1, 2011). New fields are: TERRITORY-Type of Territory-Form FRA F6180.54, and ROADWAY-Form FRA F6180.57; and previous fields are METHOD-Form FRA F6180.54, and WHISTBAN-Form FRA F 6180.57.

### Railroad Injury and Illness Summary (Form FRA F 6180.55)

For Form FRA F 6180.55 (Railroad Injury and Illness Summary), regardless of whether or not an optical or electronic version of this report is submitted, the Railroad Injury and Illness Summary form, signed by the railroad's Reporting Officer, will be required to be submitted monthly, either as hard copy, or as a scanned .jpg or .pdf image. This report contains the counts of reported casualties that occurred that month and the number of FRA forms attached.

### Batch Controls

The Railroad Injury and Illness Summary form (Form FRA F 6180.55) is used as a batch control sheet for the other forms that are submitted, so that missing forms can be detected. The Form FRA F 6180.55's (either hard copy or image) casualty counts and number of actual records submitted for each of these forms, should correspond with the actual electronic records for these forms submitted for the particular submission month.

### Optical Media - Optical Storage Media

Optical media refers to a CD ROM (Compact Disk - Read Only Memory) available in most computer supply and office supply stores.

### Acceptable Formats

.dfb format (Refer to Exhibits 1, 2, 3, and 4)  
.xls format (Refer to Exhibits 1, 2, 3, and 4)  
.mdb format (Refer to Exhibits 1, 2, 3, and 4)  
.txt (ASCII format) (Refer to Exhibits 5, 6, 7, and 8)

(Note: FRA is looking into the possibility of adding XML (eXtensible Markup Language) format, in the future.)

### Program Available through the FRA

The FRA has a special PC based program to enter, retain (store) and submit accident/incident and injury/illness data on a personal computer. This program is the Accident/Incident Report Generator (AIRG). The newest version of AIRG is AIRGNET. AIRG generates several recordkeeping and reporting forms<sup>1</sup> and generates a data upload file that can be submitted on optical media or as an e-mail attachment, as an upload file that is submitted over the Internet. AIRG can be run either as a standalone, single-user application, or as a multiuser system (with database on Network Server, and application running from each client). An AIRG request form can be found in Attachment D of this Companion Guide. For further information on the AIRG software, contact:

FRA Project Office  
(888) 372-9393  
[Support@FRAsafety.net](mailto:Support@FRAsafety.net)

### Year-To-Date Submission

With the option of providing monthly reports to the FRA the entire year-to-date file must be submitted monthly. Therefore any corrections or revisions should be made to the railroad's existing databases. Each month, all of the records in the railroad's annual data bases will be submitted, this includes all new records, previously submitted records that have been changed and previously submitted records that have not been changed. Each year's database remains open for 5 years. If a report is to be deleted, a request should be e-mailed to the FRA Project Office at [aireports@frasafety.net](mailto:aireports@frasafety.net), and the deleted report should no longer be submitted in the year-to-date submissions (once it is deleted).

### Data Validation and Error Correction

Every record submitted is checked for errors. When an error on a paper form is found the FRA will contact the railroad and try over the phone to correct the problem. When an error is found in an electronic submission, the railroad will be requested to correct the data error in their database and resubmit the entire year-to-date file. Note that the record in error will not be added to the database. The railroad will be subject to a violation for failure to report in a timely manner.

The regulation 49 CFR 225 allows a railroad 30 days, after the end of the month in which the accident/incident occurred, before submitting the accident/incident reports. A railroad does not have to wait 30 days after the month before making an electronic or optical media submission; each month the files will be updated with the most current information. Early submission of

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<sup>1</sup> Forms Generated by the AIRG System: FRA Forms F 6180.97, F 6180.98, F 6180.55, F 6180.54, F 6180.55a, F 6180.56, F 6180.57, F 6180.78, F 6180.81, and F 6180.107.

electronic or optical media will allow a railroad sufficient time to correct any errors and resubmit the report(s) to the FRA within the allowed time period.

### Auxiliary Files

The FRA has posted on the FRA Office of Safety Analysis web site, files with codes used in accident/incident reporting. The following files can be accessed by going to <http://safetydata.fra.dot.gov/OfficeofSafety> and clicking on **Download**:

1. Train Accident Cause Code
2. Employee Job Codes
3. Injury and Illness Codes
4. Circumstance Codes
5. Casualty Codes
6. Railroad Codes
7. Location Codes: State, County, City
8. Data File Structures and Field Input Specifications

### How to Name the Data Files to be Submitted

This section describes how to name data files to be submitted. The "Reference Name" is listed below, by form, and is also shown on the first page of each Exhibit (see Exhibits 1 - 8).

| <b><u>FORM</u></b>  | <b><u>REFERENCE NAME</u></b> |
|---------------------|------------------------------|
| Form FRA F 6180.55  | RRSUM                        |
| Form FRA F 6180.54  | ACCIDENT                     |
| Form FRA F 6180.55a | CASUALTY                     |
| Form FRA F 6180.57  | GXIR                         |

The following naming convention should be followed to name the data files to be submitted:

RR\_REFERENCE NAME\_MMY.file extension

|       |                |   |                                                   |
|-------|----------------|---|---------------------------------------------------|
| where | RR             | = | Code of Reporting Railroad                        |
|       | REFERENCE NAME | = | RRSUM, ACCIDENT, CASUALTY, or GXIR                |
|       | MM             | = | Current Report Month (Month of Accident/Incident) |
|       | YY             | = | Current Report Year (Year of Accident/Incident)   |
|       | File Extension | = | dbf, .mdb, .xls, or .txt                          |

### Examples of File Names:

Example for Railroad XYZR submitting data for October 2010, in Year-to-Date .xls files:

XYZR\_RRSUM\_1010.XLS  
XYZR\_ACCIDENT\_1010.XLS  
XYZR\_CASUALTY\_1010.XLS  
XYZR\_GXIR\_1010.XLS

Example for Railroad XYZR submitting data for November 2010, in Year-to-Date .mdb files:

XYZR\_RRSUM\_1110.MDB  
XYZR\_ACCIDENT\_1110.MDB  
XYZR\_CASUALTY\_1110.MDB  
XYZR\_GXIR\_1110.MDB

Example for Railroad XYZR submitting data for December 2010, in Year-to-Date .txt files:

XYZR\_RRSUM\_1210.TXT  
XYZR\_ACCIDENT\_1210.TXT  
XYZR\_CASUALTY\_1210.TXT  
XYZR\_GXIR\_1210.TXT

#### Where to Send Accident/Incident Reporting Data Files

A. Sending electronic files via Internet, as e-mail attachments:

Data submissions, being sent as e-mail attachments, should be sent to [aireports@frasafety.net](mailto:aireports@frasafety.net).

For technical support, contact:

FRA Project Office  
(888) 372-9393  
[support@frasafety.net](mailto:support@frasafety.net)

Each railroad utilizing the electronic submission via the Internet option shall submit to FRA at [aireports@frasafety.net](mailto:aireports@frasafety.net):

- (i) An electronic image of the completed and signed hard copy of the Railroad Injury and Illness Summary (Form FRA F 6180.55) in .pdf or .jpg format only. Please specify in e-mail Subject: Railroad Code, "IMAGE of Form FRA F 6180.55", Reporting Month Reporting Year (e.g., XYZR, IMAGE of Form FRA F 6180.55, November 2010); and

- (ii) The completed accident/incident report [electronic data] submissions. Please specify in e-mail Subject: Railroad Code, "RAIRS Data File", Reporting Month Reporting Year (e.g., XYZR, RAIRS Data File, November 2010).

FRA will provide to the railroad an electronic notice acknowledging receipt of submissions filed electronically via the Internet.

**B. Sending electronic files on optical media:**

Each railroad utilizing the optical media option shall submit to FRA a computer CD-ROM containing the following:

- (i) An electronic image of the completed and signed hard copy of the Railroad Injury and Illness Summary (Form FRA F 6180.55) in .pdf or .jpg format only; and
- (ii) The completed accident/incident report [electronic data] submissions.

Please send the CD-ROM to the FRA Project Office:

FRA Project Office  
2600 Park Tower Drive, Suite 1000  
Vienna, VA 22180

Please refer to <http://safetydata.fra.dot.gov/OfficeofSafety>, and click on "Changes in Railroad Accident/Incident Recordkeeping and Reporting Info" for updated information, or contact the FRA Project Office at (888) 372-9393 ([support@frasafety.net](mailto:support@frasafety.net)).

**Retention Requirements**

See §225.27, and the FRA Guide, for retention requirements.



Exhibit 1

**.dbf, .mdb, and .xls  
Format for  
Railroad Injury and Illness Summary**

**Form FRA 6180.55**

Notes:

Please note that while the below format is specific to .dbf, it can be used to set up .mdb, and .xls file formats. Sample formats for .mdb and .xls file formats are provided in Attachment D. If file is to be in .mdb format, the following applies: Where "C", for character is shown in the .dbf format, please use "Text" with the same length specified in the .dbf format. Where "N" for numeric, is shown, please use "Number", integer, with the same length specified in the .dbf format, with the exception of Latitude and Longitude, which should be double. If the file is to be in .xls format, use the field names, shown below, as the spreadsheet column headings.

A summary list of Changes to Fields and Data Values on the Forms, is provided in Attachment B.

If Railroad submits data electronically for Form FRA F 6180.55, they should also send in either a hard copy, or an image in either .jpg or .pdf format.

Refer to appropriate section of FRA Guide for instructions.

C = Character; N = Numeric

Reference Name: **RRSUM**

|   | Field Name | Type | Width | Dec | Comments                                                     |
|---|------------|------|-------|-----|--------------------------------------------------------------|
| 1 | RAILROAD*  | C    | 4     |     | Reporting Railroad Code.<br>(Block 2 on the form.)           |
| 2 | YEAR*      | C    | 2     |     | Report Year.<br>(Block 3 on the form.)                       |
| 3 | MONTH*     | C    | 2     |     | Report Month.<br>(Block 3 on the form.)                      |
| 4 | STATE*     | C    | 2     |     | State in which report was signed.<br>(Block 4 on the form.)  |
| 5 | COUNTY*    | C    | 20    |     | County in which report was signed.<br>(Block 5 on the form.) |
| 6 | FRTTRN_MI* | N    | 10    |     | Number of Freight Train Miles                                |

**Companion Guide to:  
FRA Guide for Preparing Accident/Incident Reports**

**Revised: April 5, 2011  
Effective: July 1, 2011**

|    |             |   |     |                                                                                                                                                      |
|----|-------------|---|-----|------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |             |   |     | Operated.<br>(Block 11 on the form.)                                                                                                                 |
| 7  | PASSTRN_MI* | N | 10  | Number of Passenger Train Miles Operated.<br>(Block 12 on the form.)                                                                                 |
| 8  | YDSW_MI*    | N | 10  | Number of Yard Switching Miles Operated.<br>(Block 13 on the form.)                                                                                  |
| 9  | OTHTRN_MI*  | N | 10  | Number of Other Train Miles Operated.<br>(Block 14 on the form.)                                                                                     |
| 10 | RRWRK_HR*   | N | 10  | Railroad Worker hours.<br>Number of Hours Worked by Railroad employees during the month (see FRA Guide for instructions).<br>(Block 15 on the form.) |
| 11 | PASSMI_OP   | N | 10  | Number of Passenger Miles Operated.<br>(Block 16 on the form.)                                                                                       |
| 12 | PASS_TRNS   | N | 10  | Number of Passengers Transported.<br>(Block 17 on the form.)                                                                                         |
| 13 | REMARKS     | C | 250 | Remarks - Operational, environmental, or other circumstances for report month.<br>(Block 20 on the form.)                                            |

Notes

**\*Mandatory Field** - A valid entry must be provided for each field identified as mandatory (\*), per specifications/conditions provided, otherwise the entire record will be rejected. All character information must be upper case, left justified, blank filled, unless otherwise stated. All numeric information must be right justified, zero filled, unless otherwise stated. Each field that is not applicable ("N/A") should be blank. A "0" should be used in a field to represent an entry of "None".

Exhibit 2

**.dbf, .mdb, and .xls  
Format for  
Rail Equipment Accident/Incident Report  
Form 6180.54**

Notes:

Please note that while the below format is specific to .dbf, it can be used to set up .mdb, and .xls file formats. Sample formats for .mdb and .xls file formats are provided in Attachment D. If file is to be in .mdb format, the following applies: Where "C", for character is shown in the .dbf format, please use "Text" with the same length specified in the .dbf format. Where "N" for numeric, is shown, please use "Number", integer, with the same length specified in the .dbf format, with the exception of Latitude and Longitude, which should be double. If the file is to be in .xls format, use the field names, shown below, as the spreadsheet column headings.

A summary list of Changes to Fields and Data Values on the Forms, is provided in Attachment B.

Records in each file must be sorted in YEAR/MONTH/RAILROAD/INCDTNO order.

Refer to appropriate section of FRA Guide for instructions.

