

This document depicts screens/fields from the 2022 Major Event (S&S-40) form in NTD Reporting System. It presents one set of screens per Major Event Type. For best results, please select the form that applies to the Major Event Type you are reporting from the table of contents below. Note that some screens may not apply depending on the details of the event.

Contents

Safety – Rail Collision Event..... 1

Safety – Derailment Event 11

Safety – Rail Fire Event 20

Safety – Rail Hazardous Materials Event 27

Safety – Rail Act of God Event 34

Safety – Rail Other Safety Event 41

Security – Rail Personal Security Event..... 48

Security – Rail System Security Event..... 55

Safety – Non-Rail Transit Collision Event 62

Safety – Non-Rail Non-Transit Collision Event 72

Safety – Non-Rail Fire Event 80

Safety – Non-Rail Hazardous Materials Event..... 87

Safety – Non-Rail Act of God Event..... 94

Safety – Non-Rail Other Event..... 101

Security – Non-Rail Personal Security Event..... 108

Security – Non-Rail System Security Event..... 115

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more serious injuries or injuries requiring immediate medical transport away from scene

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Did the event result in substantial damage?

☐ Substantial damage

☐ No substantial damage

Event Details

Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way? *

☐ Yes ☐ No

Were Transit Revenue Vehicles OR Non-revenue Rail Transit vehicles involved in this event? *

☐ Yes ☐ No

Was the event a collision at a grade crossing or intersection? *

☐ Yes ☐ No

Was the event a collision between another rail transit vehicle or person? *

☐ Yes ☐ No

Did this event involve a runaway train? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Oct 31, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude *

☐ Suicide

☐ Attempted Suicide

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETECLOSE

NEXT

Collision/Rail Event Information

Please provide the following collision event details

Number of Rail Transit Trains Involved*

Location *

- ☐ Revenue facility: transit station
- ☐ Non-revenue facility
- ☐ Right-of-way: grade crossing
- ☐ Right-of-way: intersection
- ☐ Right-of-way: not a grade crossing
- ☐ Service stop
- ☐ Other

Please Describe

Collision With*

- ☐ Non Transit Motor Vehicle (POV)
- ☐ Non-Rail Transit Vehicle (Transit owned and operated vehicle that is not being used on the rail fixed guideway)
- ☐ Rail Transit Vehicle/Rail Passenger Train - Revenue Service
- ☐ Rail Transit Vehicle/Rail Passenger Train - Not in Revenue Service
- ☐ Rail Transit Vehicle-Rail Transit Maintenance or Service Vehicle on the rail fixed guideway
- ☐ Person
- ☐ Animal
- ☐ Fixed Object
- ☐ Other

Please Describe

Number of Other Vehicles Involved

Rail Collision Information

Please provide the following Collision Right-of-Way details.

Rail Collision Event Details

Weather *

- ☐ Clear
- ☐ Cloudy
- ☐ Foggy/Misting
- ☐ Raining
- ☐ Snowing/Sleet
- ☐ Tunnel
- ☐ Other

Please Describe

Lighting *

- ☐ Daylight
- ☐ Twilight
- ☐ Dark
- ☐ Sun in eyes of transit vehicle operator
- ☐ Sun in eyes of other vehicle operator
- ☐ Indoors

Rail Collision Right of Way Information

Rail Alignment *

- ☐ Exclusive right-of-way: tunnel
- ☐ Exclusive right-of-way: elevated track
- ☐ Exclusive right-of-way: at-grade
- ☐ Exclusive right-of-way: sidings/rail yard/other non-revenue track
- ☐ Shared with other rail vehicles (controlled access to other non-rail vehicles)
- ☐ Non-exclusive right-of-way: shared with vehicles or pedestrians
- ☐ Other

Please Describe

Grade Crossing Control (if Applicable) *

- ☐ Active devices: crossing gates
- ☐ Active devices: flashing lights only
- ☐ Active devices: traffic signal
- ☐ Active devices: quad gates
- ☐ Active devices: train approaching sign
- ☐ Passive devices: stop sign
- ☐ Passive devices: cross bucks
- ☐ No control device
- ☐ Not applicable
- ☐ Other

Please describe

Right-Of-Way Conditions *

- ☐ Dry
- ☐ Wet
- ☐ Snow/Slush
- ☐ Ice
- ☐ Debris
- ☐ Other

Please Describe

This view represents a *Grade Crossing* location selected on the previous screen. Appropriate for *Control* device selections will appear accordingly for *Intersection* or *Service Stop* locations.

Rail Collision Rail Transit Train Involved

Please provide the following Rail Transit Train Involved details.

Train Identifier: 1

Fleet Involved

EXISTING FLEET

NEW FLEET

Fleet

No Fleet has been added. Please add a fleet.

Number of cars in Rail Transit Train *

Number of cars Derailed *

Train Action *

- ☐ Going Straight
- ☐ Making a transit stop
- ☐ Leaving a transit stop
- ☐ Negotiating a curve
- ☐ Proceeding through a switch
- ☐ Parked
- ☐ Stopped
- ☐ Going backwards

Collision Type *

- ☐ Head-On
- ☐ Rear-Ended
- ☐ Rear-Ending
- ☐ Other Front Impact
- ☐ Side Impact
- ☐ Sideswipe
- ☐ Other Rear Impact
- ☐ Roof/top of vehicle

Train Speed *

Was a runaway train involved?

