Print Form | E-mail Form | Reset Form | Prescribing Directive

Go to page 2

ACCIDENT/INCIDENT REPORT ON OCCURRENCES DURING THE CARRIAGE OF DANGEROUS GOODS/HAZARDOUS WASTE
(AE Reg 55-50)

1. Report number

2. Mode

☐ **Rail**	☐ **Road**	☐ **Air**	☐ **Sea/Inland waterways**
Wagon/train number (optional)	**Vehicle registration** (optional)	**Tail number/mission** (optional)	**Vessel number** (optional)

3. Date and location of occurence

Year	Month	Day	Time

Rail	Road	Air	Water
☐ Station ☐ Shunting/marshalling yard ☐ Loading/unloading/ transshipment site Location/country	☐ Built-up area ☐ Loading/unloading/ transshipment site ☐ Open road Location/country	☐ Built-up area ☐ Loading/unloading/ transshipment site ☐ Open field Location/coordinates/country	☐ Built-up area ☐ Loading/unloading/ transhipment site ☐ Open sea Location/coordinates/country
or ☐ Open line Description of line			or ☐ River Location/country
Kilometers			Kilometers

4. Topography

Gradient/incline	Tunnel	Bridge/underpass	Crossing	Open field	Near cost	Open sea
☐	☐	☐	☐	☐	☐	☐

5. Particular weather conditions

Rain	Snow	Ice	Fog	Thunderstorm	Storm	Temperature (^{0}C)
☐	☐	☐	☐	☐	☐	

6. Description of occurrence

Derailment/leaving the road	Collision	Overturning/ rolling over	Fire	Explosion	Loss	Technical fault
☐	☐	☐	☐	☐	☐	☐

Additional description of occurrence

NOTE: This report is not releasable to foreign nations.

Print Form | E-mail Form | Reset Form

Go to page 1

7. Dangerous goods involved

UN number	**Proper shipping name** (For dangerous goods assigned to collective entries to which special provision 274, *ADR* (European Agreement Concerning the International Carriage of Dangerous Goods by Road), applies, the technical name must be indicated.)

Hazard class(es) / hazard label(s)	**Packing group** (if applicable)	**Risk code** (if applicable)

Estimated quantity of loss of products (kg or l) (For class 7, indicate values according to the criteria in *ADR*.)

Means of containment	**Means of containment material**	**Type of failure of means of containment**

8. Cause of occurrence (if clearly known)

- ☐ Faulty load securing
- ☐ Operational cause (rail operation)
- ☐ Other (specify)

9. Consequence of occurrence

Personal injury in connection with the dangerous goods

- ☐ Deaths (number)
- ☐ Injured _____ (number)

Loss of product

- ☐ Yes
- ☐ No
- ☐ Imminent risk of loss of product

Material/environmental damage

- ☐ Estimated level of damage ≤ €50,000
- ☐ Estimated level of damage > €50,000

Involvement of authorities

- ☐ Yes
  - ☐ Evacuation of persons for a duration of at least 3 hours caused by the dangerous goods
  - ☐ Closure of public traffic routes for a duration of at least 3 hours caused by the dangerous goods
- ☐ No

If necessary, the command dangerous goods advisor (CDGA) or competent authority may request further relevant information.

10. Remarks

11. Name of dangerous goods advisor (DGA) (last, first, middle initial)	**12. Date** (YYYYMMDD)	**13. Signature**