C = Character; N = Numeric

Reference Name: **ACCIDENT**

|   | <b>Field Name</b> | <b>Type</b> | <b>Width</b> | <b>Dec</b> | <b>Comments</b>                                                                                                                                                                  |
|---|-------------------|-------------|--------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | RAILROAD*         | C           | 4            |            | Reporting Railroad Alpha Code.<br>(Block 1a on the form.)                                                                                                                        |
| 2 | INCDTNO*          | C           | 10           |            | Accident/Incident Number of<br>Reporting Railroad (no embedded<br>blanks, punctuation or special<br>characters).<br>(Block 1b on the form.)                                      |
| 3 | RR2               | C           | 4            |            | Other Railroad or other<br>Entity with Consist Involved (Alpha<br>Code).<br>(Block 2a on the form.)                                                                              |
| 4 | INCDTNO2          | C           | 10           |            | Accident/Incident Number of other<br>Railroad or other Entity<br>with Consist Involved (no embedded<br>blanks, punctuation or special<br>characters).<br>(Block 2b on the form.) |

|    |           |   |    |                                                                                                                                                                         |
|----|-----------|---|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5  | RR3*      | C | 4  | Railroad or other Entity Responsible for Track Maintenance Alpha Code. (Block 3a on the form.)                                                                          |
| 6  | INCDTNO3* | C | 10 | Accident/Incident Number of Railroad or other Entity Responsible for Track Maintenance (no embedded blanks, punctuation or special characters). (Block 3b on the form.) |
| 7  | GXID      | C | 7  | U.S. DOT Crossing Identification [Inventory] Number, if Type Accident is Hwy-Rail Crossing. If a number has not been assigned, enter NOTASGN. (Block 4 on the form.)    |
| 8  | YEAR*     | C | 2  | Year of Accident/Incident. (Block 5 on the form.)                                                                                                                       |
| 9  | MONTH*    | C | 2  | Month of Accident/Incident, include leading zero, i.e. 05. (Block 5 on the form.)                                                                                       |
| 10 | DAY*      | C | 2  | Day of Accident/Incident, include leading zero, i.e. 08. (Block 5 on the form.)                                                                                         |
| 11 | HRMIN*    | N | 4  | Hour and minute of Time of Accident/ Incident in HHMM, include leading zero, i.e. 0305. (Block 6 on the form.)                                                          |
| 12 | AMPM*     | C | 2  | AM or PM of Time of Accident/ Incident. (Block 6 on the form.)                                                                                                          |
| 13 | TYPE*     | C | 2  | Type of Accident/Incident. Valid values are 01 through 13. If "Other," code 13, then include type of accident in the Narrative. (Block 7 on the form.)                  |
| 14 | CARS      | N | 3  | Cars carrying Hazardous Materials. (Block 8 on the form.)                                                                                                               |
| 15 | CARSDMG   | N | 3  | Cars carrying Hazardous Materials                                                                                                                                       |

|    |             |   |    |                                                                                                                                                                                                 |
|----|-------------|---|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |             |   |    | that were damaged or derailed.<br>(Block 9 on the form.)                                                                                                                                        |
| 16 | CARSHZD     | N | 3  | Cars that released some Haz. Mat.<br>product.<br>(Block 10 on the form.)                                                                                                                        |
| 17 | EVACUATE    | N | 6  | Number of people evacuated as a<br>result of the accident, even as a<br>precaution.<br>(Block 11 on the form.)                                                                                  |
| 18 | DIVISION    | C | 20 | Subdivision of Reporting Railroad.<br>[Previously was Division.].<br>(Block 12 on the form.)                                                                                                    |
| 19 | CITY_TWN    | C | 20 | Nearest City/Town to accident.<br>(Block 13 on the form.)                                                                                                                                       |
| 20 | MILEPOST    | C | 6  | Milepost at location of accident, include<br>decimal point.<br>(Block 14 on the form.)                                                                                                          |
| 21 | STATE*      | C | 2  | State Alpha Code, see Appendix B.<br>(Block 15 on the form.)                                                                                                                                    |
| 22 | TEMP*       | N | 3  | Temperature (Fahrenheit), at accident<br>site at time of accident, if below zero<br>include minus sign.<br>(Block 17 on the form.)                                                              |
| 23 | VISIBILITY* | C | 1  | Visibility, must be 1 through 4.<br>(Block 18 on the form.)                                                                                                                                     |
| 24 | WEATHER*    | C | 1  | Weather, must be 1 through 6.<br>(Block 19 on the form.)                                                                                                                                        |
| 25 | METHOD      | C | 20 | Block 30 on the previous Form FRA<br>F 6180.54<br><br><u>See "Applicable Reporting<br/>Standards/Forms after June 1, 2011"</u><br><br>Please refer to 2003 Companion Guide<br>for METHOD field. |
| 26 | SPEED       | N | 3  | Speed of train.<br>(Block 28 on the form.)                                                                                                                                                      |

|    |          |   |    |                                                                                            |
|----|----------|---|----|--------------------------------------------------------------------------------------------|
| 27 | TYPSPD   | C | 1  | Speed--Estimated or recorded, enter E or R.<br>(Block 28 on the form.)                     |
| 28 | TRNNBR   | C | 4  | Train number/Symbol.<br>(Block 27 on the form.)                                            |
| 29 | TRNDIR   | C | 1  | Time Table direction, must be 1 through 4.<br>(Block 24 on the form.)                      |
| 30 | TONS     | N | 5  | Trailing tons.<br>(Block 29 on the form.)                                                  |
| 31 | TYPEQ    | C | 1  | Type of equipment consist, must be 1 through 9, or A through E.<br>(Block 25 on the form.) |
| 32 | EQATT    | C | 1  | Equipment Attended, must be either 1 or 2.<br>(Block 26 on the form.)                      |
| 33 | TRKNAME  | C | 20 | Track name or number.<br>(Block 21 on the form.)                                           |
| 34 | TRKCLAS  | C | 1  | FRA track class. 1-9, X<br>(Block 22 on the form.)                                         |
| 35 | TRKDNSTY | N | 6  | Annual track density.<br>(Block 23 on the form.)                                           |
| 36 | TYPTRK   | C | 1  | Type of track, must be 1 through 4.<br>(Block 20 on the form.)                             |
| 37 | RRCAR1   | C | 4  | Initials of first car/unit involved.<br>(Block 31a(1) on the form.)                        |
| 38 | CARNBR1  | N | 6  | Number of first car /unit involved.<br>(Block 31a(1) on the form.)                         |
| 39 | POSITON1 | N | 3  | Position in train of first car/unit involved.<br>(Block 31b(1) on the form.)               |
| 40 | LOADED1  | C | 1  | Car loaded, enter Y or N (for first car/unit involved).<br>(Block 31c(1) on the form.)     |

|    |          |   |   |                                                                                         |
|----|----------|---|---|-----------------------------------------------------------------------------------------|
| 41 | RRCAR2   | C | 4 | Initials of causing car/unit.<br>(Block 31a(2) on the form.)                            |
| 42 | CARNBR2  | N | 6 | Number of causing car/unit.<br>(Block 31a(2) on the form.)                              |
| 43 | POSITON2 | N | 3 | Position in train of causing car/unit.<br>(Block 31b(2) on the form.)                   |
| 44 | LOADED2  | C | 1 | Car loaded, enter Y or N (for causing<br>car/unit).<br>(Block 31c(2) on the form.)      |
| 45 | HEADEND1 | N | 1 | Number of head end locomotive<br>units in train.<br>(Block 34a(1) on the form.)         |
| 46 | MIDMAN1  | N | 1 | Number of mid train manual<br>locomotive units in train.<br>(Block 34b(1) on the form.) |
| 47 | MIDREM1  | N | 1 | Number of mid train remote<br>locomotive units in train.<br>(Block 34c(1) on the form.) |
| 48 | RMAN1    | N | 1 | Number of rear end manual<br>locomotive units in train.<br>(Block 34d(1) on the form.)  |
| 49 | RREM1    | N | 1 | Number of rear end remote<br>locomotive units in train.<br>(Block 34e(1) on the form.)  |
| 50 | HEADEND2 | N | 1 | Number of head end locomotive<br>units derailed.<br>(Block 34a(2) on the form.)         |
| 51 | MIDMAN2  | N | 1 | Number of mid train manual<br>locomotive units derailed.<br>(Block 34b(2) on the form.) |
| 52 | MIDREM2  | N | 1 | Number of mid train remote<br>locomotive units derailed.<br>(Block 34c(2) on the form.) |
| 53 | RMAN2    | N | 1 | Number of rear end manual<br>locomotive units derailed.                                 |

|    |          |   |   |                                                                                     |
|----|----------|---|---|-------------------------------------------------------------------------------------|
|    |          |   |   | (Block 34d(2) on the form.)                                                         |
| 54 | RREM2    | N | 1 | Number of rear end remote locomotive units derailed.<br>(Block 34e(2) on the form.) |
| 55 | LOADF1   | N | 3 | Number of loaded freight cars in consist.<br>(Block 35a(1) on the form.)            |
| 56 | LOADP1   | N | 3 | Number of loaded passenger cars in consist.<br>(Block 35b(1) on the form.)          |
| 57 | EMPTYF1  | N | 3 | Number of empty freight cars in consist.<br>(Block 35c(1) on the form.)             |
| 58 | EMPTYP1  | N | 3 | Number of empty passenger cars in consist.<br>(Block 35d(1) on the form.)           |
| 59 | CABOOSE1 | N | 3 | Number of cabooses in consist.<br>(Block 35e(1) on the form.)                       |
| 60 | LOADF2   | N | 3 | Number of loaded freight cars derailed.<br>(Block 35a(2) on the form.)              |
| 61 | LOADP2   | N | 3 | Number of loaded passenger cars derailed.<br>(Block 35b(2) on the form.)            |
| 62 | EMPTYF2  | N | 3 | Number of empty freight cars derailed.<br>(Block 35c(2) on the form.)               |
| 63 | EMPTYP2  | N | 3 | Number of empty passenger cars derailed.<br>(Block 35d(2) on the form.)             |
| 64 | CABOOSE2 | N | 3 | Number of cabooses derailed.<br>(Block 35e(2) on the form.)                         |
| 65 | EQPDMG   | N | 8 | Equipment Damage - This Consist, in dollars.<br>(Block 36 on the form.)             |



**Companion Guide to:  
FRA Guide for Preparing Accident/Incident Reports**

**Revised: April 5, 2011  
Effective: July 1, 2011**

|    |            |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|----|------------|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 66 | TRKDMG     | N | 8 | Track, Signal, Way & Structure Damage, in dollars.<br>(Block 37 on the form.)                                                                                                                                                                                                                                                                                                                                                                                                               |
| 67 | CAUSE*     | C | 4 | Primary Cause Code. Must be acceptable cause code, see Appendix C.<br>(Block 38 on the form.)                                                                                                                                                                                                                                                                                                                                                                                               |
| 68 | CAUSE2     | C | 4 | Contributing Cause Code. Must be acceptable cause code, see Appendix C.<br>(Block 39 on the form.)                                                                                                                                                                                                                                                                                                                                                                                          |
| 69 | A_D_1      | C | 4 | Railroad employees tested for drug/alcohol use. The first two positions in this field should store the number of positive alcohol tests. If an alcohol test was conducted with no positive results, enter "00". If no test was conducted, leave blank.<br><br>The last two positions in this field should store the number of positive drug tests. If a drug test was conducted with no positive results, enter "00". If no test was conducted, leave blank.<br><br>(Block 32 on the form.) |
| 70 | A_D_2      | C | 4 | Data field not currently used--leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 71 | A_D_3      | C | 4 | Data field not currently used--leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 72 | A_D_4      | C | 4 | Data field not currently used--leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| 73 | PASS_ON_TN | C | 1 | Consist Transporting Passengers? Must be Y if passengers are being transported, otherwise must be N.<br>(Block 33 on the form.)                                                                                                                                                                                                                                                                                                                                                             |
| 74 | COUNTY*    | C | 3 | County where accident occurred (County code).<br>(Block 16 on the form.)                                                                                                                                                                                                                                                                                                                                                                                                                    |
| 75 | ENGRS      | N | 1 | Number of engineers/operators in crew.                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

|    |           |   |    |                                                                                                                            |
|----|-----------|---|----|----------------------------------------------------------------------------------------------------------------------------|
|    |           |   |    | (Block 40 on the form.)                                                                                                    |
| 76 | FIREMEN   | N | 1  | Number of firemen in crew.<br>(Block 41 on the form.)                                                                      |
| 77 | CONDUCTR  | N | 1  | Number of conductors in crew.<br>(Block 42 on the form.)                                                                   |
| 78 | BRAKEMEN  | N | 1  | Number of brakemen in crew.<br>(Block 43 on the form.)                                                                     |
| 79 | ENGTIME   | N | 4  | Length of Time on Duty. Number of<br>Hours and Minutes of<br>Engineer/Operator, in HHMM format.<br>(Block 44 on the form.) |
| 80 | CDTRTIME  | N | 4  | Length of Time of Duty. Number of<br>Hours and Minutes of Conductor, in<br>HHMM format.<br>(Block 45 on the form.)         |
| 81 | RR_EMP_KD | N | 3  | Number of railroad employees<br>killed. Enter 0 if none.<br>(Block 46 on the form.)                                        |
| 82 | RR_EMP_IN | N | 3  | Number of railroad employees<br>injured. Enter 0 if none.<br>(Block 46 on the form.)                                       |
| 83 | PASS_KD   | N | 3  | Number of train passengers killed.<br>Enter 0 if none.<br>(Block 47 on the form.)                                          |
| 84 | PASS_IN   | N | 3  | Number of train passengers injured.<br>Enter 0 if none.<br>(Block 47 on the form.)                                         |
| 85 | OTHER_KD  | N | 3  | Number of others killed. Enter 0 if<br>none.<br>(Block 48 on the form.)                                                    |
| 86 | OTHER_IN  | N | 3  | Number of others injured. Enter 0 if<br>none.<br>(Block 48 on the form.)                                                   |
| 87 | SSB1*     | C | 20 | Special Study Block A. Indicate what<br>type of track an accident/incident<br>occurred on by using the codes "CWR"         |

|    |           |   |      |                                                                                                                                                                                                                                                     |
|----|-----------|---|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |           |   |      | for continuous welded rail track (by entering the letters CWR in the first 3 positions of the field), or “OTH” for other (by entering the letters OTH in the first 3 positions of the field). Item 49a cannot be blank.<br>(Block 49a on the form.) |
| 88 | SSB2      | C | 20   | Special Study Block B. Enter according to written instructions provided by FRA or Federal Register; otherwise leave blank.<br>(Block 49b on the form.)                                                                                              |
| 89 | NARRAT1   | C | 250  | Part 1 of the Narrative.<br>(Block 52 on the form.)                                                                                                                                                                                                 |
| 90 | NARRAT2   | C | 250  | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                                                                                           |
| 91 | NARRAT3   | C | 250  | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                                                                                           |
| 92 | NARRAT4   | C | 250  | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                                                                                           |
| 93 | NARRAT5   | C | 250  | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                                                                                           |
| 94 | NARRAT6   | C | 250  | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                                                                                           |
| 95 | RCL       | C | 1    | Remotely Controlled Locomotive.<br>0, 1, 2, 3<br>(Block 30a on the form.)                                                                                                                                                                           |
| 96 | LATITUDE* | N | 10 6 | Latitude, in decimal degrees, explicit decimal, explicit +/- (WGS 84) (e.g., +35.301486). Required for accountable rail equipment accidents/incidents.<br>(Block 50 on the form.)                                                                   |
| 97 | LONGITUD* | N | 11 6 | Longitude, in decimal degrees, explicit decimal, explicit +/- (WGS 84)(e.g., -085.280201). Required for                                                                                                                                             |

accountable rail equipment  
accidents/incidents.  
(Block 51 on the form.)