- ☐ Yes
- ☐ No

Collision Other Vehicle Involved

Please provide the following Other Vehicle Involved details.

Other Vehicle Identifier: 1

Other Vehicle Type *

- ☐ Automobile
- ☐ Light Truck or SUV
- ☐ Motorcycle/Moped/Scooter
- ☐ Tractor Trailer
- ☐ Commercial Rail or Amtrak
- ☐ Non-revenue Rail Vehicle(Maintenance)
- ☐ Charter/Tour Bus
- ☐ School Bus
- ☐ Other

Please Describe

Other Vehicle Action *

- ☐ Going Straight
- ☐ Making a left turn
- ☐ Making a right turn
- ☐ Going backwards
- ☐ Changing lanes
- ☐ Stopped
- ☐ Negotiating a curve

Other Vehicle Collision Type *

- ☐ Head-On
- ☐ Rear-Ended
- ☐ Rear-Ending
- ☐ Other Front Impact
- ☐ Side Impact
- ☐ Sideswipe
- ☐ Other Rear Impact
- ☐ Roof/top of vehicle

Was this vehicle towed from the scene due to disabling damage as a result of the collision?*

- ☐ Yes
- ☐ No

This screen will appear only if a non-transit vehicle is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable Injury with this accident. Please provide the following information for each Injury involved.

Injury Identifier 1

Injury Type*

-Please Select an Injury Type-

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

--Select Age--

- ☐ Attempted suicide
- ☐ Transported from scene for medical attention

Gender*

--Select Gender--

- ☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

☐ Suicide

Gender *

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions or an evacuation to the rail right-of-way?

- ☐ Evacuation for Life Safety Reasons
- ☐ Evacuation to rail right-of-way
- ☐ Customer self-evacuation

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

DELETE

CLOSE

BACK

NEXT

VIEW FORM

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more serious injuries or injuries requiring immediate medical transport away from scene

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Did the event result in substantial damage?

☐ Substantial damage

☐ No substantial damage

Event Details

Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way? *

☐ Yes ☐ No

Did this event involve a runaway train? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time*

HH:MM AM/PM

Approximate Address of Event *

Latitude*

Longitude *

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Derailment Event Information

Please provide the following Derailment Event details.

Derailment Type *

- ☐ Mainline
- ☐ Yard

Location *

- ☐ Revenue facility: transit station
- ☐ Non-revenue facility
- ☐ Right-of-way: trackway
- ☐ Right-of-way: grade crossing

Configuration *

- ☐ Switch
- ☐ Curve
- ☐ Tangent (Straight) Track

Number of Rail Trains Involved *

DELETE

CLOSE

BACK

NEXT

VIEW FORM

Derailment Event Details

Please provide the following Derailment Right-of-Way details.

Weather*

- ☐ Clear
- ☐ Cloudy
- ☐ Foggy/Misting
- ☐ Raining
- ☐ Snowing/Sleeting
- ☐ Other
- ☐ Tunnel

Please Describe

Lighting*

- ☐ Daylight
- ☐ Sun in eyes of transit vehicle operator
- ☐ Twilight
- ☐ Sun in eyes of other vehicle operator
- ☐ Dark
- ☐ Indoors

Derailment Right of Way Information

Rail Alignment*

- ☐ Exclusive right-of-way: tunnel
- ☐ Exclusive right-of-way: elevated track
- ☐ Exclusive right-of-way: at-grade
- ☐ Exclusive right-of-way: sidings/rail yard/other non-revenue track
- ☐ Shared with other rail vehicles (controlled access to other non-rail vehicles)
- ☐ Non-exclusive right-of-way: shared with vehicles or pedestrians
- ☐ Other

Please Describe

Right-of-Way Conditions*

- ☐ Dry
- ☐ Wet
- ☐ Snow/Slush
- ☐ Ice
- ☐ Debris
- ☐ Other

Please Describe

[DELETE VEHICLE](#)[ADD VEHICLE](#)

Derailment: Rail Transit Train Involved

Please provide the following Rail Transit Train Involved details.

Fleet Involved

[EXISTING FLEET](#)[NEW FLEET](#)

Fleet

No Fleet has been added. Please add a fleet.

Number of Cars in Rail Transit Train *

Number of Cars Derailed *

Train Action *

- ☐ Going Straight
- ☐ Making a transit stop
- ☐ Leaving a transit stop
- ☐ Negotiating a curve
- ☐ Proceeding through a switch
- ☐ Parked
- ☐ Other

Please Describe

Train Speed *

Was a runaway train involved?

- ☐ Yes
- ☐ No

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable injury with this accident. Please provide the following information for each injury involved.

Injury Identifier 1

Injury Type *

--Please Select an Injury Type--

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

--Select Age--

- ☐ Attempted suicide
- ☐ Transported from scene for medical attention

Gender *

--Select Gender--

- ☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

☐ Suicide

Gender *

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions or an evacuation to the rail right-of-way?

- ☐ Evacuation for Life Safety Reasons
- ☐ Evacuation to rail right-of-way
- ☐ Customer self-evacuation

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

DELETE

CLOSE

BACK

NEXT

VIEW FORM

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more serious injuries or injuries requiring immediate medical transport away from scene

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Did the event result in substantial damage?

