

BeRailSafe Railroad –Motor Vehicle Crash Example

Use this example as a data entry guide when a motor vehicle strikes a train or rail-mounted equipment.

DMV-349 (Rev. 1/09)

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

2

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

Do not write in these spaces

1	*	Date 01/01/2011	County WAKE	Time 00:00	Local Use/Patrol Area 11111111AA	Date Received by DMV
2	*	L 33 Relation to Roadway Surface <u>1</u> Crash Occurred <input checked="" type="checkbox"/> In ANYTOWN Municipality <input type="checkbox"/> Near <input type="checkbox"/>		or _____ miles N S E W outside municipality		10
3	*	A on ANY STREET (Highway Number, or Highway, Street, (if ramp or service road, indicate on line))		(R.R. Crossing # 123456A _____ 00.10 Miles _____ ft. <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> N S E W		16
		I At NEAREST STREET Ramp or Service Road <input type="checkbox"/> <input checked="" type="checkbox"/> toward NEXT STREET		Latitude _____ Longitude _____ Altitude _____		11
		O From _____ Use Highway Number, Street Name or Adjacent County or State Line N S E W				16

Located at the crossing on signal mast or crossbucks.

123456A

DO NOT USE – LEAVE BLANK

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DO NOT USE – LEAVE BLANK

4	*	UNIT # <u>1</u> <input checked="" type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> COMMERCIAL VEHICLE <input type="checkbox"/>	UNIT # <u>2</u> <input type="checkbox"/> VEHICLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> HIT & RUN <input type="checkbox"/> <input checked="" type="checkbox"/> OTHER RR Train
5	*	Driver <u>JOHN</u> <u>DOE</u> Address <u>111 SAMPLE ST.</u> City <u>ANYTOWN</u> State <u>NC</u> Zip <u>12345</u> Same Address on Driver's License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Driver's Phone Numbers H <u>(111) 111-1111</u> W <u>(222) 222-2222</u>	Driver <u>TRAIN</u> <u>CONDUCTOR'S</u> <u>NAME</u> Address <u>USE TERMINAL/WORK ADDRESS</u> City <u>ANYTOWN</u> State <u>NC</u> Zip <u>12345</u> Same Address on Driver's License? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Driver's Phone Numbers H <u>(111) 111-1111</u> W <u>(222) 222-2222</u>
6	*	D.L.# <u>1111111</u> D.L. Class <u>C</u> State <u>NC</u> DOB <u>11/11/1990</u> 34 Vision Obstruction <input checked="" type="checkbox"/> 35 Physical Condition <input checked="" type="checkbox"/> 36 D.L. Restrictions <u>N/A</u>	D.L.# DO NOT USE – LEAVE BLANK DOB <u>11/11/1990</u> 34 Vision Obstruction <input checked="" type="checkbox"/> 35 Physical Condition <input checked="" type="checkbox"/> 36 D.L. Restrictions <u>N/A</u>
7	*	37 Alcohol/Drugs Suspected <input checked="" type="checkbox"/> 38 Alcohol/Drugs Test <input checked="" type="checkbox"/> 39 Results (if known) <input checked="" type="checkbox"/> 40 Vehicle Seizure (DWI) <input type="checkbox"/>	37 Alcohol/Drugs Suspected <input checked="" type="checkbox"/> 38 Alcohol/Drugs Test <input checked="" type="checkbox"/> 39 Results (if known) <input checked="" type="checkbox"/> 40 Vehicle Seizure (DWI) <input type="checkbox"/>
		Owner <u>JOHN DOE</u> Address <u>111 SAMPLE ST.</u> City <u>ANYTOWN</u> State <u>NC</u> Zip <u>12345</u> Plate # <u>SAMPLE</u> Plate State <u>NC</u> Year <u>1111</u> VIN <u>SAMPLE11111111VIN</u> Vehicle Make <u>OLDS</u> Vehicle Year <u>1911</u> 41 Vehicle Style (Type) <u>1</u> 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD <u>RFQ-5 / RP-7 / RBQ-5</u> 44 Estimated Damage <u>\$18,000.00</u> Insurance Company <u>SAMPLE INSURANCE COMPANY</u> Policy # <u>111-SAMPLE</u>	Owner <u>TRAIN COMPANY</u> Address <u>TRAIN COMPANY HEADQUARTERS</u> City <u>ANYTOWN</u> State <u>NC</u> Zip <u>12345</u> Plate # DO NOT USE – LEAVE BLANK VIN DO NOT USE – LEAVE BLANK Vehicle Make <u>OTHER</u> Vehicle Year 26 41 Vehicle Style (Type) <u>26</u> 42 Vehicle Drivable <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 43 TAD <u>FD-1</u> 44 Estimated Damage <u>\$150.00</u> Insurance Company <u>SAMPLE INSURANCE COMPANY</u> Policy # <u>SAMPLE-111</u>

