



**SAFETY AND SECURITY OVERSIGHT PROGRAM
FGTS REPORTABLE EVENT INITIAL NOTIFICATION
FORM**

**SSO-11
09-13-05**

FGTS: _____	Method of FDOT Notification: _____
Name/Title of FGTS Person Reporting: _____	Time and Date of Notification: _____
Time and Date of Occurrence: _____	Location of Event Being Reported: _____
Event Type: <input type="checkbox"/> Fatality <input type="checkbox"/> Injuries <input type="checkbox"/> Property damage <input type="checkbox"/> Evacuation <input type="checkbox"/> Derailment <input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Security Incident <input type="checkbox"/> Other (describe) _____	No. of Fatalities: _____ No. of Injuries: _____ Description of Injuries: _____ _____
FRA Reportable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Property Damage Estimate: _____ Description of Damage: _____
Investigation Status: NTSB notified? Yes ___ No ___ Will be ___ NTSB intentions relative to investigating this reportable event known? Yes ___ No ___ Has FGTS investigation procedure been initiated? Yes ___ No ___ Will be _____	FGTS Vehicles Involved in Event: Run # _____ Run # _____ Run # _____ Veh # _____
Other Vehicles Involved: Type/Number: _____ Description: _____ _____ _____	FGTS Chief Investigator: Name: _____ Title: _____ Phone no. _____ Fax no. _____ Email address: _____



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Preliminary Findings: _____

Implemented/Planned Corrective Actions: _____

FDOT Comment: _____