☐ Substantial damage

☐ No substantial damage

Event Details

Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way? *

☐ Yes ☐ No

Did this event involve a runaway train? *

☐ Yes ☐ No

CLOSE

NEXT

Event Date

Nov 27, 2022

Is there another person to contact for more detailed information regarding this event? *

NEXT

Rail Fire Event Details

Please provide the following fire event details.

Location *

- ☐ In or on vehicle
- ☐ Revenue facility: transit center
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Right-of-way: outside vehicle
- ☐ Other

Please Describe

Fire Type *

- ☐ Fuel
- ☐ Cable
- ☐ Battery
- ☐ Smoking(e.g. tobacco) materials
- ☐ Other Electrical
- ☐ Brake Component
- ☐ Other

Please Describe

Transit Vehicle Fuel Type (If applicable)

- ☐ Not Applicable
- ☐ Bio-diesel
- ☐ Bunker Fuel
- ☐ Compressed Natural Gas
- ☐ Diesel
- ☐ Dual Fuel
- ☐ Electric Battery
- ☐ Electric Propulsion
- ☐ Ethanol
- ☐ Gasoline
- ☐ Grain Additive
- ☐ Hybrid Diesel
- ☐ Hybrid Gasoline
- ☐ Kerosene
- ☐ Liquefied Natural Gas
- ☐ Liquefied Petroleum Gas/Propane
- ☐ Methanol
- ☐ Other

Please Describe

DELETE

CLOSE

BACK

NEXT

VIEW FORM

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable injury with this accident. Please provide the following information for each Injury involved.

Injury Identifier 1

Injury Type *

--Please Select an Injury Type--

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

--Select Age--

- ☐ Attempted suicide
- ☐ Transported from scene for medical attention

Gender *

--Select Gender--

- ☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

☐ Suicide

Gender *

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions or an evacuation to the rail right-of-way?

- ☐ Evacuation for Life Safety Reasons
- ☐ Evacuation to rail right-of-way
- ☐ Customer self-evacuation

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

DELETE

CLOSE

BACK

NEXT

VIEW FORM

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more serious injuries or injuries requiring immediate medical transport away from scene

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Did the event result in substantial damage?

☐ Substantial damage

☐ No substantial damage

Event Details

Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way? *

☐ Yes ☐ No

Did this event involve a runaway train? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time*

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude*

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Rail Hazardous Material Event Details

Please provide the following hazardous material spill details

Location *

- ☐ In Vehicle
- ☐ Revenue facility: transit center
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Other

Please Describe

Material Type (If applicable) *

- ☐ Not Applicable
- ☐ Bio-diesel
- ☐ Bunker Fuel
- ☐ Diesel
- ☐ Electric Propulsion
- ☐ Gasoline
- ☐ Compressed Natural Gas
- ☐ Dual Fuel
- ☐ Electric Battery
- ☐ Ethanol
- ☐ Hybrid Diesel
- ☐ Hybrid Gasoline
- ☐ Grain Additive
- ☐ Kerosene
- ☐ Liquified Natural Gas
- ☐ Liquified Petroleum Gas
- ☐ Methanol
- ☐ Other

Please Describe

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable injury with this accident. Please provide the following information for each injury involved.

Injury Identifier 1

Injury Type *

--Please Select an Injury Type--

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

--Select Age--

- ☐ Attempted suicide
- ☐ Transported from scene for medical attention

Gender *

--Select Gender--

- ☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

☐ Suicide

Gender *

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions or an evacuation to the rail right-of-way?

- ☐ Evacuation for Life Safety Reasons
- ☐ Evacuation to rail right-of-way
- ☐ Customer self-evacuation

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more serious injuries or injuries requiring immediate medical transport away from scene

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Did the event result in substantial damage?

☐ Substantial damage

☐ No substantial damage

Event Details

Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way? *

☐ Yes ☐ No

Did this event involve a runaway train? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time*

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude*

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Act of God Event Details

Please provide the following Act of God Event details.

Type*

- ☐ Earthquake
- ☐ Flood
- ☐ Hurricane
- ☐ Tornado
- ☐ Other High Winds
- ☐ Lightning
- ☐ Snow Storm
- ☐ Ice Storm
- ☐ Other

Please Describe

Location of Property Damage, Injuries, or Fatalities *

- ☐ In vehicle / vessel
- ☐ Revenue facility: transit station/center or terminal
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other

Please Describe

- ☐ Non-revenue facility

Please Describe

- ☐ Right-of-way: grade crossing
- ☐ Right-of-way: not a grade crossing
- ☐ Roadway: grade crossing
- ☐ Roadway: intersection
- ☐ Roadway: not a grade crossing or intersection
- ☐ Roadway: transit stop
- ☐ Other

Please Describe

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable injury with this accident. Please provide the following information for each injury involved.

Injury Identifier 1

Injury Type *

--Please Select an Injury Type--

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

--Select Age--

- ☐ Attempted suicide
- ☐ Transported from scene for medical attention

Gender *

--Select Gender--

- ☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

☐ Suicide

Gender *

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions or an evacuation to the rail right-of-way?

