

## RAILROAD TECHNOLOGY EVENT REPORT

To better understand and evaluate the use of certain technologies being implemented by the Carrier, the Organization is seeking information regarding their operation. **Submit this form in the SMART-TD cutslip box.** 

Date of occurrence:	In what state did the event occur?				
Location of the event (Subdivision/Yard/etc)?	Locomotive Initials and ID that had the failure				
Type of failure:					
□ PTC					
☐ Disengaging					
☐ Foreman Zone Limits					
☐ Improper signal					
☐ Loss of GPS					
☐ Missing Mandatory Directive					
☐ Overspeed	☐ Overspeed				
☐ Penalty application for unknown reas	on				
☐ Slow Orders —					
□ 529-A					
□ Other:					
☐ EOT Device					
Type of comm loss	☐ Front to Rear				
	☐ Rear to Front				
How many times were	□0-5				
communications lost?	□ 6 - 10				
	□ 11 +				
Was the trip completed without	□Yes				
communication with the EOT?	□ No				

☐ Trip Optimizer / Lead ☐ Alerter ☐ Distributed Power ☐ Handheld Radio Com ☐ Other:		dependable		
What was the length  □ < 8,000'  □ 8001' − 10,000'  □ 10,001' − 12,000'  □ 12,001' − 14,000'  □ > 14,001'	<u>ı of the train whe</u>	n the event happened?		
Was the train a key	train?			
☐ Yes ☐ No				
On-duty date & time		Off-duty date & time		
On-duty location		Off-duty location		
		feel may be pertinent to oun the following space, use a		
Name		Phone No.		
		Union		
E-mail		Local		
Craft		Date		