Ask Conductor for locomotive year. The locomotive year is located on the "Blue Card" or identification plate.

Train Engineer's Name
Use Work Address, Anytown, NC 12345

Do Not List Train Passengers Unless They Are Injured or Killed

A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	W	M	2	0	0	2	1	2	see above	Veh# 1 Towed To/By: SAMPLE WRECKER / SAMPLE WRECKER SERVICE
B	2	6		Unit 2-Drv 2, Ped 2, etc. see above									see above	Veh# 2 Towed To/By:
C	2	6	11	01/11/1990	O	M	9	0	0	2	1	5		Train Engineer's Name Use Work Address, Anytown, NC 12345
D														
E														
F														
G														
H														

46 Name of EMS

46 Name of EMS

47 Injured Taken by EMS to

47 Injured Taken by EMS to

(Treatment Facility and City or Town)

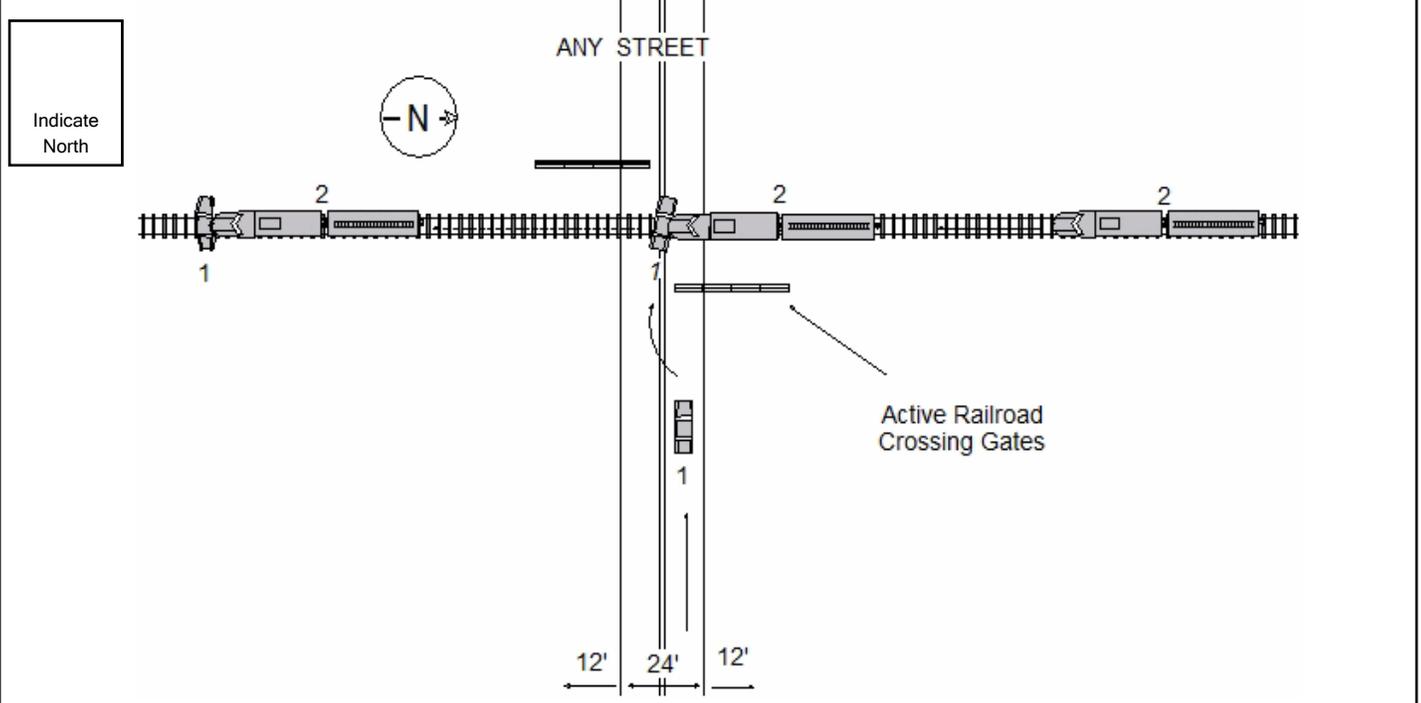
(Treatment Facility and City or Town)