- ☐ Evacuation for Life Safety Reasons
- ☐ Evacuation to rail right-of-way
- ☐ Customer self-evacuation

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more Non-Serious injuries requiring immediate medical transport away from scene

Enter the number of injuries

☐ One or more Serious injuries

Confirm the serious injury meets one or more of the following criteria: Requires hospitalization for more than 48 hours, commencing within 7 days from the date of the event; Results in a fracture of any bone (except simple fractures of fingers, toes, or nose); Causes severe hemorrhages, nerve muscle, or tendon damage; Involves an internal organ, or Involves second- or third-degree burns, or any burns affecting more than five percent of the body.

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Did the event result in substantial damage?

☐ Substantial damage

☐ No substantial damage

Event Details

Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way? *

☐ Yes ☐ No

Did this event involve a runaway train? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude*

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Other Safety Rail Event Details

Please provide the following Other Event details.

Type*

- ☐ Smoke
- ☐ Fumes/Noxious Odors
- ☐ Electric Shock
- ☐ Outside Conditions(powerlines, pantographs, etc.)
- ☐ Power Failure
- ☐ Maintenance Related
- ☐ Slip/Trip/Fall
- ☐ Runaway Train
- ☐ Other

Please Describe

Location*

- ☐ Boarding/alighting: with stairs
- ☐ Boarding/alighting: with lift or ramp
- ☐ Boarding/alighting: other
- ☐ In vehicle/vessel: securement issue
- ☐ In vehicle/vessel: not a securement issue
- ☐ Vehicle Exterior
- ☐ Right-of-way
- ☐ Yard
- ☐ Revenue facility: elevator related
- ☐ Revenue facility: escalator related
- ☐ Revenue facility: ramp
- ☐ Revenue facility: stairway
- ☐ Revenue facility: platform/stop/waiting area
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Other

Please Describe

DELETE

CLOSE

BACK

NEXT

VIEW FORM

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable injury with this accident. Please provide the following information for each Injury involved.

Injury Identifier 1

Injury Type *

--Please Select an Injury Type--

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

--Select Age--

- ☐ Attempted suicide
- ☐ Transported from scene for medical attention

Gender *

--Select Gender--

- ☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

☐ Suicide

Gender *

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions or an evacuation to the rail right-of-way?

- ☐ Evacuation for Life Safety Reasons
- ☐ Evacuation to rail right-of-way
- ☐ Customer self-evacuation

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

DELETE

CLOSE

BACK

NEXT

VIEW FORM

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more serious injuries or injuries requiring immediate medical transport away from scene

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Did the event result in substantial damage?

☐ Substantial damage

☐ No substantial damage

Event Details

Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way? *

☐ Yes ☐ No

Did this event involve a runaway train? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude *

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Security Event Details

Please provide the following Security Event details.

Security Event Types*

- ☐ Assault
- ☐ Robbery
- ☐ Rape
- ☐ Motor Vehicle Theft
- ☐ Larceny/Theft
- ☐ Homicide
- ☐ Suicide
- ☐ Attempted Suicide
- ☐ Other Personal Security Event

Please Describe

Location*

- ☐ In Vehicle/Vessel
- ☐ Revenue facility: transit station / center or terminal
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Right-of-way
- ☐ Other

Please Describe

DELETE

CLOSE

BACK

NEXT

VIEW FORM

Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable injury with this accident. Please provide the following information for each Injury involved.

Injury Identifier 1

Injury Type *

--Please Select an Injury Type--

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

--Select Age--

- ☐ Attempted suicide
- ☐ Transported from scene for medical attention

Gender *

--Select Gender--

- ☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

☐ Suicide

Gender *

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions or an evacuation to the rail right-of-way?

- ☐ Evacuation for Life Safety Reasons
- ☐ Evacuation to rail right-of-way
- ☐ Customer self-evacuation

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Security – Rail System Security Event [\(back to top\)](#)

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more serious injuries or injuries requiring immediate medical transport away from scene

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Did the event result in substantial damage?

☐ Substantial damage

☐ No substantial damage

Event Details

Did this event involve an evacuation for life safety reasons, or evacuation of a train to the right of way? *

☐ Yes ☐ No

Did this event involve a runaway train? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude *

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Security Event Details

Please provide the following Security Event details.

Security Event Types

Terrorism Related Events *

- ☐ Bomb threat
- ☐ Bombing
- ☐ Suspicious package
- ☐ Chemical/Biological/Nuclear/Radiological

Other System Security Events *

- ☐ Arson
- ☐ Hijacking
- ☐ Sabotage
- ☐ Cyber
- ☐ Burglary
- ☐ Vandalism
- ☐ Other System Security Event

Please Describe

Location *

- ☐ In Vehicle/Vessel
- ☐ Revenue facility: transit station / center or terminal
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Right-of-way
- ☐ Other

Please Describe

DELETE

CLOSE

BACK

NEXT

VIEW FORM

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Injury

You've indicated that there was at least one reportable injury with this accident. Please provide the following information for each injury involved.

Injury Identifier 1

Injury Type *

--Please Select an Injury Type--

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

--Select Age--

- ☐ Attempted suicide
- ☐ Transported from scene for medical attention

Gender *

--Select Gender--

- ☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE PERSON](#)[ADD PERSON](#)

Major Event Report (S&S-40) - Person Information - Rail Fatality

You've indicated that there was at least one reportable Fatality with this accident. Please provide the following information for each Fatality involved.

Fatality Identifier 2

Person Outside Vehicles *

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles *

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range *

☐ Suicide

Gender *

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions or an evacuation to the rail right-of-way?

