

SUPERINTENDENT'S TELEGRAPHIC REPORT OF ACCIDENT For use of this form, see FM 55-20. The proponent agency is TRADOC.		ACCIDENT NUMBER	TIME	DATE
TO		OPERATING UNIT		
TRAIN NUMBER	ENGINE NUMBER	LOCATION		
ENGINEMEN	CONDUCTORS		BRAKEMEN	
TYPE OF ACCIDENT		CAUSE		
TYPE OF TRACK <input type="checkbox"/> CURVE <input type="checkbox"/> TANGENT <input type="checkbox"/> CUT <input type="checkbox"/> FILL		WEATHER CONDITIONS		
SPEED OF TRAIN	OTHER TRACKS OBSTRUCTED BY ACCIDENT			
NUMBER OF LOADED AND EMPTY CARS IN TRAIN		NUMBER OF CARS BETWEEN ENGINE AND DAMAGED CARS		
POSITION OF ENGINE		ENGINE DAMAGE		
SECTION MEN WORKING <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN TRACK BE CLEARED WITHOUT ASSISTANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDITIONAL EQUIPMENT REQUIRED; FROM WHAT DIRECTION		
MATERIALS REQUIRED				
TIME WRECKER ORDERED	TIME WRECKER DEPARTED	TIME REQUIRED TO CLEAR MAIN TRACK		
DELAYS TO OTHER TRAINS				
EXTENT OF DAMAGE TO OTHER CARS AND CONTENTS <i>(Initials, number and type of car)</i>				
WILL LIVESTOCK OR PERISHABLES IN TRAIN HAVE TO BE FORWARDED? IF YES, WHEN		QUANTITY AND TYPE OF CARS REQUIRED TO TRANSFER LIVESTOCK OR PERISHABLES		
EXTENT OF PERSONAL INJURY <i>(Name, address, and occupation of injured) (For additional space use reverse side)</i>				
TREATMENT GIVEN INJURED				
WITNESSES <i>(Names and addresses)</i>				
REMARKS <i>(For additional space use reverse side)</i>		SIGNATURE		