98    TERRITORY                    C                    5

Type of Territory. First position (required) indicates the type of territory (signaled or nonsignaled) and valid values are 1 and 2. Second position (required) indicates the authority for movement and valid values are 1-5. Third, fourth, and fifth positions (optional) are supplemental/adjunct codes (they are mandatory to the extent that all applicable codes are entered). The codes used to complete the Type of Territory block are dependent on the Type of Track (block 20). The codes for the last 3 positions are alphabetic. Refer to Appendix J for Type of Territory codes.  
(Block 30 on the form.)

#### Notes

**\*Mandatory Field** - A valid entry must be provided for each field identified as mandatory (\*), per specifications/conditions provided, otherwise the entire record will be rejected. All character information must be upper case, left justified, blank filled, unless otherwise stated. All numeric information must be right justified, zero filled, unless otherwise stated. Each field that is not applicable ("N/A") should be blank. A "0" should be used in a field to represent an entry of "None".

Exhibit 3

**.dbf, .mdb, and .xls  
Format for  
Railroad Injury and Illness Summary  
(Continuation Sheet)  
Form 6180.55a**

Notes:

Please note that while the below format is specific to .dbf, it can be used to set up .mdb, and .xls file formats. Sample formats for .mdb and .xls file formats are provided in Attachment D. If file is to be in .mdb format, the following applies: Where "C", for character is shown in the .dbf format, please use "Text" with the same length specified in the .dbf format. Where "N" for numeric, is shown, please use "Number", integer, with the same length specified in the .dbf format, with the exception of Latitude and Longitude, which should be double. If the file is to be in .xls format, use the field names, shown below, as the spreadsheet column headings.

A summary list of Changes to Fields and Data Values on the Forms, is provided in Attachment B.

Records in each file must be sorted in YEAR/MONTH/RAILROAD/INCDTNO order.

Refer to appropriate section of FRA Guide for instructions.

C = Character; N = Numeric

Reference Name: **CASUALTY**

|   | Field Name | Type | Width | Dec | Comments                                                                                                                                 |
|---|------------|------|-------|-----|------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | YEAR*      | C    | 2     |     | Report Year. Year of Accident/Incident (year covered by this report). (Block 4 on the form.)                                             |
| 2 | MONTH*     | C    | 2     |     | Month of Accident/Incident, include leading zero, i.e. 05 (month covered by this report). (Block 3 on the form.)                         |
| 3 | RAILROAD*  | C    | 4     |     | Reporting Railroad Alpha Code. (Block 2 on the form.)                                                                                    |
| 4 | INCDTNO*   | C    | 10    |     | Accident/Injury [Incident] Number of Reporting Railroad (no embedded blanks, punctuation or special characters). (Block 5a on the form.) |
| 5 | TYPPERS*   | C    | 1     |     | Type of Person (Letter A through J). (Block 5f on the form.)                                                                             |

|    |            |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|------------|---|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6  | JOB CODE*  | C | 3 | Must be acceptable job code, see Appendix D.<br>(Block 5f on the form.)                                                                                                                                                                                                                                                                                                                                                                                        |
| 7  | ICODE*     | C | 4 | Must be acceptable Injury or Illness code, see Appendix E.<br>(Block 5i on the form.)                                                                                                                                                                                                                                                                                                                                                                          |
| 8  | AGE        | C | 2 | Age of the individual at the time of the incident.<br>(Block 5g on the form.)                                                                                                                                                                                                                                                                                                                                                                                  |
| 9  | STATE*     | C | 2 | State Alphabetic Code, see Appendix B.<br>(Block 5e on the form.)                                                                                                                                                                                                                                                                                                                                                                                              |
| 10 | DAYSABS    | N | 3 | Number of days away from work. If there were no such days or a fatality is being reported, enter 0.<br>(Block 5o on the form.)                                                                                                                                                                                                                                                                                                                                 |
| 11 | DAYSRES    | N | 3 | Number of days restricted. If there were no such days or a fatality is being reported, enter 0.<br>(Block 5p on the form.)                                                                                                                                                                                                                                                                                                                                     |
| 12 | DRUG_ALCOH | C | 4 | Drug/Alcohol Test. The first two positions in this field should store the number of positive alcohol tests. If an alcohol test was conducted with no positive results, enter "00". If no test was conducted, leave blank.<br><br>The last two positions in this field should store the number of positive drug tests. If a drug test was conducted with no positive results, enter "00". If no test was conducted, leave blank.<br><br>(Block 5h on the form.) |
| 13 | DAY*       | C | 2 | Day of Accident/Injury<br>(Block 5b on the form.)                                                                                                                                                                                                                                                                                                                                                                                                              |
| 14 | TIME*      | C | 6 | Time of Day [of Accident/Injury]. The                                                                                                                                                                                                                                                                                                                                                                                                                          |

|    |            |   |     |                                                                                                                                |
|----|------------|---|-----|--------------------------------------------------------------------------------------------------------------------------------|
|    |            |   |     | first four positions are the time and the last two positions are for either am or pm.<br>(Block 5c on the form.)               |
| 15 | COUNTY*    | C | 3   | County Code where Accident/Injury occurred.<br>(Block 5d on the form.)                                                         |
| 16 | PHY_ACT*   | C | 2   | Physical Act Circumstance Code -- See Appendix F<br>(Block 5j on the form.)                                                    |
| 17 | LOC1*      | C | 2   | Location Circumstance Code, Part I -<br>- See Appendix F<br>(Block 5k on the form.)                                            |
| 18 | LOC2*      | C | 2   | Location Circumstance Code, Part II<br>-- See Appendix F<br>(Block 5k on the form.)                                            |
| 19 | LOC3*      | C | 2   | Location Circumstance Code, Part III -- See Appendix F<br>(Block 5k on the form.)                                              |
| 20 | EVENT*     | C | 2   | Event Circumstance Code -- See Appendix F<br>(Block 5l on the form.)                                                           |
| 21 | RESULT*    | C | 2   | Tools Circumstance Code; Tools, Machinery, Appliances, Structures, Surfaces, etc. -- See Appendix F<br>(Block 5m on the form.) |
| 22 | CAUSE*     | C | 2   | Cause Circumstance Code; Probable Reason for Injury/Illness -- See Appendix F<br>(Block 5n on the form.)                       |
| 23 | EXPOSURE   | C | 1   | Exposure to HAZMAT, enter Y for yes, otherwise enter N for no.<br>(Block 5q on the form.)                                      |
| 24 | TERMINATIO | C | 1   | Termination or permanent transfer? Enter Y for yes or N for no.<br>(Block 5r on the form.)                                     |
| 25 | NARRATIVE  | C | 250 | Narrative                                                                                                                      |

(Block 5u on the form.)

|    |           |   |    |   |                                                                                                                                                                                                                                                        |
|----|-----------|---|----|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 26 | COVERDATA | C | 1  |   | Special Case Codes. If it is Covered Data Case, enter A, R, or P. If it is suicide data, enter X.                                                                                                                                                      |
| 27 | LATITUDE* | N | 10 | 6 | Latitude, in decimal degrees, explicit decimal, explicit +/- (WGS 84) (e.g., +35.301486). Required for any reportable casualty to a trespasser, but optional for Worker On Duty - Railroad Employee (Class A) fatalities.<br>(Block 5s on the form.)   |
| 28 | LONGITUD* | N | 11 | 6 | Longitude, in decimal degrees, explicit decimal, explicit +/- (WGS 84) (e.g., -085.280201). Required for any reportable casualty to a trespasser, but optional for Worker On Duty - Railroad Employee (Class A) fatalities.<br>(Block 5t on the form.) |

#### Notes

**\*Mandatory Field** - A valid entry must be provided for each field identified as mandatory (\*), per specifications/conditions provided, otherwise the entire record will be rejected. All character information must be upper case, left justified, blank filled, unless otherwise stated. All numeric information must be right justified, zero filled, unless otherwise stated. Each field that is not applicable ("N/A") should be blank. A "0" should be used in a field to represent an entry of "None".



Exhibit 4

**.dbf, .mdb, .xls  
Format for  
Highway-Rail Grade Crossing Accident/Incident Report  
Form FRA F 6180.57**

Notes:

Please note that while the below format is specific to .dbf, it can be used to set up .mdb, and .xls file formats. Sample formats for .mdb and .xls file formats are provided in Attachment D. If file is to be in .mdb format, the following applies: Where "C", for character is shown in the .dbf format, please use "Text" with the same length specified in the .dbf format. Where "N" for numeric, is shown, please use "Number", integer, with the same length specified in the .dbf format. If the file is to be in .xls format, use the field names, shown below, as the spreadsheet column headings.

A summary list of Changes to Fields and Data Values on the Forms, is provided in Attachment B.

Records in each file must be sorted in YEAR/MONTH/RAILROAD/INCDTNO order.

Refer to appropriate section of FRA Guide for instructions.

C = Character; N = Numeric

Reference Name: **GXIR**

|   | Field Name | Type | Width | Dec | Comments                                                                                                                                                                                 |
|---|------------|------|-------|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | RAILROAD*  | C    | 4     |     | Reporting Railroad Alpha Code.<br>(Block 1a on the form.)                                                                                                                                |
| 2 | INCDTNO*   | C    | 10    |     | Accident/Incident Number of<br>Reporting Railroad (no embedded<br>blanks, punctuation or special<br>characters).<br>(Block 1b on the form.)                                              |
| 3 | RR2        | C    | 4     |     | Other Railroad or Other Entity Filing<br>for Equipment Involved in Train<br>Accident/Incident. Railroad Alpha<br>Code.<br>(Block 2a on the form.)                                        |
| 4 | INCDTNO2   | C    | 10    |     | Accident/Incident Number of Other<br>Railroad or Other Entity Filing for<br>Equipment Involved in Train<br>Accident/Incident (no embedded blanks,<br>punctuation or special characters). |

|    |           |   |    |                                                                                                                                                                            |
|----|-----------|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |           |   |    | (Block 2b on the form.)                                                                                                                                                    |
| 5  | RR3*      | C | 4  | Railroad or Other Entity Responsible for Track Maintenance Alpha Code.<br>(Block 3a on the form.)                                                                          |
| 6  | INCDTNO3* | C | 10 | Accident/Incident Number of Railroad or Other Entity Responsible for Track Maintenance (no embedded blanks, punctuation or special characters).<br>(Block 3b on the form.) |
| 7  | GXID*     | C | 7  | U.S. DOT Crossing Identification [Inventory] Number. If a number has not been assigned, enter NOTASGN.<br>(Block 4 on the form.)                                           |
| 8  | YEAR*     | C | 2  | Year of Accident/Incident.<br>(Block 5 on the form.)                                                                                                                       |
| 9  | MONTH*    | C | 2  | Month of Accident/Incident, include leading zero, i.e. 05.<br>(Block 5 on the form.)                                                                                       |
| 10 | DAY*      | C | 2  | Day of Accident/Incident, include leading zero, i.e. 08.<br>(Block 5 on the form.)                                                                                         |
| 11 | HRMIN*    | N | 4  | Hour and minute of Time of Accident/ Incident in HHMM, include leading zero, i.e. 0305.<br>(Block 6 on the form.)                                                          |
| 12 | AMPM*     | C | 2  | AM or PM of Time of Accident/ Incident.<br>(Block 6 on the form.)                                                                                                          |
| 13 | RSTATION  | C | 20 | Nearest Railroad Station.<br>(Block 7 on the form.)                                                                                                                        |
| 14 | COUNTY*   | C | 3  | County code.<br>(Block 9 on the form.)                                                                                                                                     |
| 15 | STATE*    | C | 2  | State Alphabetic Code, See Appendix B.<br>(Block 10 on the form.)                                                                                                          |