- ☐ Evacuation for Life Safety Reasons
- ☐ Evacuation to rail right-of-way
- ☐ Customer self-evacuation

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

DELETE

CLOSE

BACK

NEXT

VIEW FORM


Safety – Non-Rail Transit Collision Event [\(back to top\)](#)

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more injuries (immediate medical transport away from scene)

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Were there Property Damages associated with the event being reported?

☐ Property damages equal to, or greater than, \$25,000.

☐ No property damages to report or total property damage is less than \$25,000.

Enter the dollar amount of estimated property damage

Event Details

Did this event involve an evacuation for life safety reasons? *

☐ Yes ☐ No

Were Transit Revenue Vehicles involved in this event? *

☐ Yes ☐ No

Did this collision result in a tow-away due to disabling damage? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Oct 31, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude *

☐ Suicide

☐ Attempted Suicide

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Collision/Non-Rail Event Information

Please provide the following collision event details

Number of Non-Rail Transit Vehicles Involved *

Location *

- ☐ Revenue facility: transit center
- ☐ Non-revenue facility
- ☐ Roadway: grade crossing
- ☐ Roadway: intersection
- ☐ Roadway: not a grade crossing or intersection
- ☐ Bus or Service Stop
- ☐ Other

Please Describe

Collision With *

- ☐ Motor Vehicle
- ☐ Person
- ☐ Animal
- ☐ Fixed Object
- ☐ Transit vehicle
- ☐ Other

Please Describe

Number of Other Vehicles Involved

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Non-Rail Collision Information

Please provide the following Collision Right of Way details.

Non-Rail Collision Event Details

Weather *

- ☐ Clear
- ☐ Cloudy
- ☐ Foggy/Misting
- ☐ Raining
- ☐ Snowing/Sleeting
- ☐ Other

Please Describe

Lighting *

- ☐ Daylight
- ☐ Twilight
- ☐ Dark
- ☐ Sun in eyes of transit vehicle operator
- ☐ Sun in eyes of other vehicle operator
- ☐ Indoors

Non-Rail Roadway Information

Roadway Configuration *

- ☐ Limited Access Highway
- ☐ Divided Highway
- ☐ Street
- ☐ Bridge
- ☐ Intersection/Grade Crossing
- ☐ Tunnel
- ☐ Private Property
- ☐ Ramp
- ☐ Other
- ☐ Intersection
- ☒ Grade Crossing

Please Describe

Grade Crossing Control (if Applicable) *

- ☐ Active devices: crossing gates
- ☐ Active devices: flashing lights only
- ☐ Active devices: traffic signal
- ☐ Active devices: quad gates
- ☐ Active devices: train approaching sign
- ☐ Passive devices: stop sign
- ☐ Passive devices: crossbucks
- ☐ No control device
- ☐ Not applicable
- ☐ Other

Please describe

Roadway Conditions *

- ☐ Dry
- ☐ Wet
- ☐ Snow/Slush
- ☐ Ice
- ☐ Debris
- ☐ Other

Please Describe

DELETE CLOSE

BACK NEXT VIEW FORM

This view represents a *Roadway: Grade Crossing* location selected on the previous screen. Appropriate for *Control* device selections will appear accordingly for *Roadway: Intersection* location.

Non-Rail Collision Transit Involved

Please provide the following Transit Vehicle Involved details.

Vehicle Identifier: 1

Fleet Involved

EXISTING FLEET

NEW FLEET

Fleet

No Fleet has been added. Please add a fleet.

Vehicle Action *

- ☐ Going Straight
- ☐ Making a transit stop
- ☐ Leaving a transit stop
- ☐ Negotiating a curve
- ☐ Making a left turn
- ☐ Making a right turn
- ☐ Changing lanes
- ☐ Going Backwards
- ☐ Stopped
- ☐ Parked

Collision Type *

- ☐ Head-On
- ☐ Rear-Ended
- ☐ Rear-Ending
- ☐ Other Front Impact
- ☐ Side Impact
- ☐ Sideswipe
- ☐ Other Rear Impact
- ☐ Roof/top of vehicle

Transit Vehicle Speed *

Was this vehicle towed from the scene due to disabling damage as a result of the collision? *

- ☐ Yes
- ☐ No

DELETE

CLOSE

BACK

NEXT

VIEW FORM

Collision Other Vehicle Involved

Please provide the following Other Vehicle Involved details.

Other Vehicle Identifier: 1

Other Vehicle Type *

- ☐ Automobile
- ☐ Light Truck or SUV
- ☐ Motorcycle/Moped/Scooter
- ☐ Tractor Trailer
- ☐ Rail Vehicle
- ☐ Non-revenue Rail Vehicle(Maintenance)
- ☐ Charter/Tour Bus
- ☐ School Bus
- ☐ Other

Please Describe

Other Vehicle Action *

- ☐ Going Straight
- ☐ Making a left turn
- ☐ Making a right turn
- ☐ Going backwards
- ☐ Changing lanes
- ☐ Stopped
- ☐ Negotiating a curve
- ☐ Parked

Other Vehicle Collision Type *

- ☐ Head-On
- ☐ Rear-Ended
- ☐ Rear-Ending
- ☐ Other Front Impact
- ☐ Side Impact
- ☐ Sideswipe
- ☐ Other Rear Impact
- ☐ Roof/top of vehicle

Was this vehicle towed from the scene due to disabling damage as a result of the collision?*

- ☐ Yes ☐ No

This screen will appear only if a non-transit vehicle is involved.

