



**WMSC Commissioner Brief: W-0263 – Serious Injury – D&G Junction (Blue, Orange, Silver Line) – October 7, 2023**

*Prepared for Washington Metrorail Safety Commission meeting on April 9, 2024*

**Safety event summary:**

A Metrorail Track and Structures crew replacing rails at a switch where the Blue, Orange and Silver Lines diverge east of Stadium-Armory Station (a junction Metrorail refers to as the D&G Junction based on the internal letter designations of the lines that meet there) in the early morning hours of Saturday, October 7, 2023, did not secure rail on the catwalk, and the rail then fell on a crew member, breaking that crew member's leg. During the response to the injury, Metrorail and first responders experienced challenges removing the injured crew member from Stadium-Armory Station (the station was closed at the time due to the event occurring at approximately 4:38 a.m. and Metrorail not opening to passengers on Saturdays until 7 a.m.).

The Track crew had installed the stock rail, then put the switch point partially on the catwalk on the elevated structure at this location after lifting the switch point off of the Rail Maintenance Machine that they used to bring the rails to the site. The Roadway Worker In Charge stated that in an effort to complete work more quickly, they decided to attempt to switch the lifting strap used to place the switch point partially on the catwalk for rail dogs/tongs (lifting clamps) while the rail was partially on the catwalk. When one of the workers removed the hook from the strap to put it on the rail dog, the rail slid off the catwalk onto their left leg. The crew used the crane to move the switch point off of the injured worker. The Roadway Worker In Charge reported the emergency over the radio as required at 4:38 a.m.

The Radio Rail Traffic Controller conferred with the Control Center's Assistant Operations Manager, who directed that the crew move the injured employee on a Roadway Maintenance Machine to the Stadium-Armory Station platform to get the quickest medical care. The work crew arrived at the station platform at 4:54 a.m. The Radio Rail Traffic Controller instructed the Roadway Worker In Charge to open the station so that D.C. Fire and EMS responders would be able to reach the injured employee.

However, the Metrorail Safety Department's Mission Assurance Coordinator incorrectly told D.C. Fire and EMS and the Metro Transit Police Department (MTPD) that the injured employee was outside of the station.

After D.C. Fire and EMS arrived at the station, the Metrorail crew reported that the first responders could not take the injured employee to the hospital due to the elevators being turned off overnight.

At 5:45 a.m., the crew was able to get the injured worker to the street level outside the station via the escalator, and the employee was taken to the hospital.

Metrorail reported this serious injury to the Occupational Safety and Health Administration (OSHA), as well as to the WMSC and Federal Transit Administration (FTA).

**Probable Cause:**

The probable cause of this event was the effort to conduct work more quickly, without following rail lifting and securement safety practices.



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**Corrective Actions:**

Metrorail developed and distributed a lessons learned document for Track and Structures personnel highlighting the importance of being vigilant when heavy machinery, equipment, and tools are unsecured in a work zone.



Washington Metropolitan Area Transit Authority  
Department of Safety (SAFE)  
Office of Safety Investigations (OSI)

**FINAL REPORT OF INVESTIGATION A&I E23703**

<b>Date of Event:</b>	October 7, 2023
<b>Type of Event:</b>	A-2 - Serious Injury
<b>Incident Time:</b>	04:38 hours
<b>Location:</b>	D&G Junction – Chain Marker D2 271+00
<b>Time and How received by SAFE:</b>	04:41 hours - Mission Assurance Coordinator (MAC)
<b>WMSC Notification Time:</b>	05:45 hours
<b>Responding Safety Officers:</b>	None
<b>Rail Vehicle:</b>	Prime Mover (PM-47)
<b>Injuries:</b>	Left leg fracture
<b>Damage:</b>	None
<b>Emergency Responders:</b>	District of Columbia Fire and Emergency Medical Services (DCFEMS) Metro Transit Police Department (MTPD)
<b>SMS I/A Number</b>	20231007#111965MX