|    |             |   |    |                                                                                                                                                                |
|----|-------------|---|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 16 | CITY        | C | 20 | City.<br>(Block 11 on the form.)                                                                                                                               |
| 17 | HIGHWAY     | C | 20 | Highway Name or Number, if a private crossing enter PRIVATE.<br>(Block 12 on the form.)                                                                        |
| 18 | TYPVEH*     | C | 1  | Type [of Highway User Involved]. Valid values are A - M, excluding I and L.<br>(Block 13 on the form.)                                                         |
| 19 | VEHSPD      | N | 3  | Vehicle Speed [of Highway User Involved]. If Field 18 (TYPVEH)/Block 13 on the form, is K for Pedestrian, then leave blank for N/A.<br>(Block 14 on the form.) |
| 20 | VEHDIR      | C | 1  | Direction [of Highway User Involved]. Valid values are 1 - 4.<br>(Block 15 on the form.)                                                                       |
| 21 | POSITION*   | C | 1  | Position [of Highway User Involved]. Valid values are 1 - 5.<br>(Block 16 on the form.)                                                                        |
| 22 | RREQUIP*    | C | 1  | Equipment [Rail Equipment Involved]. Valid values are 1 - 8 or A - E.<br>(Block 17 on the form.)                                                               |
| 23 | RRCAR       | N | 3  | Position of car unit in the train [Rail Equipment Involved].<br>(Block 18 on the form.)                                                                        |
| 24 | TYPACC*     | C | 1  | Circumstance [Rail Equipment Involved]. Valid values are 1 - 2.<br>(Block 19 on the form.)                                                                     |
| 25 | HAZARD      | N | 1  | Was hazardous material being transported. Valid values are 1 - 4.<br>(Block 20a on the form.)                                                                  |
| 26 | TEMP*       | N | 3  | Temperature (Fahrenheit), at the accident site at time of accident, if below zero include leading minus sign.<br>(Block 21 on the form.)                       |
| 27 | VISIBILITY* | C | 1  | Visibility. Valid values are 1 - 4.                                                                                                                            |

|    |           |   |    |                                                                                                                                               |
|----|-----------|---|----|-----------------------------------------------------------------------------------------------------------------------------------------------|
|    |           |   |    | (Block 22 on the form.)                                                                                                                       |
| 28 | WEATHER*  | C | 1  | Weather. Valid values are 1 - 6.<br>(Block 23 on the form.)                                                                                   |
| 29 | TYPTRN    | C | 1  | Type of Equipment Consist.<br>Valid values are 1 - 9 or A - E.<br>(Block 24 on the form.)                                                     |
| 30 | TYPTRK    | C | 1  | Type track. Valid values are 1 - 4.<br>(Block 25 on the form.)                                                                                |
| 31 | TRKNAME   | C | 20 | Track number or name.<br>(Block 26 on the form.)                                                                                              |
| 32 | TRKCLAS   | C | 1  | FRA track class (1 - 9, X)<br>(Block 27 on the form.)                                                                                         |
| 33 | NBRLOCOS* | N | 2  | Number of locomotive units.<br>(Block 28 on the form.)                                                                                        |
| 34 | NBRCARS*  | N | 3  | Number of cars.<br>(Block 29 on the form.)                                                                                                    |
| 35 | TRNSPD    | N | 3  | Consist Speed.<br>(Block 30 on the form.)                                                                                                     |
| 36 | TYPSPD    | C | 1  | Consist Speed is estimated or recorded,<br>enter E or R.<br>(Block 30 on the form.)                                                           |
| 37 | TRNDIR    | C | 1  | Time Table Direction.<br>Valid values are 1 - 4.<br>(Block 31 on the form.)                                                                   |
| 38 | CROSSING* | C | 24 | Type of crossing warning <sup>2</sup> . Valid values<br>are 01, 02, 03, 04, 05, 06, 07, 08, 09, 10,<br>11, and 12.<br>(Block 32 on the form.) |
| 39 | SIGNAL    | C | 1  | Signaled Crossing Warning.<br>Valid values are 1 - 7.                                                                                         |

---

<sup>2</sup> CROSSING

Include all crossing types, Gates is 01, Cantilever is 02, Standard FLS is 03, etc. Each warning is 2 positions long with no commas separating the crossing types. If the warning devices are Standard Flashing Lights, and Crossbucks then CROSSING would be 0307.

|    |          |   |   |                                                                                                                                                                                                                                                  |
|----|----------|---|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |          |   |   | (Block 33 on the form.)                                                                                                                                                                                                                          |
| 40 | LOCWARN  | C | 1 | Location of Warning.<br>Valid values are 1 - 3.<br>(Block 35 on the form.)                                                                                                                                                                       |
| 41 | WARNSIG  | C | 1 | Crossing warning interconnected with<br>highway signals, must be 1, 2 or 3.<br>(Block 36 on the form.)                                                                                                                                           |
| 42 | LIGHTS   | C | 1 | Crossing illuminated by street lights,<br>must be 1, 2 or 3.<br>(Block 37 on the form.)                                                                                                                                                          |
| 43 | STANDVEH | C | 1 | Driver passed standing highway<br>vehicle, must be 1, 2 or 3. If Field 18<br>(TYPVEH)/Block 13 on the form, is K<br>for Pedestrian, then leave blank for N/A.<br>(Block 42 on the form.)                                                         |
| 44 | TRAIN2   | C | 1 | Highway User Went Behind or in Front<br>of Train and struck, or was struck by,<br>second train, must be 1, 2 or 3. If Field<br>18 (TYPVEH)/Block 13 on the form, is<br>K for Pedestrian, then leave blank for<br>N/A.<br>(Block 40 on the form.) |
| 45 | MOTORIST | C | 1 | Highway User [action]. Valid values<br>are 1 - 8. If Field 18 (TYPVEH)/Block<br>13 on the form, is K for Pedestrian, then<br>leave blank for N/A.<br>(Block 41 on the form.)                                                                     |
| 46 | VIEW     | C | 1 | View of track obscured by.<br>Valid values are 1 - 8.<br>(Block 43 on the form.)                                                                                                                                                                 |
| 47 | VEHDMG   | N | 6 | Highway vehicle property damage in<br>dollars. If Field 18 (TYPVEH)/Block<br>13 on the form, is K for Pedestrian, then<br>leave blank for N/A.<br>(Block 47 on the form.)                                                                        |
| 48 | DRIVER   | C | 1 | Driver was, must be 1, 2 or 3. If<br>Field 18 (TYPVEH)/Block 13 on the<br>form, is K for Pedestrian, then leave<br>blank for N/A.                                                                                                                |

|    |            |   |    |                                                                                                                                                                  |
|----|------------|---|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |            |   |    | (Block 44 on the form.)                                                                                                                                          |
| 49 | INVEH      | C | 1  | Was driver in the vehicle?, must be 1 or 2. If Field 18 (TYPVEH)/Block 13 on the form, is K for Pedestrian, then leave blank for N/A.<br>(Block 45 on the form.) |
| 50 | TOTOCC     | N | 4  | Total number of vehicle occupants (including driver)<br>(Block 48 on the form.)                                                                                  |
| 51 | INCDRPT*   | C | 1  | Is a Rail Equipment Accident/Incident Report being filed? Enter 1 or 2.<br>(Block 51 on the form.)                                                               |
| 52 | DIVISION   | C | 20 | Subdivision of Reporting Railroad.<br>[Previously was Division.]<br>(Block 8 on the form.)                                                                       |
| 53 | PUB_PRIV*  | C | 1  | Public or Private Highway-Rail Grade Crossing? Enter 1 for Public or 2 for Private.<br>(Block 12 on the form.)                                                   |
| 54 | HAZ_REL    | N | 1  | HAZMAT released? Enter 1-4.<br>(Block 20b on the form.)                                                                                                          |
| 55 | HM_NAME    | C | 30 | Name of HAZMAT released.<br>(Block 20c on the form.)                                                                                                             |
| 56 | HM_QUANTY  | C | 4  | Quantity of HAZMAT released.<br>(Block 20c on the form.)                                                                                                         |
| 57 | HM_MEASURE | C | 4  | Units of Measurement used for Field 56 (HM_QUANTY) (gross mass, weight or volume). For example: LBS, TONS, GALS.<br>(Block 20c on the form.)                     |
| 58 | SIG_WARN_X | C | 1  | If Field 39 (SIGNAL) is 5, 6, or 7, enter explanation code A-S, excluding I, O, and Q.<br>(Block 33 on the form.)                                                |
| 59 | WHISLE_BAN | C | 1  | Block 34 on the previous Form FRA F 6180.57. Whistle Ban is not on the new Form FRA F 6180.57 .                                                                  |

See "Applicable Reporting  
Standards/Forms after June 1, 2011"

If providing data for this field, please refer to 2003 Companion Guide for WHISTBAN field.

|    |             |   |   |                                                                                                                                                                                                         |
|----|-------------|---|---|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 60 | DRIV_AGE*   | N | 2 | Driver's age. Is now a required field, unless is unknown as a result of the accident/incident being a hit and run (if "Hit and Run", specify this in the narrative).<br>(Block 38 on the form.)         |
| 61 | DRIV_GENDR* | C | 1 | Driver's gender (1 or 2). Is a required field, unless is unknown as a result of the accident/incident being a hit and run (if "Hit and Run", specify this in the narrative).<br>(Block 39 on the form.) |
| 62 | HR_USER_KD  | N | 3 | Total number of highway-rail crossing users killed, a casualty report (55a) must be completed for each person.<br>(Block 46 on the form.)                                                               |
| 63 | HR_USER_IN  | N | 3 | Total number of highway-rail crossing users injured, a casualty report (55a) must be completed for each person.<br>(Block 46 on the form.)                                                              |
| 64 | RR_EMP_KD   | N | 3 | Total number of railroad employees killed, a casualty report (55a) must be completed for each person.<br>(Block 49 on the form.)                                                                        |
| 65 | RR_EMP_IN   | N | 3 | Total number of railroad employees injured, a casualty report (55a) must be completed for each person.<br>(Block 49 on the form.)                                                                       |
| 66 | PASS_KD     | N | 3 | Total number of passengers on train killed, a casualty report (55a) must be completed for each person.                                                                                                  |

|    |            |   |     |                                                                                                                                                                                                                                                                                                                                       |
|----|------------|---|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |            |   |     | (Block 52 on the form.)                                                                                                                                                                                                                                                                                                               |
| 67 | PASS_IN    | N | 3   | Total number of passengers on train injured, a casualty report (55a) must be completed for each person.<br>(Block 52 on the form.)                                                                                                                                                                                                    |
| 68 | PEOPLE_TRN | N | 4   | Number of people on the train (including passengers and train crew).<br>(Block 50 on the form.)                                                                                                                                                                                                                                       |
| 69 | SSB1       | C | 20  | Special Study Block. In the first 3 positions of this field, enter, for: Video Taken? "YES" without the quotes, for yes, or "NO" without the quotes.<br><br>For the fourth, fifth, and sixth positions of this field, for Video Used? enter "YES" without the quotes, for yes, or "NO" without the quotes<br>(Block 53a on the form.) |
| 70 | SSB2       | C | 20  | Special Study Block. Enter according to written instructions provided by FRA or Federal Register; otherwise leave blank.<br>(Block 53b on the form.)                                                                                                                                                                                  |
| 71 | NARRATIVE1 | C | 250 | Narrative<br>(Block 54 on the form.)                                                                                                                                                                                                                                                                                                  |
| 72 | NARRATIVE2 | C | 250 | Narrative<br>(Block 54 on the form.)                                                                                                                                                                                                                                                                                                  |
| 73 | ROADWAY    | C | 1   | Roadway Conditions. Valid values are: A - F<br>(Block 34 on the form.)                                                                                                                                                                                                                                                                |

#### Notes

**\*Mandatory Field** - A valid entry must be provided for each field identified as mandatory (\*), per specifications/conditions provided, otherwise the entire record will be rejected. All character information must be upper case, left justified, blank filled, unless otherwise stated. All numeric information must be right justified, zero filled, unless otherwise stated. Each field that is not applicable ("N/A") should be blank. A "0" should be used in a field to represent an entry of "None".



Exhibit 5

**ASCII Format for  
Railroad Injury and Illness Summary  
Form FRA F 6180.55**

Refer to appropriate section of FRA Guide for instructions.

C = Character; N = Numeric

Reference Name: **RRSUM**

A summary list of Changes to Fields and Data Values on the Forms, is provided in Attachment B.

If Railroad submits data electronically for this form, they should also send in either a hard copy, or an image in either .jpg or .pdf format.

|   | Field Name | Type | Begins | Ends | Comments                                                                |
|---|------------|------|--------|------|-------------------------------------------------------------------------|
| 1 | RAILROAD*  | C    | 1      | 4    | Reporting Railroad Code.<br>(Block 2 on the form.)                      |
| 2 | YEAR*      | C    | 5      | 6    | Report Year.<br>(Block 3 on the form.)                                  |
| 3 | MONTH*     | C    | 7      | 8    | Report Month.<br>(Block 3 on the form.)                                 |
| 4 | STATE*     | C    | 9      | 10   | State in which report was signed.<br>(Block 4 on the form.)             |
| 5 | COUNTY*    | C    | 11     | 30   | County in which report was signed.<br>(Block 5 on the form.)            |
| 6 | FRTTRN_MI* | N    | 31     | 40   | Number of Freight Train Miles<br>Operated.<br>(Block 11 on the form.)   |
| 7 | PASSTRN_MI | N    | 41     | 50   | Number of Passenger Train Miles<br>Operated.<br>(Block 12 on the form.) |
| 8 | YDSW_MI*   | N    | 51     | 60   | Number of Yard Switching Miles<br>Operated.<br>(Block 13 on the form.)  |
| 9 | OTHTRN_MI* | N    | 61     | 70   | Number of Other Train Miles                                             |

|    |           |   |     |     |                                                                                                                                                            |
|----|-----------|---|-----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |           |   |     |     | Operated.<br>(Block 14 on the form.)                                                                                                                       |
| 10 | RRWRK_HR* | N | 71  | 80  | Railroad Worker Hours.<br>Number of Hours Worked by<br>Railroad employees during the month<br>(see FRA Guide for instructions).<br>(Block 15 on the form.) |
| 11 | PASSMI_OP | N | 81  | 90  | Number of Passenger Miles<br>Operated.<br>(Block 16 on the form.)                                                                                          |
| 12 | PASS_TRNS | N | 91  | 100 | Number of Passengers Transported.<br>(Block 17 on the form.)                                                                                               |
| 13 | REMARKS   | C | 101 | 350 | Remarks - Operational, environmental,<br>or other circumstances for report month.<br>(Block 20 on the form.)                                               |

#### Notes

**\*Mandatory Field** - A valid entry must be provided for each field identified as mandatory (\*), per specifications/conditions provided, otherwise the entire record will be rejected. All character information must be upper case, left justified, blank filled, unless otherwise stated. All numeric information must be right justified, zero filled, unless otherwise stated. Each field that is not applicable ("N/A") should be blank. A "0" should be used in a field to represent an entry of "None".