DELETE

CLOSE

BACK

NEXT

VIEW FORM

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Attempted suicide

Gender*

☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Suicide

Gender*

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions? *

☐ Yes ☐ No

Evacuation Details *

This screen will appear only if an evacuation is involved.

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Was this a self-evacuation? *

☐ Yes ☐ No

Safety – Non-Rail Non-Transit Collision Event [\(back to top\)](#)

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more injuries (immediate medical transport away from scene)

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Were there Property Damages associated with the event being reported?

☐ Property damages equal to, or greater than, \$25,000.

☐ No property damages to report or total property damage is less than \$25,000.

Enter the dollar amount of estimated property damage

Event Details

Did this event involve an evacuation for life safety reasons? *

☐ Yes ☐ No

Were Transit Revenue Vehicles involved in this event? *

☐ Yes ☐ No

Did this collision result in a tow-away due to disabling damage? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Oct 31, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude *

☐ Suicide

☐ Attempted Suicide

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETECLOSE

NEXT

Collision Non-Transit Event

Please provide the following Collision Event details.

Location *

- ☐ Revenue facility: parking facility
- ☐ Non-revenue facility
- ☐ Other

Please Describe

Collision With *

- ☐ Private Vehicle(s)
- ☐ Private Vehicle with a Person
- ☐ Private Vehicle with Fixed Object
- ☐ Non-revenue vehicle
- ☐ Other

Please Describe

Number of other vehicles involved *

DELETE

CLOSE

BACK

NEXT

VIEW FORM

Collision Other Vehicle Involved

Please provide the following Other Vehicle Involved details.

Other Vehicle Identifier: 1

Other Vehicle Type *

- ☐ Automobile
- ☐ Light Truck or SUV
- ☐ Motorcycle/Moped/Scooter
- ☐ Tractor Trailer
- ☐ Rail Vehicle
- ☐ Non-revenue Rail Vehicle(Maintenance)
- ☐ Charter/Tour Bus
- ☐ School Bus
- ☐ Other

Please Describe

Other Vehicle Action *

- ☐ Going Straight
- ☐ Making a left turn
- ☐ Making a right turn
- ☐ Going backwards
- ☐ Changing lanes
- ☐ Stopped
- ☐ Negotiating a curve
- ☐ Parked

Other Vehicle Collision Type *

- ☐ Head-On
- ☐ Rear-Ended
- ☐ Rear-Ending
- ☐ Other Front Impact
- ☐ Side Impact
- ☐ Sideswipe
- ☐ Other Rear Impact
- ☐ Roof/top of vehicle

Was this vehicle towed from the scene due to disabling damage as a result of the collision?*

- ☐ Yes ☐ No

This screen will appear only if a non-transit vehicle is involved.

DELETE

CLOSE

BACK

NEXT

VIEW FORM

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Attempted suicide

Gender*

☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Suicide

Gender*

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions? *

☐ Yes ☐ No

Evacuation Details *

This screen will appear only if an evacuation is involved.

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Was this a self-evacuation? *

☐ Yes ☐ No

[Safety – Non-Rail Fire Event \(back to top\)](#)

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more injuries (immediate medical transport away from scene)

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Were there Property Damages associated with the event being reported?

☐ Property damages equal to, or greater than, \$25,000.

☐ No property damages to report or total property damage is less than \$25,000.

Enter the dollar amount of estimated property damage

Event Details

Did this event involve an evacuation for life safety reasons? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude*

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Non-Rail Fire Event Details

Please provide the following fire event details.

Location *

- ☐ In or on vehicle
- ☐ Revenue facility: transit center
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Right-of-way: outside vehicle
- ☐ Other

Please Describe

Fire Type *

- ☐ Fuel
- ☐ Cable
- ☐ Battery
- ☐ Smoking (e.g., tobacco) materials
- ☐ Other Electrical
- ☐ Brake Component
- ☐ Other

Please Describe

Transit Vehicle Fuel Type (If applicable)

- ☐ Not Applicable
- ☐ Bio-diesel
- ☐ Bunker Fuel
- ☐ Compressed Natural Gas
- ☐ Diesel
- ☐ Dual Fuel
- ☐ Electric Battery
- ☐ Electric Propulsion
- ☐ Ethanol
- ☐ Gasoline
- ☐ Grain Additive
- ☐ Hybrid Diesel
- ☐ Hybrid Gasoline
- ☐ Kerosene
- ☐ Liquefied Natural Gas
- ☐ Liquefied Petroleum Gas/Propane
- ☐ Methanol
- ☐ Other

Please Describe

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Attempted suicide

Gender*

☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Suicide

Gender*

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions?*

☐ Yes ☐ No

Evacuation Details*

This screen will appear only if an evacuation is involved.

Max of 200 characters

What was evacuated?*

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Was this a self-evacuation? *

☐ Yes ☐ No

Safety – Non-Rail Hazardous Materials Event [\(back to top\)](#)

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

mm/dd/yyyy



Please select the Month, Day and Year for this event.

Mode/Type of Service *

Select Mode / Type of Service

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more injuries (immediate medical transport away from scene)

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Were there Property Damages associated with the event being reported?