# D & G Junction – Serious Injury

October 07, 2023

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## Abbreviations and Acronyms

<b>AIMS</b>	Advanced Information Management System
<b>AOM</b>	Assistant Operations Manager
<b>ARS</b>	Audio Recording System
<b>CCTV</b>	Closed-Circuit Television
<b>DCFEMS</b>	District of Columbia Fire and Emergency Medical Services
<b>ELES</b>	Office of Elevators and Escalators Services
<b>MAC</b>	Mission Assurance Coordinator
<b>MICC</b>	Metro Integrated Communications Center
<b>MOR</b>	Metrorail Operating Rulebook
<b>MTPD</b>	Metro Transit Police Department
<b>NOAA</b>	National Oceanic and Atmospheric Administration
<b>OSI</b>	Office of Safety Investigations
<b>PM</b>	Prime Mover
<b>RTC</b>	Rail Traffic Controller
<b>RTRA</b>	Office of Rail Transportation
<b>RWIC</b>	Roadway Worker in Charge
<b>SAFE</b>	Department of Safety
<b>SMS</b>	Safety Measurement System
<b>TRST</b>	Office of Track and Structures
<b>WMATA</b>	Washington Metropolitan Area Transit Authority
<b>WMSC</b>	Washington Metrorail Safety Commission

**Washington Metropolitan Area Transit Authority  
Department of Safety – Office of Safety Investigations**

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**Executive Summary**

*\*Note that all times listed are approximate and may contain minor variations due to differences between systems of record. \**

On Saturday, October 7, 2023, at 04:38 hours, an Office of Track and Structures (TRST) Roadway Worker in Charge (RWIC) contacted the Metro Integrated Command and Communications Center (MICC) with an emergency transmission. The TRST RWIC reported that while working in the work zone at the D&G Junction an employee suffered a broken left leg. The injury occurred because of a rail switch that fell from the catwalk, striking the employee's leg.

The Button Rail Traffic Controller (RTC) instructed the RWIC to utilize the work crew to carry and transport the injured employee via Prime Mover (PM) 47 to Stadium-Armory Station for medical attention.

The Metro Transit Police Department (MTPD) dispatcher was notified by the Radio RTC of the event and dispatched units to Stadium Armory Station. MTPD and District of Columbia Fire and Emergency Medical Services (DCFEMS) were notified and dispatched by the Assistant Operations Manager.

Emergency responders were able to locate the injured employee on the street level of Stadium Armory Station. The employee was transported to The George Washington University Hospital with injuries to their left leg.

There was no damage resulting from this event.

The probable cause of the Serious Injury event on October 7, 2023, at D&G Junction was the unsecured position of the switch point rail on the catwalk, resulting in injury to the employee's left leg. The lack of proper securing measures by a crew member during the process of changing straps to move the rail contributed to the incident.

**Incident Site**

D&G Junction Track#2 Chain marker D2 - 271+00

## Field Sketch/Schematics



The above depiction is not to scale.

## Purpose and Scope

The purpose of this accident investigation and candid self-evaluation is to collect and analyze available facts, determine the probable cause(s) of the incident, identify contributing factors, and make recommendations to prevent a recurrence.

## Investigative Methods

The investigative methodologies included the following:

- Site assessment, video, and documents review.
- Informal Interviews – Collected through conversations with individuals during the investigation to provide background and supporting information. Written statements were reviewed from personnel present during the event.
  - Track Repairer AA
  - Equipment Operator
  - RWIC
- Documentation Review – A collection of relevant work history information and process documentation contained in Metro systems of record. These records include:
  - Metrorail Operating Rulebook (MOR)
  - National Oceanic and Atmospheric Administration (NOAA)
  - Roadway Work in-Charge (RWIC)
  - Metro Transit Police Department Incident Report
- System Data Recording Review – A collection of information contained in Metro Data Recording Systems. This data includes:
  - Audio Recording System (ARS) playback, including OPS 2, MTPD 1x
  - Closed-circuit Television (CCTV)
  - Open MHZ

