

Injury / Incident Report



This form is to be used by all members of train and engine crews in rendering statements concerning accidents/incidents. Fax to VRE Communications Room at 703-838-5440.

Incident Information

Incident Date: 03/25/2025		Incident Time: 03:33 PM	
City / County (Emergency Jurisdiction): Prince William		Track Territory: <input checked="" type="checkbox"/> CSX <input type="checkbox"/> AMTK <input type="checkbox"/> NS <input type="checkbox"/> VRE	
Milepost: 88.5			
Train Number: 303	Car Number: V837	Location in Car: East side A-end lower level	VRE Station Rippon
Was train moving? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Approx. Speed: 0-10 <input type="checkbox"/> 10-25 <input type="checkbox"/> 25-50 <input type="checkbox"/> 50-79 <input checked="" type="checkbox"/> DIR: S	
Weather: Overcast		Visibility: Clear	Temperature: 58

Event Description / Remarks

Before arriving at Rippon a group of kids hiding behind the bushes on the east side threw rocks at the train, spidering a lower level window in car V837. The conductor had the passenger who was sitting there move to another seat. Engineer reported incident to the dispatcher. Train proceeded south.

Persons Involved	Address	Phone	Role
Info Unknown			

Treatment / Medical Information

Did injured person accept First Aid and/or medical treatment?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was injured person taken to a medical facility?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	If yes, what facility?
Did injured person lose consciousness?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Was 9-1-1 dialed?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Time contacted: By whom:
Was First Aid administered?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	By whom:
Was the oxygen unit used?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	By whom:
Was the AED unit used?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	By whom:
Was the First Aid Kit used?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	By whom:
Was CPR administered?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	By whom:
Name of responding unit / agency:		Name of treating or medical provider:		
Agency / unit arrival time:		Passenger(s) removed from train?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Crew Information

Complete if you are on board a train

Did you contact VRE?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Time contacted: 03:35 PM
Did you contact host railroad?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Time contacted: 03:35 PM
For "NO" marks above, explain:		
Conductor Name: [REDACTED]		
Asst. Conductor Name: [REDACTED]		
Locomotive Engineer Name: [REDACTED]		
Other Name(s):		
Person Reporting: [REDACTED]	Date: 03/25/2025	Time: 5:22PM
Manager Approval: [REDACTED]	Date: 03/25/2025	