

TRAIN HORN INCIDENT REPORT

Please complete a report for each separate time period of horn sounding even if occurring on the same day. All requested information must be provided.

Name of Observer: _____

Address: _____

Phone No.: _____

E-Mail: _____

Date horns were heard:

Location of the sound (nearest crossing)

Richmond crossing _____

Garrard crossing _____

Cutting crossing _____

Canal crossing _____

Where were you when you heard the horns:

Were you able to identify the engine?

(if so, provide lettering and color or engine number)

Time horns started and when they ended:

How many times did the horn sound?

(an approximate number)

Were the horns unreasonably loud so as to be extremely annoying or disruptive? No ___ Yes ___

Were others with you when you heard the horns?

If so, their names and relationship to you.

Comments:

Please e-mail to Ronnie.Russell@BNSF.com (Note to Mr. Russell: PLEASE FORWARD THIS INCIDENT REPORT TO THE ENGINEER'S UNION.)

Wayne_Nishioka@ci.richmond.ca.us

Or mail to P.O. Box 4046, Richmond, CA 94804