Exhibit 6

**ASCII Format for  
Rail Equipment Accident/Incident Report  
Form FRA F 6180.54**

A summary list of Changes to Fields and Data Values on the Forms, is provided in Attachment B.

Records in each file must be sorted in YEAR/MONTH/RAILROAD/INCDTNO order.

Refer to appropriate section of FRA Guide for instructions.

C = Character; N = Numeric

Reference Name: **ACCIDENT**

|   | <b>Field Name</b> | <b>Type</b> | <b>Begins</b> | <b>Ends</b> | <b>Comments</b>                                                                                                                                                                  |
|---|-------------------|-------------|---------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | RAILROAD*         | C           | 1             | 4           | Reporting Railroad Alpha Code<br>(Block 1a on the form.)                                                                                                                         |
| 2 | INCDTNO*          | C           | 5             | 14          | Accident/Incident Number of<br>Reporting Railroad (no embedded<br>blanks, punctuation or special<br>characters).<br>(Block 1b on the form.)                                      |
| 3 | RR2               | C           | 15            | 18          | Other Railroad or other Entity<br>with Consist Involved (Alpha Code).<br>(Block 2a on the form.)                                                                                 |
| 4 | INCDTNO2          | C           | 19            | 28          | Accident/Incident Number of other<br>Railroad or other Entity<br>with Consist Involved (no embedded<br>blanks, punctuation or special<br>characters).<br>(Block 2b on the form.) |
| 5 | RR3*              | C           | 29            | 32          | Railroad or other Entity Responsible for<br>Track Maintenance Alpha Code.<br>(Block 3a on the form.)                                                                             |
| 6 | INCDTNO3*         | C           | 33            | 42          | Accident/Incident Number of<br>Railroad or other Entity Responsible for<br>Track Maintenance (no embedded                                                                        |

|    |          |   |    |    |                                                                                                                                                                         |
|----|----------|---|----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |          |   |    |    | blanks, punctuation or special characters).<br>(Block 3b on the form.)                                                                                                  |
| 7  | GXID     | C | 43 | 49 | U.S. DOT Crossing Identification [Inventory] Number, if Type Accident is Hwy-Rail Crossing. If a number has not been assigned, enter NOTASGN.<br>(Block 4 on the form.) |
| 8  | YEAR*    | C | 50 | 51 | Year of Accident/Incident.<br>(Block 5 on the form.)                                                                                                                    |
| 9  | MONTH*   | C | 52 | 53 | Month of Accident/Incident, include leading zero, i.e. 05.<br>(Block 5 on the form.)                                                                                    |
| 10 | DAY*     | C | 54 | 55 | Day of Accident/Incident, include leading zero, i.e. 08.<br>(Block 5 on the form.)                                                                                      |
| 11 | HRMIN*   | N | 56 | 59 | Hour and minute of Time of Accident/ Incident in HHMM, include leading zero, i.e. 0305.<br>(Block 6 on the form.)                                                       |
| 12 | AMPM*    | C | 60 | 61 | AM or PM of Time of Accident/ Incident.<br>(Block 6 on the form.)                                                                                                       |
| 13 | TYPE*    | C | 62 | 63 | Type of Accident/Incident. Valid values are 01 through 13. If "Other," code 13, then include type of accident in the Narrative.<br>(Block 7 on the form.)               |
| 14 | CARS     | N | 64 | 66 | Cars carrying Hazardous Materials.<br>(Block 8 on the form.)                                                                                                            |
| 15 | CARSDMG  | N | 67 | 69 | Cars carrying Hazardous Materials that were damaged or derailed.<br>(Block 9 on the form.)                                                                              |
| 16 | CARSHZD  | N | 70 | 72 | Cars that released some Haz. Mat. product.<br>(Block 10 on the form.)                                                                                                   |
| 17 | EVACUATE | N | 73 | 78 | Number of people evacuated as a result                                                                                                                                  |

|                                                                                                                                                                                         |             |   |     |     |                                                                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---|-----|-----|------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                         |             |   |     |     | of the accident, even as a precaution.<br>(Block 11 on the form.)                                                                  |
| 18                                                                                                                                                                                      | DIVISION    | C | 79  | 98  | Subdivision of Reporting Railroad.<br>[Previously was Division.]<br>(Block 12 on the form.)                                        |
| 19                                                                                                                                                                                      | CITY_TWN    | C | 99  | 118 | Nearest City/Town to accident<br>(Block 13 on the form.)                                                                           |
| 20                                                                                                                                                                                      | MILEPOST    | C | 119 | 124 | Milepost at location of accident, include<br>decimal point.<br>(Block 14 on the form.)                                             |
| 21                                                                                                                                                                                      | STATE*      | C | 125 | 126 | State Alpha Code, see Appendix B.<br>(Block 15 on the form.)                                                                       |
| 22                                                                                                                                                                                      | TEMP*       | N | 127 | 129 | Temperature (Fahrenheit), at accident<br>site at time of accident, if below zero<br>include minus sign.<br>(Block 17 on the form.) |
| 23                                                                                                                                                                                      | VISIBILITY* | C | 130 |     | Visibility, must be 1 through 4.<br>(Block 18 on the form.)                                                                        |
| 24                                                                                                                                                                                      | WEATHER*    | C | 131 |     | Weather, must be 1 through 6.<br>(Block 19 on the form.)                                                                           |
| 25                                                                                                                                                                                      | METHOD      | C | 132 | 151 | Block 30 on the previous Form FRA<br>F 6180.54.                                                                                    |
| <p><u>See "Applicable Reporting<br/>Standards/Forms after June 1, 2011"</u></p> <p>If providing data for this field, please<br/>refer to 2003 Companion Guide for<br/>METHOD field.</p> |             |   |     |     |                                                                                                                                    |
| 26                                                                                                                                                                                      | SPEED       | N | 152 | 154 | Speed of train.<br>(Block 28 on the form.)                                                                                         |
| 27                                                                                                                                                                                      | TYPSPD      | C | 155 |     | Speed--Estimated or recorded, enter E<br>or R.<br>(Block 28 on the form.)                                                          |
| 28                                                                                                                                                                                      | TRNNBR      | C | 156 | 159 | Train number/Symbol.<br>(Block 27 on the form.)                                                                                    |

|    |          |   |     |     |                                                                                            |
|----|----------|---|-----|-----|--------------------------------------------------------------------------------------------|
| 29 | TRNDIR   | C | 160 |     | Time Table direction, must be 1 through 4.<br>(Block 24 on the form.)                      |
| 30 | TONS     | N | 161 | 165 | Trailing tons.<br>(Block 29 on the form.)                                                  |
| 31 | TYPEQ    | C | 166 |     | Type of equipment consist, must be 1 through 9, or A through E.<br>(Block 25 on the form.) |
| 32 | EQATT    | C | 167 |     | Equipment Attended, must be either 1 or 2.<br>(Block 26 on the form.)                      |
| 33 | TRKNAME  | C | 168 | 187 | Track name or number.<br>(Block 21 on the form.)                                           |
| 34 | TRKCLAS  | C | 188 |     | FRA track class. 1 - 9, X<br>(Block 22 on the form.)                                       |
| 35 | TRKDNSTY | N | 189 | 194 | Annual track density.<br>(Block 23 on the form.)                                           |
| 36 | TYPTRK   | C | 195 |     | Type of track, must be 1 through 4.<br>(Block 20 on the form.)                             |
| 37 | RRCAR1   | C | 196 | 199 | Initials of first car/unit involved.<br>(Block 31(a)(1) on the form.)                      |
| 38 | CARNBR1  | N | 200 | 205 | Number of first car/unit involved.<br>(Block 31(a)(1) on the form.)                        |
| 39 | POSITON1 | N | 206 | 208 | Position in train of first car/unit involved.<br>(Block 31(b)(1) on the form.)             |
| 40 | LOADED1  | C | 209 |     | Car loaded, enter Y or N (for first car/unit involved).<br>(Block 31(c)(1) on the form.)   |
| 41 | RRCAR2   | C | 210 | 213 | Initials of causing car/unit involved.<br>(Block 31(a)(2) on the form.)                    |
| 42 | CARNBR2  | N | 214 | 219 | Number of causing car/unit involved.<br>(Block 31(a)(2) on the form.)                      |

|    |          |   |     |     |                                                                                            |
|----|----------|---|-----|-----|--------------------------------------------------------------------------------------------|
| 43 | POSITON2 | N | 220 | 222 | Position in train of causing car/unit involved.<br>(Block 31(b)(1) on the form.)           |
| 44 | LOADED2  | C | 223 |     | Car loaded, enter Y or N (for causing car/unit involved).<br>(Block 31(c)(2) on the form.) |
| 45 | HEADEND1 | N | 224 |     | Number of head end locomotive units in train.<br>(Block 34(a)(1) on the form.)             |
| 46 | MIDMAN1  | N | 225 |     | Number of mid train manual locomotive units in train.<br>(Block 34(b)(1) on the form.)     |
| 47 | MIDREM1  | N | 226 |     | Number of mid train remote locomotive units in train.<br>(Block 34(c)(1) on the form.)     |
| 48 | RMAN1    | N | 227 |     | Number of rear end manual locomotive units in train.<br>(Block 34(d)(1) on the form.)      |
| 49 | RREM1    | N | 228 |     | Number of rear end remote locomotive units in train.<br>(Block 34(e)(1) on the form.)      |
| 50 | HEADEND2 | N | 229 |     | Number of head end locomotive units derailed.<br>(Block 34(a)(2) on the form.)             |
| 51 | MIDMAN2  | N | 230 |     | Number of mid train manual locomotive units derailed.<br>(Block 34(b)(2) on the form.)     |
| 52 | MIDREM2  | N | 231 |     | Number of mid train remote locomotive units derailed.<br>(Block 34(c)(2) on the form.)     |
| 53 | RMAN2    | N | 232 |     | Number of rear end manual locomotive units derailed.<br>(Block 34(d)(2) on the form.)      |
| 54 | RREM2    | N | 233 |     | Number of rear end remote locomotive units derailed.<br>(Block 34e(2) on the form.)        |

**Companion Guide to:  
FRA Guide for Preparing Accident/Incident Reports**

**Revised: April 5, 2011  
Effective: July 1, 2011**

|    |          |   |     |     |                                                                                               |
|----|----------|---|-----|-----|-----------------------------------------------------------------------------------------------|
| 55 | LOADF1   | N | 234 | 236 | Number of loaded freight cars in consist.<br>(Block 35(a)(1) on the form.)                    |
| 56 | LOADP1   | N | 237 | 239 | Number of loaded passenger cars in consist.<br>(Block 35(b)(1) on the form.)                  |
| 57 | EMPTYF1  | N | 240 | 242 | Number of empty freight cars in consist.<br>(Block 35(c)(1) on the form.)                     |
| 58 | EMPTYP1  | N | 243 | 245 | Number of empty passenger cars in consist.<br>(Block 35(d)(1) on the form.)                   |
| 59 | CABOOSE1 | N | 246 | 248 | Number of cabooses in consist.<br>(Block 35(e)(1) on the form.)                               |
| 60 | LOADF2   | N | 249 | 251 | Number of loaded freight cars derailed.<br>(Block 35(a)(2) on the form.)                      |
| 61 | LOADP2   | N | 252 | 254 | Number of loaded passenger cars derailed.<br>(Block 35(b)(2) on the form.)                    |
| 62 | EMPTYF2  | N | 255 | 257 | Number of empty freight cars derailed.<br>(Block 35(c)(2) on the form.)                       |
| 63 | EMPTYP2  | N | 258 | 260 | Number of empty passenger cars derailed.<br>(Block 35(d)(2) on the form.)                     |
| 64 | CABOOSE2 | N | 261 | 263 | Number of cabooses derailed.<br>(Block 35(e)(2) on the form.)                                 |
| 65 | EQPDMG   | N | 264 | 271 | Equipment Damage - This Consist, in dollars.<br>(Block 36 on the form.)                       |
| 66 | TRKDMG   | N | 272 | 279 | Track, Signal, Way & Structure Damage, in dollars.<br>(Block 37 on the form.)                 |
| 67 | CAUSE*   | C | 280 | 283 | Primary Cause Code. Must be acceptable cause code, see Appendix C.<br>(Block 38 on the form.) |
| 68 | CAUSE2   | C | 284 | 287 | Contributing Cause Code. Must be acceptable cause code, see Appendix C.                       |