## Investigation

On Saturday, October 7, 2023, a TRST work crew was conducting emergency interlocking maintenance, changing the switch point, on track 2 at the D&G Junction. At 04:38 hours, a TRST RWIC radioed the MICC with an emergency transmission and reported that an employee,

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Approved By: SAFE [ID] [DATE]

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Laborer, broke their leg at the D&G Junction. After the TRST crew installed the stock rail, they put the switch point on the catwalk because of the third rail cables that were on the ground. The RWIC made the decision, in the interest of time, to switch out the strap for the rail dogs while the rail was on the catwalk. When the injured employee removed the hook from the strap to put it on the rail dog, the rail slid off the catwalk onto their left lower leg.

The Audio Recording System (ARS) revealed that at 04:38 hours, a TRST RWIC broadcasted an emergency transmission to the MICC regarding an injured employee with a broken leg at D98-D2 CM 271+00.

At 04:39 hours, the Radio RTC notified the Assistant Operations Manager (AOM) of the injured employee at the D&G Junction. The AOM instructed the Button RTC to advise the RWIC to move the injured employee to Stadium-Armory Station via PM-47 for medical treatment. The Button RTC then instructed the RWIC to utilize the work crew and to transport the injured employee via PM-47 to Stadium-Armory Station for medical attention.

At 04:54 hours, the RWIC advised that the work crew and injured employee arrived at Stadium-Armory Station. At 05:08 hours, DCFEMS arrived at Stadium-Armory Station to assist the injured employee.

At 05:14 hours, the TRST RWIC contacted the Button RTC to advise that DCFEMS were on the scene but could not get to the injured employee because the elevators were off, and they could not use the stretcher on the escalator. The Button RTC advised the TRST RWIC that they dispatched the Office of Elevator and Escalator Service (ELES) personnel, but their arrival may take some time.

At 05:25 hours, the MAC contacted the MTPD Dispatch to request an additional MTPD Officer to go to the station entrance to assist additional emergency responders entering the station as well as inquire if an MTPD Officer was able to turn on an elevator so the injured employee could be transported out of the station.

At 05:45 hours, the DCFEMS emergency responders were able to locate and treat the injured employee on the street level of Stadium-Armory Station. They transported them to George Washington University Hospital with injuries to their left leg.

The Director of the Office of Safety Investigations (OSI) notified the Occupational Safety and Health Administration (OSHA) on October 10, 2023, at 11:21 hours of the severe injury that occurred on October 7, 2023.

### Chronological Event Timeline

A review of ARS playback, i.e., phone and radio communications, revealed the following timeline:

Time	Description
04:38:59 hours	<u>TRST RWIC</u> : Broadcasted an emergency transmission to the MICC regarding an injured employee with a broken leg at D2 CM 271+00. <u>Radio RTC</u> : Acknowledged and repeated. [Radio Ops2]
04:39:37 hours	<u>Radio RTC</u> : Notified the AOM of the incident. AOM advised the Radio RTC to inform the Track Unit to move the injured employee to Stadium-Armory Station via PM-47. [Phone Ops2]
04:41:27 hours	<u>Radio RTC</u> : Advised the RWIC to move the injured employee to Stadium-Armory for medical assistance via the PM. <u>TRST RWIC</u> : Acknowledged and Repeated. [Radio Ops2]

