

FRA BATCH CONTROL FOR MAGNETIC MEDIA

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Name of Reporting Railroad	2. Alphabetic Code	3. Report Month	4. Report Year
5. Rail Equipment Accident/Incident Report (Form FRA F 6180.54)			
a. Number of records on the tape or diskette	_____		
b. Total equipment damage (Field Number 65, Field Name EQPDMG) for all records submitted	_____		
c. Total track damage (Field Number 66, Field Name TRKDMG) for all records submitted	_____		
d. Total number of cars in the consist (the sum of the fields LOADF1, LOADP1, EMPTYF1, EMPTYP1, and CABOOSE1 - Field Numbers 55, 56, 57, 58, and 59, respectively) for all records submitted	_____		
6. Highway-Rail Grade Crossing Accident/Incident Report (Form FRA F 6180.57)			
a. Number of records on the tape or diskette	_____		
b. Total vehicle damage (Field Number 47, Field Name VEHDMG) for all records submitted	_____		
c. Total number of highway-rail crossing users, railroad employees, and passengers on train killed (the sum of fields HR_USER_KD, RR_EMP_KD, and PASS_KD - Field Numbers 62, 64, and 66) for all records submitted	_____		
d. Total number of highway-rail crossing users (Field Number 50, Field Name TOTOCC) for all records submitted	_____		
7. Railroad Injury and Illness Summary (Form FRA F 6180.55)			
a. Number of records on the tape or diskette	_____		
b. Total of all train miles (Freight, Passenger, Yard Switching, and Other)	_____		
c. Railroad worker hours	_____		
d. Passenger miles operated	_____		
8. Railroad Injury and Illness Summary (Continuation Sheet) (Form FRA F 6180.55a)			
a. Number of records on the tape or diskette	_____		
b. Total number of lost work days (Field Number 10, Field Name DAYSABS) for all records submitted	_____		
c. Total number of days of restricted activity (Field Number 11, Field Name DAYSRES) for all records submitted	_____		
9. Name of Reporting Officer (Type or Print)	10. Date		