NJ TRANSIT
The Way To Go.

NJ TRANSIT RAIL
UNUSUAL OCCURRENCE REPORT

Y2821-9/01

(TRO-78)

Date	Time	Division	Accident No.

Type of Occurrence	Classification	Type of Track	Employees Involved
Psgr Emergency -	Emp. On Duty-	Siding/Yard -	
Fire-	Emp. Off Duty-	Main Track-	
Robbery/Theft-	Passenger-	Shop-	
Near Miss-	Non-Trespasser-	Station-	
Personal Prop. Damage-	Trespasser-	Office-	
Other-	Other-	Other-	

PERSONAL INFORMATION			LOCATION
Name:			Station:
Address:			Mile Post:
City:	State:	Zip Code:	Train No.:

CIRCUMSTANCES

Information Concerning Passenger Emergency	Reported by:
Time Dispatcher notified:	Name of preparer:
Time emergency assistance arrived:	Signature:
Type of Passenger Emergency:	Title:
Medical situation:	Date:
Evacuation:	

Instruction: If occurrence results in a personal injury, Form TRO-75 must be completed. (If occurrence results in damage to on-track equipment, Form TRO-503 must be completed.)