Time	Description
04:44:12 hours	<u>Radio RTC</u> : Notified the MTPD Dispatcher of the injured employee and requested medical assistance to D&G Junction. [Phone Ops 2]
04:46:00 hours	<u>MTPD Dispatcher</u> : Assigned an MTPD Unit to investigate the incident. [MTPD1x]
04:46:31 hours	<u>DCFEMS Dispatcher</u> : Dispatched EMS to Stadium-Armory Station for the injured employee. [Open MHZ]
04:47:39 hours	Radio RTC updated the AOM on the incident and the cause of the injury. [Phone Ops2]
04:54:53 hours	<u>TRST RWIC</u> : Advised they arrived at Stadium-Armory Station Platform. <u>Radio RTC</u> : Advised the RWIC to open the station and prepare for EMS to arrive. <u>TRST RWIC</u> : Acknowledged and Repeated. RWIC noted that the injured employee broke their leg while moving ballast, and the rail rolled their leg. <u>Radio RTC</u> : Acknowledged and Repeated. Notified the RWIC had been notified. [Radio Ops2]
04:48:21 hours	<u>MAC</u> : Communicated with the responding EMS to guide them to Stadium Armory for the injured employee. [Open Mhz]
05:02:12 hours	<u>MAC</u> : Advised that the injured employee is located on the top side of Stadium-Armory Station. [Open Mhz]
05:07:00 hours	<u>MAC</u> : Notified the MTPD Dispatcher of the current location of the injured employee. [MTPD1x]
05:08:39 hours	<u>MAC</u> : Notified the MTPD Dispatcher of the updated location of the injured employee. [MTPD1x]
05:14:56 hours	<u>TRST RWIC</u> : Requested that the elevators be turned on to assist in removing the injured employee. Advised that DCEFMS could not remove the injured employee without using the elevator system. [Radio Ops2]
05:15:56 hours	DCFEMS requested the Fire Department to respond to the location to assist. [Open Mhz]
05:17:14 hours	<u>MTPD Unit</u> : Advised on the scene, the employee has not been removed or transported. [MTPD1x]
05:18:42 hours	<u>MAC</u> : Requested a landline from the on-scene EMS personnel. [Open Mhz]
05:25:29 hours	<u>MAC</u> : Requested from the MTPD Dispatcher for an additional unit to assist and turn on the elevators to remove the injured employee. [MTPD1x]
05:26:29 hours	<u>MAC</u> : Advised the on-scene EMS personnel that MTPD is responding. [Open Mhz]
05:32:43 hours	<u>Radio RTC</u> : Requested an update from the RWIC on the completion of work and what tags could be returned for revenue service. <u>TRST RWIC</u> : Confirmed tracks one and three are operational. [Phone Ops 2]
05:35:30 hours	<u>Radio RTC</u> : Updated AOM on the status of work tags completion. [Phone Ops2]
05:45:38 hours	<u>MTPD Unit</u> : Advised the employee was transported to George Washington University Hospital by DCFEMS. [MTPD1x]
11:21 hours 10/10/23	The incident was reported to OSHA on October 10, 2023.

**\*\*Note:** Times above may vary from other systems' timelines based on clock settings and reporting sources.

## Track and Structures

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According to TRST personnel, after they installed the stock rail, they put the switch point on the catwalk because of the third rail cables that were on the ground. The RWIC made the decision, in the interest of time, to switch out the strap for the rail dogs while the rail was on the catwalk. When the injured employee removed the hook from the strap to put it on the rail dog, the rail slid off the catwalk onto their left lower leg. Personnel yelled for the operator to wrench up, which caused the switch point to roll over in the strap onto the injured employee's leg.

### **Interview and Written Statement Findings**

*As part of the investigation launched into the event, SAFE reviewed written statements from witnesses. The review identified the following key findings associated with this event. Findings detailed below include reported information from involved personnel and may conflict with other data sources contained in the report.*

#### RWIC Written Statement

- The team installed the curve stock rail at D98 and was in the process of installing switch 7.
- The operator picked up the switch point with the crane from PM-47 and sat it back on the catwalk to change out the lifting strap for the rail tongs (commonly referred to as Rail Dogs).
- After the rail was placed back on the catwalk to place the rail tongs (Rail Dogs) in position, the rail slid off the catwalk onto the employees left leg.
- Once the rail contacted their left leg, they heard the bone snap.
- We instructed the operator to winch the rail up, causing the switch point to continue to turn over further onto the employee's left leg.
- The rail was lifted off the employee's leg, and they called on the radio "Emergency, Emergency, Emergency" to the MICC to notify them of the situation.
- The MICC instructed the work crew to carry the injured employee to the Prime Mover and transport the employee to Stadium-Armory Station for medical treatment.
- EMS arrived and transported the employee to George Washington University Hospital.