|                         |            |   |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------|------------|---|-----|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Block 39 on the form.) |            |   |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 69                      | A_D_1      | C | 288 | 291 | Railroad employees tested for drug/alcohol use. The first two positions in this field should store the number of positive alcohol tests. If an alcohol test was conducted with no positive results, enter "00". If no test was conducted, leave blank.<br><br>The last two positions in this field should store the number of positive drug tests. If a drug test was conducted with no positive results, enter "00". If no test was conducted, leave blank. |
| (Block 32 on the form.) |            |   |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| 70                      | A_D_2      | C | 292 | 295 | Data field not currently used--leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 71                      | A_D_3      | C | 296 | 299 | Data field not currently used--leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 72                      | A_D_4      | C | 300 | 303 | Data field not currently used--leave blank.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| 73                      | PASS_ON_TN | C | 304 |     | Consist Transporting Passengers? Must be Y if passengers are being transported, otherwise must be N.<br>(Block 33 on the form.)                                                                                                                                                                                                                                                                                                                              |
| 74                      | COUNTY*    | C | 305 | 307 | County where accident occurred (County code).<br>(Block 16 on the form.)                                                                                                                                                                                                                                                                                                                                                                                     |
| 75                      | ENGRS      | N | 308 |     | Number of engineers/operators in crew.<br>(Block 40 on the form.)                                                                                                                                                                                                                                                                                                                                                                                            |
| 76                      | FIREMEN    | N | 309 |     | Number of firemen in crew.<br>(Block 41 on the form.)                                                                                                                                                                                                                                                                                                                                                                                                        |
| 77                      | CONDUCTR   | N | 310 |     | Number of conductors in crew.<br>(Block 42 on the form.)                                                                                                                                                                                                                                                                                                                                                                                                     |
| 78                      | BRAKEMEN   | N | 311 |     | Number of brakemen in crew.<br>(Block 43 on the form.)                                                                                                                                                                                                                                                                                                                                                                                                       |

|    |           |   |     |     |                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----|-----------|---|-----|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 79 | ENGTIME   | N | 312 | 315 | Length of Time on Duty.<br>Number of Hours and Minutes of<br>Engineer/Operator, in HHMM format.<br>(Block 44 on the form.)                                                                                                                                                                                                                                                                                                                                 |
| 80 | CDTRTIME  | N | 316 | 319 | Length of Time on Duty.<br>Number of Hours and Minutes of<br>Conductor, in HHMM format.<br>(Block 45 on the form.)                                                                                                                                                                                                                                                                                                                                         |
| 81 | RR_EMP_KD | N | 320 | 322 | Number of railroad employees killed.<br>Enter 0 if none.<br>(Block 46 on the form.)                                                                                                                                                                                                                                                                                                                                                                        |
| 82 | RR_EMP_IN | N | 323 | 325 | Number of railroad employees injured.<br>Enter 0 if none.<br>(Block 46 on the form.)                                                                                                                                                                                                                                                                                                                                                                       |
| 83 | PASS_KD   | N | 326 | 328 | Number of train passengers killed.<br>Enter 0 if none.<br>(Block 47 on the form.)                                                                                                                                                                                                                                                                                                                                                                          |
| 84 | PASS_IN   | N | 329 | 331 | Number of train passengers injured.<br>Enter 0 if none.<br>(Block 47 on the form.)                                                                                                                                                                                                                                                                                                                                                                         |
| 85 | OTHER_KD  | N | 332 | 334 | Number of others killed. Enter 0 if<br>none.<br>(Block 48 on the form.)                                                                                                                                                                                                                                                                                                                                                                                    |
| 86 | OTHER_IN  | N | 335 | 337 | Number of others injured. Enter 0 if<br>none.<br>(Block 48 on the form.)                                                                                                                                                                                                                                                                                                                                                                                   |
| 87 | SSB1*     | C | 338 | 357 | Special Study Block A. Indicate what<br>type of track an accident/incident<br>occurred on by using the codes<br>“CWR” for continuous welded rail<br>track (by entering the letters CWR in<br>the first 3 positions (positions 338,<br>339, and 340) of the field), or<br>“OTH” for other (by entering the<br>letters OTH in the first 3 positions<br>(positions 338, 339, and 340) of the<br>field). Item 49a cannot be blank.<br>(Block 49a on the form.) |

|    |           |   |      |      |                                                                                                                                                                                     |
|----|-----------|---|------|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 88 | SSB2      | C | 358  | 377  | Special Study Block B. Enter according to written instructions provided by FRA or Federal Register; otherwise leave blank.<br>(Block 49b on the form.)                              |
| 89 | NARRAT1   | C | 378  | 627  | Part 1 of the Narrative.<br>(Block 52 on the form.)                                                                                                                                 |
| 90 | NARRAT2   | C | 628  | 877  | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                           |
| 91 | NARRAT3   | C | 878  | 1127 | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                           |
| 92 | NARRAT4   | C | 1128 | 1377 | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                           |
| 93 | NARRAT5   | C | 1378 | 1627 | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                           |
| 94 | NARRAT6   | C | 1628 | 1877 | Continuation of the Narrative.<br>(Block 52 on the form.)                                                                                                                           |
| 95 | RCL       | C | 1878 |      | Remotely Controlled Locomotive.<br>0, 1, 2, 3<br>(Block 30a on the form.)                                                                                                           |
| 96 | LATITUDE* | N | 1879 | 1888 | Latitude, in decimal degrees, explicit decimal, explicit +/- (WGS 84) (e.g., +35.301486). Required for accountable rail equipment accidents/incidents.<br>(Block 50 on the form.)   |
| 97 | LONGITUD* | N | 1889 | 1899 | Longitude, in decimal degrees, explicit decimal, explicit +/- (WGS 84) (e.g., -085.280201). Required for accountable rail equipment accidents/incidents.<br>(Block 51 on the form.) |
| 98 | TERITORY  | C | 1900 | 1904 | Type of Territory. First position (required) indicates the type of territory (signaled or nonsignaled) and valid values are 1 and 2. Second position (required) indicates the       |

authority for movement and valid values are 1-5. Third, fourth, and fifth positions (optional) are supplemental/adjunct codes (they are mandatory to the extent that all applicable codes are entered). The codes used to complete the Type of Territory block are dependent on the Type of Track (block 20). The codes for the last 3 positions are alphabetic. Refer to Appendix J for Type of Territory codes.  
(Block 30 on the form.)

## Notes

**\*Mandatory Field** - A valid entry must be provided for each field identified as mandatory (\*), per specifications/conditions provided, otherwise the entire record will be rejected. All character information must be upper case, left justified, blank filled, unless otherwise stated. All numeric information must be right justified, zero filled, unless otherwise stated. Each field that is not applicable ("N/A") should be blank. A "0" should be used in a field to represent an entry of "None".

Exhibit 7

**ASCII Format for  
Railroad Injury and Illness Summary  
(Continuation Sheet)  
Form FRA F 6180.55a**

A summary list of Changes to Fields and Data Values on the Forms, is provided in Attachment B.

Records in each file must be sorted in YEAR/MONTH/RAILROAD/INCDTNO order.

Refer to appropriate section of FRA Guide for instructions.

C = Character; N = Numeric

Reference Name: **CASUALTY**

|   | Field Name | Type | Begins | Ends | Comments                                                                                                                                 |
|---|------------|------|--------|------|------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | YEAR*      | C    | 1      | 2    | Report Year. Year of Accident/Incident (year covered by this report). (Block 4 on the form.)                                             |
| 2 | MONTH*     | C    | 3      | 4    | Month of Accident/Incident, include leading zero, i.e. 05 (month covered by this report). (Block 3 on the form.)                         |
| 3 | RAILROAD*  | C    | 5      | 8    | Reporting Railroad Alpha Code. (Block 2 on the form.)                                                                                    |
| 4 | INCDTNO*   | C    | 9      | 18   | Accident/Injury [Incident] Number of Reporting Railroad (no embedded blanks, punctuation or special characters). (Block 5a on the form.) |
| 5 | TYPERS*    | C    | 19     |      | Type of Person (Letter A through J). (Block 5f on the form.)                                                                             |
| 6 | JOBCODE*   | C    | 20     | 22   | Must be acceptable job code, see Appendix D. (Block 5f on the form.)                                                                     |
| 7 | ICODE*     | C    | 23     | 26   | Must be acceptable Injury or Illness code, see Appendix E. (Block 5i on the form.)                                                       |

**Companion Guide to:  
FRA Guide for Preparing Accident/Incident Reports**

**Revised: April 5, 2011  
Effective: July 1, 2011**

|    |            |   |    |    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|------------|---|----|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 8  | AGE        | C | 27 | 28 | Age of the individual at the time of the incident.<br>(Block 5g on the form.)                                                                                                                                                                                                                                                                                                                                                                                  |
| 9  | STATE*     | C | 29 | 30 | State Alphabetic Code, see Appendix B.<br>(Block 5e on the form.)                                                                                                                                                                                                                                                                                                                                                                                              |
| 10 | DAYSABS    | N | 31 | 33 | Number of days away from work. If there were no such days or a fatality is being reported, enter 0.<br>(Block 5o on the form.)                                                                                                                                                                                                                                                                                                                                 |
| 11 | DAYSRES    | N | 34 | 36 | Number of days restricted. If there were no such days or a fatality is being reported, enter 0.<br>(Block 5p on the form.)                                                                                                                                                                                                                                                                                                                                     |
| 12 | DRUG_ALCOH | C | 37 | 40 | Drug/Alcohol Test. The first two positions in this field should store the number of positive alcohol tests. If an alcohol test was conducted with no positive results, enter "00". If no test was conducted, leave blank.<br><br>The last two positions in this field should store the number of positive drug tests. If a drug test was conducted with no positive results, enter "00". If no test was conducted, leave blank.<br><br>(Block 5h on the form.) |
| 13 | DAY*       | C | 41 | 42 | Day of Accident/Injury<br>(Block 5b on the form.)                                                                                                                                                                                                                                                                                                                                                                                                              |
| 14 | TIME*      | C | 43 | 48 | Time of Day [of Accident/Injury]. The first four positions are the time and the last two positions are for either am or pm.<br>(Block 5c on the form.)                                                                                                                                                                                                                                                                                                         |
| 15 | COUNTY*    | C | 49 | 51 | County Code where Accident/Injury occurred.<br>(Block 5d on the form.)                                                                                                                                                                                                                                                                                                                                                                                         |
| 16 | PHY_ACT*   | C | 52 | 53 | Physical Act Circumstance Code -- See Appendix F                                                                                                                                                                                                                                                                                                                                                                                                               |

|    |            |   |     |     |                                                                                                                                                          |
|----|------------|---|-----|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |            |   |     |     | (Block 5j on the form.)                                                                                                                                  |
| 17 | LOC1*      | C | 54  | 55  | Location Circumstance Code, Part I -<br>- See Appendix F<br>(Block 5k on the form.)                                                                      |
| 18 | LOC2*      | C | 56  | 57  | Location Circumstance Code,<br>Part II -- See Appendix F<br>(Block 5k on the form.)                                                                      |
| 19 | LOC3*      | C | 58  | 59  | Location Circumstance Code,<br>Part III -- See Appendix F<br>(Block 5k on the form.)                                                                     |
| 20 | EVENT*     | C | 60  | 61  | Event Circumstance Code --<br>See Appendix F<br>(Block 5l on the form.)                                                                                  |
| 21 | RESULT*    | C | 62  | 63  | Tools Circumstance Code;<br>Tools, Machinery, Appliances,<br>Structures, Surfaces, etc. -- See<br>Appendix F<br>(Block 5m on the form.)                  |
| 22 | CAUSE*     | C | 64  | 65  | Cause Circumstance Code;<br>Probable Reason for Injury/Illness -- See<br>Appendix F<br>(Block 5n on the form.)                                           |
| 23 | EXPOSURE   | C | 66  |     | Exposure to HAZMAT, enter Y for yes,<br>otherwise enter N for no.<br>(Block 5q on the form.)                                                             |
| 24 | TERMINATIO | C | 67  |     | Termination or permanent transfer?<br>Enter Y for yes or N for no.<br>(Block 5r on the form.)                                                            |
| 25 | NARRATIVE  | C | 68  | 317 | Narrative<br>(Block 5u on the form.)                                                                                                                     |
| 26 | COVERDATA  | C | 318 |     | Special Case Codes. If it is Covered<br>Data Case, enter A, R, or P. If it is<br>suicide data, enter X.                                                  |
| 27 | LATITUDE*  | N | 319 | 328 | Latitude, in decimal degrees, explicit<br>decimal, explicit +/- (WGS 84) (e.g.,<br>+35.301486). Required for any<br>reportable casualty to a trespasser, |

|    |           |   |     |     |                                                                                                                                                                                                                                                                          |
|----|-----------|---|-----|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |           |   |     |     | but optional for Worker On Duty -<br>Railroad Employee (Class A)<br>fatalities.<br>(Block 5s on the form.)                                                                                                                                                               |
| 28 | LONGITUD* | N | 329 | 339 | Longitude, in decimal degrees,<br>explicit decimal, explicit +/- (WGS 84)<br>(e.g., -085.280201). Required for any<br>reportable casualty to a trespasser,<br>but optional for Worker On Duty -<br>Railroad Employee (Class A)<br>fatalities.<br>(Block 5t on the form.) |

Notes

**\*Mandatory Field** - A valid entry must be provided for each field identified as mandatory (\*), per specifications/conditions provided, otherwise the entire record will be rejected. All character information must be upper case, left justified, blank filled, unless otherwise stated. All numeric information must be right justified, zero filled, unless otherwise stated. Each field that is not applicable ("N/A") should be blank. A "0" should be used in a field to represent an entry of "None".



Exhibit 8

**ASCII Format for  
Highway-Rail Grade Crossing Accident/Incident Report  
Form FRA F 6180.57**

A summary list of Changes to Fields and Data Values on the Forms, is provided in Attachment B.

