



INCIDENT REPORT Nov. 1 2010 10:25AM

19(1) ATIA
3, 8, 26 PA

No 3646 P 1



To : _____ Department : EM - CS - HR & PA - PF - OE - LGL - MKTG

Completed by : _____ Tel : _____

1- Emergency measure

Injury: Disabling Non disabling Security violation*: _____ Explosion: _____ Other*: **FATAL**

2- Dept File no: _____
Regional Office: _____
VIA no: _____

3- Employer Name & mailing Address

Name: **VIA RAIL CANADA INC.** Date & time: **OCT. 31, 2010 0310 HRS.**
Address: _____ Date & time incident reported: **OCT. 31, 2010 0310 HRS**
City: _____ Province: _____ Witnesses: _____
Postal code: _____ Tel.: _____ Supervisor's Name: _____
Exact location of occurrence*: **CNR MONTREAL SUBDIVISION** Weather conditions: **OVERCAST, COLD, LIGHT SNOW FLURRIES**
(Subdivision & mileage) **+/- MILEAGE 4.5**

4- Description of incident (see guidelines)

OPERATING AS LOCOMOTIVE ENGINEERS, EXPERIENCED FATAL COLLISION WITH MULTIPLE (3 to 5) TRESPASSERS WALKING EASTWARDS BETWEEN RAILS AND TO THE OUTSIDE OF EITHER RAIL OF THE SOUTH TRACK - RESULTING IN 3 DEATHS. MINIMAL TIME TO REACT TO DARKLY CLOTHED INDIVIDUALS. STRUCK JUST WEST OF TURCOTT INTERCHANGE (OVERPASS)

Train #: **Via. NO 608** Ticket #: _____ Locator #: _____ Serial car #: _____
Service Manager name & PIN: _____ Number of cars: **4 HEP**
ICLE name & PIN: _____ Locomotives(s) no (s): **Via 6414**
Brief description and assessment of property damage*: _____

Occupation: **LOCOMOTIVE ENGINEER** Date of birth: _____
Status: Employee Passenger Trespasser
Experience In Occupation: _____ Vehicle occupant Suspect Other
Address: _____ PIN: _____
City: _____ Province: _____ SIN: _____
Postal code: _____ MED NO.: _____
Nature of injury: _____ Direct cause of Injury: **INCIDENT**
Was training given to the injured employee in relation to duties performed at the time of incident? Yes No
(please specify) _____

6- Direct causes of occurrence

IMPACT

7- Corrective actions and implementation date

Corrective measures: _____
Supplementary preventive measures: _____ Outside agency: _____ File no: _____

8- Name of Person Investigating

Name: _____ Title: _____
Tel: _____ Date: _____ Signature: _____

9- Health and Safety Committee member's comments

Committee Member's Name: _____ Title: _____
Tel: _____ Date: _____ Signature: _____