#### Track Repairer AA Written Statement

- We observed the rail switch point fall off the wall onto the employee's leg, knocking them to the ground.
- We instructed the crane operator to lift the rail switch point off the employee leg to assist with their injury.

### **Weather**

On October 7, 2023, at the time of the incident, NOAA recorded the temperature as 50°F, with clear skies. Weather was not a contributing factor in this incident (Weather source: NOAA) – Location: Washington, D.C.

### **Related Rules and Procedures**

- SOP #4 – Emergency, 4.5.2. Reporting Emergencies Procedures

### **Metro Rail Operating Rulebook**

#### **1.2 Incident Reporting**

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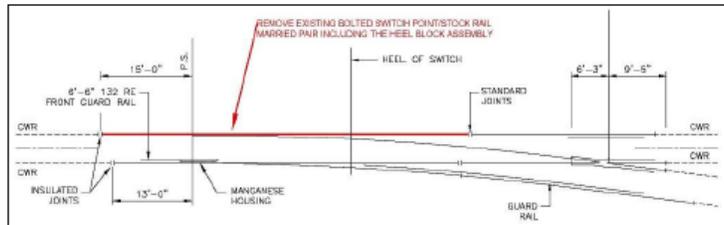
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- 1.2.1 Employees involved in, witnessing, or informed of an accident or incident, to include near misses, on the Metrorail system shall inform their supervisor, Metro Transit Police Department, Rail Operations Control Center and/or other appropriate authority as soon as possible, and shall file a written report.

## Switch Point and Stock Rail Installation

- 12.3.21 For the straight side of a guarded turnout, using a speed swing with rail tongs, lift and remove from the existing gauge and switch plates the existing bolted switch point and stock rail married pair including the heel block assembly as a complete unit between the insulated joint at the approach to the POS and the standard joint connecting the stock rail to the closure rail and then place along the shoulder of the right-of-way.



**FIGURE 16: REMOVE SWITCH POINT/STOCK RAIL MARRIED PAIR ON STRAIGHT SIDE**

- 12.3.22 For unguarded turnouts (No.10 & No.15) with floating heel blocks, TRST will remove the 1" dia. Track bolts and joint bars connecting the switch point to the existing closure rail using a Geismar impact wrench.
- 12.3.23 Using a speed swing with rail tongs, lift and remove from the existing gauge and switch plates the existing bolted switch point and stock rail married pair as a single component between the insulated joint at the approach to the POS and the standard joint connecting both the stock rail and switch point to the closure rails and then place along the shoulder of the right-of-way.
- 12.3.24 Clean the existing switch and gauge plate seats using a broom prior to installing the new stock rail and switch point married pair to ensure the seats are clean of any ballast or debris. Also use a broom to sweep the base of the switch point and stock rail clean of all foreign matter and make sure there is no ballast on the tie plates.

Figure 1: These rules come from the work instruction for switch point and stock rail installation.

## Human Factors

### Fatigue

OSI was unable to confirm if there were any fatigue factors present due to the employee's injury causing them to be absent from work.

### *Signs and Symptoms of Fatigue*

The biomathematical fatigue modeling application (SAFTE-FAST Web SFC) was not applied for this event.

### *Fatigue Risk*

The biomathematical fatigue modeling application (SAFTE-FAST Web SFC) was not applied for this event.

### Post-Incident Toxicology Testing

Post-Incident Toxicology testing was not conducted for this event.