Records in each file must be sorted in YEAR/MONTH/RAILROAD/INCDTNO order.

Refer to appropriate section of FRA Guide for instructions.

C = Character; N = Numeric

Reference Name: **GXIR**

|   | Field Name | Type | Begins | Ends | Comments                                                                                                                                                                                                            |
|---|------------|------|--------|------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | RAILROAD*  | C    | 1      | 4    | Reporting Railroad Alpha Code.<br>(Block 1a on the form.)                                                                                                                                                           |
| 2 | INCDTNO*   | C    | 5      | 14   | Accident/Incident Number of<br>Reporting Railroad (no embedded<br>blanks, punctuation or special<br>characters).<br>(Block 1b on the form.)                                                                         |
| 3 | RR2        | C    | 15     | 18   | Other Railroad or Other Entity Filing<br>for Equipment Involved in Train<br>Accident/Incident. Railroad Alpha<br>Code.<br>(Block 2a on the form.)                                                                   |
| 4 | INCDTNO2   | C    | 19     | 28   | Accident/Incident Number of Other<br>Railroad or Other Entity Filing for<br>Equipment Involved in Train<br>Accident/Incident (no embedded blanks,<br>punctuation or special characters).<br>(Block 2b on the form.) |
| 5 | RR3*       | C    | 29     | 32   | Railroad or Other Entity Responsible for<br>Track Maintenance Alpha Code.<br>(Block 3a on the form.)                                                                                                                |
| 6 | INCDTNO3*  | C    | 33     | 42   | Accident/Incident Number of<br>Railroad or Other Entity Responsible for<br>Track Maintenance (no embedded<br>blanks, punctuation or special<br>characters).                                                         |

|    |          |   |     |     |                                                                                                                               |
|----|----------|---|-----|-----|-------------------------------------------------------------------------------------------------------------------------------|
|    |          |   |     |     | (Block 3b on the form.)                                                                                                       |
| 7  | GXID*    | C | 43  | 49  | U.S. DOT Crossing Identification [Inventory] Number. If a number has not been assigned, enter NOTASGN. (Block 4 on the form.) |
| 8  | YEAR*    | C | 50  | 51  | Year of Accident/Incident. (Block 5 on the form.)                                                                             |
| 9  | MONTH*   | C | 52  | 53  | Month of Accident/Incident, include leading zero, i.e. 05. (Block 5 on the form.)                                             |
| 10 | DAY*     | C | 54  | 55  | Day of Accident/Incident, include leading zero, i.e. 08. (Block 5 on the form.)                                               |
| 11 | HRMIN*   | N | 56  | 59  | Hour and minute of Time of Accident/ Incident in HHMM, include leading zero, i.e. 0305. (Block 6 on the form.)                |
| 12 | AMPM*    | C | 60  | 61  | AM or PM of Time of Accident/Incident. (Block 6 on the form.)                                                                 |
| 13 | RSTATION | C | 62  | 81  | Nearest Railroad Station. (Block 7 on the form.)                                                                              |
| 14 | COUNTY*  | C | 82  | 84  | County code. (Block 9 on the form.)                                                                                           |
| 15 | STATE*   | C | 85  | 86  | State Alphabetic Code, See Appendix B. (Block 10 on the form.)                                                                |
| 16 | CITY     | C | 87  | 106 | City. (Block 11 on the form.)                                                                                                 |
| 17 | HIGHWAY  | C | 107 | 126 | Highway Name or Number, if a private crossing enter PRIVATE. (Block 12 on the form.)                                          |
| 18 | TYPVEH*  | C | 127 |     | Type [of Highway User Involved]. Valid values are A - M, excluding I and L. (Block 13 on the form.)                           |

|    |             |   |     |     |                                                                                                                                                             |
|----|-------------|---|-----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 19 | VEHSPD      | N | 128 | 130 | Vehicle Speed [of Highway User Involved]. If Field 18 (TYPVEH)/Block 13 on the form, is K for Pedestrian, then leave blank for N/A. (Block 14 on the form.) |
| 20 | VEHDIR      | C | 131 |     | Direction [of Highway User Involved]. Valid values are 1 - 4. (Block 15 on the form.)                                                                       |
| 21 | POSITION*   | C | 132 |     | Position [of Highway User Involved]. Valid values are 1 - 5. (Block 16 on the form.)                                                                        |
| 22 | RREQUIP*    | C | 133 |     | Equipment [Rail Equipment Involved]. Valid values are 1 - 8, or A - E. (Block 17 on the form.)                                                              |
| 23 | RRCAR       | N | 134 | 136 | Position of car/unit in the train [Rail Equipment Involved]. (Block 18 on the form.)                                                                        |
| 24 | TYPACC*     | C | 137 |     | Circumstance [Rail Equipment Involved], must be 1 or 2. (Block 19 on the form.)                                                                             |
| 25 | HAZARD      | N | 138 |     | Was hazardous material being transported. Valid values are 1 - 4. (Block 20a on the form.)                                                                  |
| 26 | TEMP*       | N | 139 | 141 | Temperature (Fahrenheit), at the accident site at time of accident, if below zero include leading minus sign. (Block 21 on the form.)                       |
| 27 | VISIBILITY* | C | 142 |     | Visibility. Valid values are 1 - 4. (Block 22 on the form.)                                                                                                 |
| 28 | WEATHER*    | C | 143 |     | Weather. Valid values are 1 - 6. (Block 23 on the form.)                                                                                                    |
| 29 | TYPTRN      | C | 144 |     | Type of Equipment Consist. Valid values are 1 - 9, or A - E. (Block 24 on the form.)                                                                        |
| 30 | TYPTRK      | C | 145 |     | Type track. Valid values are 1 - 4.                                                                                                                         |

|    |           |   |     |     |                                                                                                                                               |
|----|-----------|---|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------------------|
|    |           |   |     |     | (Block 25 on the form.)                                                                                                                       |
| 31 | TRKNAME   | C | 146 | 165 | Track number or name.<br>(Block 26 on the form.)                                                                                              |
| 32 | TRKCLAS   | C | 166 |     | FRA track class (1 - 9, X)<br>(Block 27 on the form.)                                                                                         |
| 33 | NBRLOCOS* | N | 167 | 168 | Number of locomotive units.<br>(Block 28 on the form.)                                                                                        |
| 34 | NBRCARS*  | N | 169 | 171 | Number of cars.<br>(Block 29 on the form.)                                                                                                    |
| 35 | TRNSPD    | N | 172 | 174 | Consist Speed.<br>(Block 30 on the form.)                                                                                                     |
| 36 | TYPSPD    | C | 175 |     | Consist Speed is estimated or recorded,<br>enter E or R.<br>(Block 30 on the form.)                                                           |
| 37 | TRNDIR    | C | 176 |     | Time Table Direction. Valid values are<br>1 - 4. (Block 31 on the form.)                                                                      |
| 38 | CROSSING* | C | 177 | 200 | Type of crossing warning <sup>3</sup> . Valid values<br>are 01, 02, 03, 04, 05, 06, 07, 08, 09, 10,<br>11, and 12.<br>(Block 32 on the form.) |
| 39 | SIGNAL    | C | 201 |     | Signaled Crossing Warning.<br>Valid values are 1 - 7.<br>(Block 33 on the form.)                                                              |
| 40 | LOCWARN   | C | 202 |     | Location of Warning.<br>Valid values are 1 - 3.<br>(Block 35 on the form.)                                                                    |
| 41 | WARNSIG   | C | 203 |     | Crossing warning interconnected with<br>highway signals, must be 1, 2 or 3.<br>(Block 36 on the form.)                                        |
| 42 | LIGHTS    | C | 204 |     | Crossing illuminated by street lights,                                                                                                        |

---

<sup>3</sup> CROSSING      Include all crossing types, Gates is 01, Cantilever is 02, Standard FLS is 03, etc. Each warning is 2 positions long with no commas separating the crossing types. If the warning devices are Standard Flashing Lights, and Crossbucks then CROSSING would be 0307.

|    |          |   |     |     |                                                                                                                                                                                                                                   |
|----|----------|---|-----|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |          |   |     |     | must be 1, 2 or 3.<br>(Block 37 on the form.)                                                                                                                                                                                     |
| 43 | STANDVEH | C | 205 |     | Driver passed standing highway vehicle, must be 1, 2 or 3. If 18 (TYPVEH)/Block 13 on the form, (TYPVEH) is K for Pedestrian, then leave blank for N/A.<br>(Block 42 on the form.)                                                |
| 44 | TRAIN2   | C | 206 |     | Highway User went behind or in front of train and struck, or was struck by, second train, must be 1, 2 or 3. If Field 18 (TYPVEH)/Block 13 on the form, is K for Pedestrian, then leave blank for N/A.<br>(Block 40 on the form.) |
| 45 | MOTORIST | C | 207 |     | Highway User [action]. Valid values are 1 - 8. If Field 18 (TYPVEH)/Block 13 on the form, is K for Pedestrian, then leave blank for N/A.<br>(Block 41 on the form.)                                                               |
| 46 | VIEW     | C | 208 |     | View of track obscured by,<br>Valid values are 1 - 8.<br>(Block 43 on the form.)                                                                                                                                                  |
| 47 | VEHDMG   | N | 209 | 214 | Highway vehicle property damage in dollars. If Field 18 (TYPVEH)/Block 13 on the form, is K for Pedestrian, then leave blank for N/A.<br>(Block 47 on the form.)                                                                  |
| 48 | DRIVER   | C | 215 |     | Driver was, must be 1, 2 or 3. If Field 18 (TYPVEH)/Block 13 on the form, is K for Pedestrian, then leave blank for N/A.<br>(Block 44 on the form.)                                                                               |
| 49 | INVEH    | C | 216 |     | Was driver in the vehicle?, must be 1 or 2. If Field 18 (TYPVEH)/Block 13 on the form, is K for Pedestrian, then leave blank for N/A.<br>(Block 45 on the form.)                                                                  |
| 50 | TOTOCC   | N | 217 | 220 | Total number of vehicle occupants (including driver)                                                                                                                                                                              |

|    |            |   |     |     |                                                                                                                                                       |
|----|------------|---|-----|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------|
|    |            |   |     |     | (Block 48 on the form.)                                                                                                                               |
| 51 | INCDRPT*   | C | 221 |     | Is a Rail Equipment Accident/<br>Incident Report being filed? Enter 1 or<br>2.<br>(Block 51 on the form.)                                             |
| 52 | DIVISION   | C | 222 | 241 | Subdivision of Reporting Railroad<br>[Previously was Division.]<br>(Block 8 on the form.)                                                             |
| 53 | PUB_PRIV*  | C | 242 |     | Public or Private Highway-Rail<br>Grade Crossing? Enter 1 for Public or 2<br>for Private.<br>(Block 12 on the form.)                                  |
| 54 | HAZ_REL    | N | 243 |     | HAZMAT released?<br>Valid values are 1 - 4.<br>(Block 20b on the form.)                                                                               |
| 55 | HM_NAME    | C | 244 | 273 | Name of HAZMAT<br>released.<br>(Block 20c on the form.)                                                                                               |
| 56 | HM_QUANTY  | C | 274 | 277 | Quantity of HAZMAT released.<br>(Block 20c on the form.)                                                                                              |
| 57 | HM_MEASURE | C | 278 | 281 | Units of Measurement used for Field<br>56 (HM_QUANTY) (gross mass,<br>weight or volume). For example: LBS,<br>TONS, GALS.<br>(Block 20c on the form.) |
| 58 | SIG_WARN_X | C | 282 |     | If Field 39 (SIGNAL) is 5, 6, or 7,<br>enter explanation code A-S, excluding I,<br>O, and Q.<br>(Block 33 on the form.)                               |
| 59 | WHISLE_BAN | C | 283 |     | Block 34 on the previous Form FRA<br>F 6180.57. Whistle Ban is not on the<br>new Form FRA F 6180.57 .                                                 |

See "Applicable Reporting  
Standards/Forms after June 1, 2011"

If providing data for this field, please  
refer to 2003 Companion Guide for  
WHISTBAN field.

|    |            |   |     |     |                                                                                                                                                                                                         |
|----|------------|---|-----|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 60 | DRIV_AGE   | N | 284 | 285 | Driver's age. Is now a required field, unless is unknown as a result of the accident/incident being a hit and run (if "Hit and Run", specify this in the narrative).<br>(Block 38 on the form.)         |
| 61 | DRIV_GENDR | C | 286 |     | Driver's gender (1 or 2). Is a required field, unless is unknown as a result of the accident/incident being a hit and run (if "Hit and Run", specify this in the narrative).<br>(Block 39 on the form.) |
| 62 | HR_USER_KD | N | 287 | 289 | Total number of highway-rail crossing users killed, a casualty report (55a) must be completed for each person.<br>(Block 46 on the form.)                                                               |
| 63 | HR_USER_IN | N | 290 | 292 | Total number of highway-rail crossing users injured, a casualty report (55a) must be completed for each person.<br>(Block 46 on the form.)                                                              |
| 64 | RR_EMP_KD  | N | 293 | 295 | Total number of railroad employees killed, a casualty report (55a) must be completed for each person.<br>(Block 49 on the form.)                                                                        |
| 65 | RR_EMP_IN  | N | 296 | 298 | Total number of railroad employees injured, a casualty report (55a) must be completed for each person.<br>(Block 49 on the form.)                                                                       |
| 66 | PASS_KD    | N | 299 | 301 | Total number of passengers on train killed, a casualty report (55a) must be completed for each person.<br>(Block 52 on the form.)                                                                       |
| 67 | PASS_IN    | N | 302 | 304 | Total number of passengers on train injured, a casualty report (55a) must be completed for each person.<br>(Block 52 on the form.)                                                                      |

|    |            |   |     |     |                                                                                                                                                                                                                                                                                                                                                        |
|----|------------|---|-----|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 68 | PEOPLE_TRN | N | 305 | 308 | Number of people on the train (including passengers and train crew). (Block 50 on the form.)                                                                                                                                                                                                                                                           |
| 69 | SSB1       | C | 309 | 328 | Special Study Block.<br>ASCII Positions 309, 310, and 311 for: Video Taken? (in positions 309-311, enter "YES" without the quotes, for yes, or "NO" without the quotes.<br><br>ASCII Positions 312, 313, and 314 for Video Used? (in positions 312-314, enter "YES" without the quotes, for yes, or "NO" without the quotes<br>Block 53a on the form.) |
| 70 | SSB2       | C | 329 | 348 | Special Study Block. Enter according to written instructions provided by FRA or Federal Register; otherwise leave blank. Block 53b on the form.)                                                                                                                                                                                                       |
| 71 | NARRATIVE1 | C | 349 | 598 | Narrative<br>Block 54 on the form.)                                                                                                                                                                                                                                                                                                                    |
| 72 | NARRATIVE2 | C | 599 | 848 | Narrative<br>Block 54 on the form.)                                                                                                                                                                                                                                                                                                                    |
| 73 | ROADWAY    | C | 849 |     | Roadway Conditions. Valid values are: A - F<br>(Block 34 on the form.)                                                                                                                                                                                                                                                                                 |

## Notes

**\*Mandatory Field** - A valid entry must be provided for each field identified as mandatory (\*), per specifications/conditions provided, otherwise the entire record will be rejected. All character information must be upper case, left justified, blank filled, unless otherwise stated. All numeric information must be right justified, zero filled, unless otherwise stated. Each field that is not applicable ("N/A") should be blank. A "0" should be used in a field to represent an entry of "None".