* = Enter data elements specific to the crash event.

Leave Blank

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit # 1 18.19.20 Unit # 2 1.2.3	VEHICLE INFO		Veh # 1 45	Veh # 2	ROADWAY INFO		WORK ZONE RELATED		
CRASH SEQUENCE (Unit 1 avail)	Unit # 1	Unit # 2	60 Authorized Speed Limit	15	20	69 Road Feature	22	78 Work Zone Area	5	
49 Vehicle Maneuver/Action	16	4	61 Estimate of Original Traveling Speed	15	20	70 Road Character	*	79 Work Activity		
50 Non-Motorist Action		9	62 Estimate of Speed at Impact	15	20	71 Road Classification	*	80 Work Area Marked		
51 Non-Motorist Location Prior to Impact		5	63 Tire Impressions Before Impact (ft.)	15		72 Road Surface Type	*	81 Crash Location		
52 Crash Sequence - First Event for this Unit	16	16	64 Distance travelled After Impact (ft.)	220		73 Road Configuration	*	TRAILER INFO. Unit # 1 Unit # 2		
53 Crash Sequence - Second Event			65 Emergency Vehicle Use			74 Access Control	*	82 Trailer Type	0 0	
54 Crash Sequence - Third Event			66 Post Crash Fire (if 'Yes' check block)			75 Number of Lanes	*	1st Trailer No. Axles		
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle			76 Traffic Control Type	6	Width (inches)		
56 Most Harmful Event for this Unit	16	16	68 School Bus - Noncontact Vehicle			77 Traffic Control Oper	1	Length (feet)		
57 Distance/Direction of Object Struck			COMMERCIAL VEHICLE: Hazardous Material				From Placard indicate			
58 Vehicle Underride/Override			Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No				4-digit placard number or name from diamond or			
59 Vehicle Defects	*		Hazardous Cargo Released <input type="checkbox"/> Yes <input type="checkbox"/> No				1-digit number from bottom of diamond			
			Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				83 Unit #			
							Overwidth Trailer and Overwidth Mobilehome			
							Overwidth Permit			

84 DIAGRAM



Unit # 1 was Traveling Parked Facing N S E W on ANY STREET

Unit # 2 was Traveling Parked Facing N S E W on RAILROAD TRACKS

85 NARRATIVE

VEHICLE #1 WAS TRAVELING WEST ON ANYSTREET. UNIT #2 WAS A RAILROAD TRAIN TRAVELING SOUTH ON THE RAILROAD TRACKS CROSSING ANY STREET. THE GRADE CROSSING SIGNALS AND GATES WERE OPERATING WHILE VEHICLE #1 DROVE AROUND THE CROSSING GATE. VEHICLE #1 COLLIDED WITH UNIT #2. VEHICLE #1 AND UNIT #2 CAME TO REST SOUTH OF THE GRADE CROSSING.

86 Type/Owner * _____ Owner Address _____ State Property? Estimated Damage \$ _____

ADDITIONAL PROPERTY DAMAGE _____

Name * _____ Address _____ Phone No _____

Name _____ Address _____ Phone No _____

Name * _____ Charge(s) _____ Address _____

Name _____ Charge(s) _____ Address _____

Officer Name **Officer I.M. Goode** Officer Number **1234** Department **Anytown P.D.** Date of Report **X/X/XXXX**

* = Enter data elements specific to the crash event.