☐ Property damages equal to, or greater than, \$25,000.

☐ No property damages to report or total property damage is less than \$25,000.

Enter the dollar amount of estimated property damage

Event Details

Did this event involve an evacuation for life safety reasons? *

☐ Yes ☐ No

CLOSE

NEXT

Event Date

Nov 27, 2022

Approximate Address of Event *

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

CLOSE

NEXT

Rail Hazardous Material Event Details

Please provide the following hazardous material spill details

Location *

- ☐ In Vehicle
- ☐ Revenue facility: transit center
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Other

Please Describe

Material Type (If applicable) *

- ☐ Not Applicable
- ☐ Bio-diesel
- ☐ Bunker Fuel
- ☐ Diesel
- ☐ Electric Propulsion
- ☐ Gasoline
- ☐ Compressed Natural Gas
- ☐ Dual Fuel
- ☐ Electric Battery
- ☐ Ethanol
- ☐ Hybrid Diesel
- ☐ Hybrid Gasoline
- ☐ Grain Additive
- ☐ Kerosene
- ☐ Liquified Natural Gas
- ☐ Liquified Petroleum Gas
- ☐ Methanol
- ☐ Other

Please Describe

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Attempted suicide

Gender*

☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Suicide

Gender*

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions? *

☐ Yes ☐ No

Evacuation Details *

This screen will appear only if an evacuation is involved.

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Was this a self-evacuation? *

☐ Yes ☐ No

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more injuries (immediate medical transport away from scene)

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Were there Property Damages associated with the event being reported?

☐ Property damages equal to, or greater than, \$25,000.

☐ No property damages to report or total property damage is less than \$25,000.

Enter the dollar amount of estimated property damage

Event Details

Did this event involve an evacuation for life safety reasons? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude *

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Act of God Event Details

Please provide the following Act of God Event details.

Type*

- ☐ Earthquake
- ☐ Flood
- ☐ Hurricane
- ☐ Tornado
- ☐ Other High Winds
- ☐ Lightning
- ☐ Snow Storm
- ☐ Ice Storm
- ☐ Other

Please Describe

Location of Property Damage, Injuries, or Fatalities *

- ☐ In vehicle / vessel
- ☐ Revenue facility: transit station/center or terminal
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other

Please Describe

- ☐ Non-revenue facility

Please Describe

- ☐ Right-of-way: grade crossing
- ☐ Right-of-way: not a grade crossing
- ☐ Roadway: grade crossing
- ☐ Roadway: intersection
- ☐ Roadway: not a grade crossing or intersection
- ☐ Roadway: transit stop
- ☐ Other

Please Describe

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Attempted suicide

Gender*

☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Suicide

Gender*

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions? *

☐ Yes ☐ No

Evacuation Details *

This screen will appear only if an evacuation is involved.

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Was this a self-evacuation? *

☐ Yes ☐ No

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more injuries (immediate medical transport away from scene)

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Were there Property Damages associated with the event being reported?

☐ Property damages equal to, or greater than, \$25,000.

☐ No property damages to report or total property damage is less than \$25,000.

Enter the dollar amount of estimated property damage

Event Details

Did this event involve an evacuation for life safety reasons? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude *

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Other Event Details

Please provide the following Other Event details.

Type *

- ☐ Smoke
- ☐ Fumes/Noxious Odors
- ☐ Electric Shock
- ☐ Outside Conditions(powerlines, pantographs, etc.)
- ☐ Power Failure
- ☐ Maintenance Related
- ☐ Slip/Trip/Fall
- ☐ Other

Please Describe

Location *

- ☐ Boarding/alighting: with stairs
- ☐ Boarding/alighting: with lift or ramp
- ☐ Boarding/alighting: other
- ☐ In vehicle/vessel: securement issue
- ☐ In vehicle/vessel: not a securement issue
- ☐ Vehicle Exterior
- ☐ Roadway
- ☐ Revenue facility: elevator related
- ☐ Revenue facility: escalator related
- ☐ Revenue facility: ramp
- ☐ Revenue facility: stairway
- ☐ Revenue facility: platform/stop/waiting area
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Other

Please Describe

DELETE

CLOSE

BACK

NEXT

VIEW FORM

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Attempted suicide

Gender*

☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Suicide

Gender*

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions?*

☐ Yes ☐ No

Evacuation Details*

This screen will appear only if an evacuation is involved.

Max of 200 characters

What was evacuated?*

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Was this a self-evacuation? *

☐ Yes ☐ No

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more injuries (immediate medical transport away from scene)

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Were there Property Damages associated with the event being reported?

☐ Property damages equal to, or greater than, \$25,000.

☐ No property damages to report or total property damage is less than \$25,000.

Enter the dollar amount of estimated property damage

Event Details

Did this event involve an evacuation for life safety reasons? *

☐ Yes ☐ No

CLOSE

NEXT

Event Date

Nov 27, 2022

Is there another person to contact for more detailed information regarding this event? *

NEXT

Security Event Details

Please provide the following Security Event details.