## **ATTACHMENT A**

### **Summary of Changes to this Version of the Companion Guide and Related Information**

The following is a summary of the changes made to this version of the Companion Guide, compared to the 2003 Companion Guide, and related information:

1. Changes to valid data values, and newly added fields (appended to the end of a table)
2. It is noted that Form F6180.55 does not require notarization
3. It is noted that each year's database remains open for 5 years.
4. Two additional formats will be accepted: .xls and .mdb
5. Removal of magnetic media and the addition of optical media (CD-ROM)
6. Form 6180.99 is no longer required and the form is deleted
7. FRA Form 6180.55, if being sent as an electronic data submission, can also be submitted as an image (.jpg or .pdf), in place of the hard copy.
8. FRA Form 6180.81 can be submitted either as hard copy, or as an image (.jpg or .pdf).
9. A receipt is to be sent to the Railroads as acknowledgement of receipt, for data for forms submitted (must be in acceptable electronic format). The Railroad is to retain FRA's acknowledgement of receipt of electronic submissions, for 5 years.
10. There are minor changes made, and/or some new codes, for Cause Codes and Circumstance Codes (refer to the FRA Guide).
11. Change in content of Form FRA F 6180.54's block 30, for "Methods of Operation" (to "Type of Territory"), and Form FRA F 6180.57's block 34 for Whistle Ban (to "Roadway Conditions") (New fields have been added to the end of the data tables for "Type of Territory" and "Whistle Ban").
12. The paper copy of Forms FRA F 6180.54, 6180.55a, and 6180.57 no longer is needed to be initially submitted monthly, as verification of the electronic data files.
13. Data submissions are to be sent to [aireports@frasafety.net](mailto:aireports@frasafety.net)

## **ATTACHMENT B**

### **Summary List of Changes to Fields and Data Values on Forms FRA F 6180.55, 6180.55a, 6180.54, and 6180.57**

**Note: List does not include all changes to wording on these forms, nor changes to cause and circumstance codes. Block numbers refer to item numbers on the forms. Refer to 49 CFR 225 and the FRA Guide.**

#### **Form FRA F 6180.55:**

There were no changes to the data values on the form; however the form has been reworded.

#### **Form FRA F 6180.55a:**

RESULT: (Block 5m. Tools (was previously Block 5m. Results))

Name of Box on Form, where data is entered for this field: "Tools" replaced "Results"

COVERDATA:

New Code added: X for Suicide Data

LATITUDE: (Block 5s. Latitude)

Latitude and Longitude are now mandatory for any reportable casualty to a trespasser. These blocks are optional for Worker On Duty - Railroad Employee (Class A) fatalities.

LONGITUD: (Block 5t. Longitude)

Latitude and Longitude are now mandatory for any reportable casualty to a trespasser. These blocks are optional for Worker On Duty - Railroad Employee (Class A) fatalities

#### **Form FRA F 6180.54:**

DIVISION: (Block 12. Subdivision)

This field will contain Subdivision. Previously was "Division"

TYPEQ: (Block 25. Type of Equipment Consist)

Codes that changed:

|                              |                                    |
|------------------------------|------------------------------------|
| 2. Passenger train - Pulling | Changed Wording: Added "- Pulling" |
| 3. Commuter train - Pulling  | Changed Wording: Added "- Pulling" |
| B. Passenger train - Pushing | New Data Value                     |
| C. Commuter train - Pushing  | New Data Value                     |
| D. EMU                       | New Data Value                     |
| E. DMU                       | New Data Value                     |

**METHOD:** (Block 30. Type of Territory (Previously Block 30. Methods of Operation))

Block 30 on the previous Form FRA F 6180.54. See "Applicable Reporting Standards/Forms after June 1, 2011" If providing data for this field, please refer to 2003 Companion Guide for METHOD field.

**SSB1:** (Block 49a. Special Study Block A)

This field will have data that indicate what type of track an accident/incident occurred on by using the codes "CWR" for continuous welded rail track, or "OTH" for other. This item cannot be blank.

**SSB2:** (Block 49b. Special Study Block B)

Special Study Block B is for collect information on specific accident issues, according to written instructions provided by FRA or Federal Register.

**LATITUDE:** (Block 50. Latitude)

Railroads are now required to provide latitude and longitude for accountable rail equipment accidents/incidents.

**LONGITUD:** (Block 51. Longitude)

Railroads are now required to provide latitude and longitude for accountable rail equipment accidents/incidents.

**TERRITORY:** (Block 30. Type of Territory)

This is a new field for Type of Territory, and it replaces the "Methods" box on the form. Refer to Appendix J in the Appendices to the FRA Guide, for instructions and valid values for "Type of Territory"

Note: Fields containing data for Blocks 34 and 35 on the form, will now have data based

on the following changes in wording on the form:

- Item 34.      Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives)  
Change in wording to add "(Exclude EMU, DMU, and Cab Car Locomotives "
- Item 35.      Cars (Include EMU, DMU, and Cab Car Locomotives)  
Change in wording to add "(Include EMU, DMU, and Cab Car Locomotives)".

Form FRA F 6180.57:

DIVISION: (Block 8. Subdivision)

This field will contain Subdivision. Previously was "Division"

POSITION: (Block 16. Position [of the Highway User Involved])

Descriptions for 1 and 4 have been slightly reworded, and there is a new value: 5.  
Blocked on crossing by gates

RREQUIP: (Block 17. Equipment [Rail Equipment Involved])

Additional valid values have been added (see form for valid codes):

- D. EMU Locomotives(s)
- E. DMU Locomotives(s)

TYPTRN: (Block 24. Type of Equipment Consist]

Only changes are shown (see form for valid codes):

- |                              |                                    |
|------------------------------|------------------------------------|
| 2. Passenger train - Pulling | Changed Wording: Added "- Pulling" |
| 3. Commuter train - Pulling  | Changed Wording: Added "- Pulling" |
| B. Passenger train - Pushing | New Data Value                     |
| C. Commuter train - Pushing  | New Data Value                     |
| D. EMU                       | New Data Value                     |
| E. DMU                       | New Data Value                     |

WHISTLE\_BAN: (Previous Block 34)

The WHISTLE\_BAN field, in the previous version of the Companion Guide, held data for Whistle Ban. Item 34 on the form is changed to "Roadway Conditions" (see new field, ROADWAY, appended to the end of the data table).

F 6180.57. Whistle Ban is not on the new Form FRA F 6180.57. See "Applicable Reporting Standards/Forms after June 1, 2011"

DRIV\_AGE: (Block 38. Highway User's Age) (Previously Block 38. Driver's Age)

Is a required field, unless is unknown as a result of the accident/incident being a hit and run (if "Hit and Run", specify this in the narrative).

DRIV\_GENDR: (Block 39. Highway User's Gender) (Previously Block 39. Driver's Gender)

Is a required field, unless is unknown as a result of the accident/incident being a hit and run (if "Hit and Run", specify this in the narrative).

MOTORIST: (Block 41. Highway User (Used to be Block 41. Driver))

Only changes are shown (see form for valid codes):

- |                                         |                                                          |
|-----------------------------------------|----------------------------------------------------------|
| 1. Went around the gate                 | Changed from "Drove" to "Went", and "thru" became code 7 |
| 6. Went around/thru temporary barricade | New data value                                           |
| 7. Went through the gate                | New (split off from 2003 Form's "1")                     |
| 8. Suicide or attempted suicide         | New data value                                           |

TOTOCC (Block 48. Total number of vehicle occupants (including driver))

Changed from "Total Number of Highway-Rail Crossing Users (include driver)", to "Total number of vehicle occupants (including driver)".

SSB1: (Block 53a. Special Study Block)

The following was added:

Video Taken? ☐ Yes ☐ No  
Video Used? ☐ Yes ☐ No

ROADWAY: (Block 34. Roadway Conditions) (Previously was Block 34. Whistle Ban)

This a new field for Roadway Conditions. Valid values are:

- A. Dry
- B. Wet
- C. Snow/slush
- D. Ice
- E. Sand, Mud, Dirt, Oil, Gravel
- F. Water (Standing, Moving)

## ATTACHMENT C

### **AIRGNET REQUEST FORM** **(ACCIDENT/INCIDENT REPORT GENERATOR, .NET Version)**

The Federal Railroad Administration's AIRGNET (Accident/Incident Report Generator, .NET version) Application is a Windows based computer program which facilitates the processing of all monthly reports and logs required under 49 CFR part 225. With AIRGNET, railroads can record and maintain their accident/incident data, and submit their FRA-required monthly reports electronically. Fully installable copies of the application are provided, free of charge, to interested railroads who regularly submit accident/incident reports to FRA.

Please read the following and complete the items below to receive a copy of AIRGNET.

- In order to install and use AIRGNET, you will need an IBM PC or compatible, and may need at least 150 to 250 MB of available hard disk space, 256 MB RAM, and have Windows 2000, NT, XP, or VISTA
- AIRGNET can be set up either as a stand-alone application with database on a single personal computer; or as a multi-user system (connected to a main AIRGNET database residing on a server, and the application running from each client). AIRGNET allows users to enter, edit, and maintain required FRA reports and logs.
- AIRGNET is provided to qualified users at no cost and its use is purely voluntary on the part of the railroad. Neither FRA, nor FRA Project Office, nor Creative Information Technology Inc., assumes any liability for hardware damage or data loss resulting from improper use of this product.

***To request AIRGNET, please complete the items below and fax back to the FRA Project Office at (571) 282-6487. (For assistance, contact the FRA Project Office Help Desk: (888) 372-9393, [support@frasafety.net](mailto:support@frasafety.net))***

Requestor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ Fax: \_\_\_\_\_ e-Mail: \_\_\_\_\_

Mailing Address: Railroad Name(s):

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I have read the requirements and conditions above and would like to receive (check off one item):

- ☐ a complete AIRGNET Installation set on compact disk (CD), or
- ☐ an Internet address (i.e., URL) from where to install AIRGNET over the Internet (high speed Internet connection is required)

My personal computer's (PC) Operating System is:

- ☐ Microsoft Vista
- ☐ Microsoft Windows 7
- ☐ Other, Specify: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Attachment D

### Sample formats for .mdb and .xls formats\*

#### Sample .mdb format (based on .dbf format for Field Name, Field Order, Type (Text instead of Character (C), and Number instead of Numeric (N)):

|          |          |          |          |           |                  |      |
|----------|----------|----------|----------|-----------|------------------|------|
| RAILROAD | YEAR     | MONTH    | STATE    | COUNTY    | FRTTRN_MI        | etc. |
| Text     | Text     | Text     | Text     | Text      | Number (Integer) |      |
| Length 4 | Length 2 | Length 2 | Length 2 | Length 20 | Length 10        |      |
| RAILROAD | YEAR     | MONTH    | STATE    | COUNTY    | FRTTRN_MI        | etc. |
| XYZ      | 10       | 04       | XX       | XXXXXX    | 8000             | etc. |
| XYZR     | 10       | 05       | XX       | XXXXXX    | 9000             | etc. |
| etc.     |          |          |          |           |                  |      |

#### Sample .xls format (based on .dbf format for Field Name, Field Order, Type (Text instead of Character (C), and Number instead of Numeric (N)):

|          |      |       |       |        |                     |      |
|----------|------|-------|-------|--------|---------------------|------|
| RAILROAD | YEAR | MONTH | STATE | COUNTY | FRTTRN_MI           | etc. |
| Text     | Text | Text  | Text  | Text   | Number (0 Decimals) |      |
| RAILROAD | YEAR | MONTH | STATE | COUNTY | FRTTRN_MI           | etc. |
| XYZ      | 10   | 04    | XX    | XXXXXX | 8000                | etc. |
| XYZR     | 10   | 05    | XX    | XXXXXX | 9000                | etc. |

\*Please contact the FRA Project Office to see if there are updated Sample Formats.