Security Event Types*

- ☐ Assault
- ☐ Robbery
- ☐ Rape
- ☐ Motor Vehicle Theft
- ☐ Larceny/Theft
- ☐ Homicide
- ☐ Suicide
- ☐ Attempted Suicide
- ☐ Other Personal Security Event

Please Describe

Location*

- ☐ In Vehicle/Vessel
- ☐ Revenue facility: transit station / center or terminal
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Right-of-way
- ☐ Other

Please Describe

DELETE

CLOSE

BACK

NEXT

VIEW FORM

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Attempted suicide

Gender*

☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Suicide

Gender*

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions? *

☐ Yes ☐ No

Evacuation Details *

This screen will appear only if an evacuation is involved.

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Was this a self-evacuation? *

☐ Yes ☐ No

Major Event Report (S&S-40) - Set Up Screen 1

39941 - Full Reporter Test #1 - Safety CY 2022

New Report Information

Event Date *

Please select the Month, Day and Year for this event.

Mode/Type of Service *

Tell us what type of event is being reported.

Check the appropriate category listed below to describe this event.

- ☐ A collision
- ☐ A derailment (including yard derailments and non-revenue vehicles)
- ☐ A fire
- ☐ A hazardous material spill
- ☐ An earthquake / flood / hurricane / tornado / other high winds / snow storm / ice storm, etc. (Act of God)
- ☐ System Security Event: bomb threat / bombing / chemical / biological / nuclear / radiological / arson / hijacking / sabotage / burglary / vandalism / suspicious package / cyber security event / other system security event
- ☐ Personal security event: assault / robbery / rape / larceny or theft (including vehicle theft from a parking lot) / homicide, other personal security event
- ☐ Other Safety Event (e.g. fall, electric shock, smoke, power failure, runaway train, other)

CLOSE

NEXT

Major Event Report (S&S-40) - Set Up Screen 2 (Non-Collision/Non-Rail)

39941 - Full Reporter Test #1 - Safety CY 2022

Person Information

Were there Fatalities or Injuries involved with the event being reported?

☐ One or more fatalities

Enter the number of fatalities

☐ One or more injuries (immediate medical transport away from scene)

Enter the number of injuries

☐ No fatalities or injuries to report

Property Damages

Were there Property Damages associated with the event being reported?

☐ Property damages equal to, or greater than, \$25,000.

☐ No property damages to report or total property damage is less than \$25,000.

Enter the dollar amount of estimated property damage

Event Details

Did this event involve an evacuation for life safety reasons? *

☐ Yes ☐ No

CLOSE

NEXT

Basic Information

Event Date

Nov 27, 2022

Event Time *

HH:MM AM/PM

Approximate Address of Event *

Latitude *

Longitude *

Event Description *

This field is limited to 2000 characters.

Is there another person to contact for more detailed information regarding this event? *

☐ Yes ☐ No

DELETE

CLOSE

NEXT

Security Event Details

Please provide the following Security Event details.

Security Event Types

Terrorism Related Events *

- ☐ Bomb threat
- ☐ Bombing
- ☐ Suspicious package
- ☐ Chemical/Biological/Nuclear/Radiological

Other System Security Events *

- ☐ Arson
- ☐ Hijacking
- ☐ Sabotage
- ☐ Cyber
- ☐ Burglary
- ☐ Vandalism
- ☐ Other System Security Event

Please Describe

Location *

- ☐ In Vehicle/Vessel
- ☐ Revenue facility: transit station / center or terminal
- ☐ Revenue facility: parking facility
- ☐ Revenue facility: other
- ☐ Non-revenue facility
- ☐ Right-of-way
- ☐ Other

Please Describe

DELETE

CLOSE

BACK

NEXT

VIEW FORM

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Injury

You've indicated that there was an Injury associated with this event. Please provide the following information for each Injury involved.

Injury Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Attempted suicide

Gender*

☐ Trespasser

This screen will appear only if an injury is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

[DELETE PERSON](#)[ADD PERSON](#)

Person Information Non-Rail - Fatality

You've indicated that there was a Fatality associated with this event. Please provide the following information for each Fatality involved.

Fatality Identifier 1

Person Outside Vehicles*

- ☐ Person waiting/leaving from transit
- ☐ Transit employee / contractor
- ☐ Transit vehicle operator
- ☐ Other worker (e.g., commercial worker, utilities worker, etc.)
- ☐ Pedestrian: bicyclist
- ☐ Pedestrian crossing in crosswalk
- ☐ Pedestrian crossing not in crosswalk
- ☐ Pedestrian walking along road
- ☐ Pedestrian Other
- ☐ Other

Please Describe

Person Inside Vehicles*

- ☐ Transit vehicle rider
- ☐ Transit vehicle operator
- ☐ Other transit staff
- ☐ Occupant of other vehicle

Age Range*

☐ Suicide

Gender*

☐ Trespasser

This screen will appear only if a fatality is involved.

[DELETE](#)[CLOSE](#)[BACK](#)[NEXT](#)[VIEW FORM](#)

Major Event Report (S&S-40) - Evacuation Event Details

Please provide the following Evacuation Event details.

Did this event involve an evacuation of a transit facility or vehicle due to potentially unsafe conditions? *

☐ Yes ☐ No

This screen will appear only if an evacuation is involved.

Evacuation Details *

Max of 200 characters

What was evacuated? *

- ☐ Vehicle/Vessel
- ☐ Revenue Facility: transit station/center or terminal
- ☐ Revenue Facility: other
- ☐ Non-revenue Facility
- ☐ Other

Please Describe:

Was this a self-evacuation? *

☐ Yes ☐ No