## Findings

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- The Prime Mover employed its crane to position the rail for manual handling by personnel using straps during the incident.
- The RWIC directed employees to replace the straps with rail tongs while the new switch point was positioned on the catwalk.
- The switch point dislodged from the catwalk, resulting in injury to the employee's left leg.
- The injured employee was involved in removing hooks from the straps intended for rail tongs, and was assisted onto PM- 47 after the incident.
- Emergency responders arrived to transport the employee from Stadium-Armory Station, station elevators were secured in a non-operational state due to station closure.
- Emergency responders facilitated the removal of the injured employee from the station premises utilizing the escalator.

**Immediate Mitigation to Prevent Recurrence**

- The injured employee was transported to Stadium-Armory Station.
- Notification and dispatch of MTPD were executed in response to the incident.
- Dispatch of DCFEMS to Stadium-Armory Station were executed in response to the incident.
- The injured employee was transported to the hospital for necessary medical attention.

**Probable Cause Statement**

The probable cause of the Serious Injury event on October 7, 2023, at D&G Junction was the unsecured position of the switch point rail on the catwalk, resulting in injury to the employee's left leg. The lack of proper securing measures by a crew member during the process of changing straps to move the rail contributed to the incident.

**Recommended Corrective Actions**

Corrective Action Code	Description	Responsible Party	Estimated Completion Date
111965_SAFE CAPS_TRST_0 01	Develop a lessons learned on the importance of being vigilant when heavy machinery, equipment, and or tools are unsecured in a work zone.	TRST SRC	03/31/2024

## Appendices

### **Appendix A – RWIC Incident Statements**

*The below narratives summarize the incident and represent the statements made by the involved individual. As such, times and details may present a conflict with the data contained in systems of record.*

#### RWIC Written Statement

“The team installed the curve stock rail at the D98 7 switch and were in the process of installing the switch. The crane operator picked the switch point utilizing the crane from PM 47 and placed the switch point on the catwalk to change the lifting straps to rail tongs (Rail Dogs). After the rail switch was placed back on the catwalk to place the rail tongs (Rail Dogs), the rail slid off the catwalk onto the (redacted) leg. Once the rail contacted (redacted)’s left leg, I heard the bone snap. We instructed the operator to winch the rail up, causing the switch point to continue to turn over onto (redacted) left leg. When the rail switch was lifted off their leg, I called on the radio "Emergency, Emergency, Emergency" to the ROCC to notify them of the situation. The ROCC personnel instructed us (work crew) to carry (redacted) to the Prime mover unit and transport them to Stadium Armory Station for medical treatment. EMS arrived and transported (redacted) to George Washington University Hospital.”



### Witness or Employee Statement Form

TO BE COMPLETED AND

Washington Metropolitan Area Transit Authority

DISTRIBUTED WITHIN 24 HOURS

Incident Report or Witness (Use this Block for Non-WMATA Involved Person or Witness)

KEITH BULLOCK JR

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**Incident Information**

Date	Incident Time	Date/Time Reported	Location
10/07/2023	5:03 am	10/7/2023 11:02 am	D&G Trk 2

Incident ID# (from OCC) - Completed by Supervisor  
**20231007#111965MX**

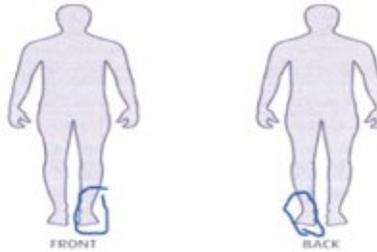
SMS Incidents/Accidents Report#  
Completed by Supervisor

What happened prior to the incident/accident?  
Just installed the curve stock rail at D98 7 switch and was in the process of installing the switch, pcked the switch point up with crane from PM 47 and sat it back to change the lifting strap out for the rail tongs(Rail Dogs).

Describe the incident/accident  
After the rail was placed back on the [redacted] the rail tongs(Rail Dogs) in position to pick up the switch point, the rail slid from off the catwalk onto [redacted] leg. Once the rail made contact with [redacted] left leg i heard the bone snap, we told the operator to winch the rail up and the switch point turned over even more onto Standard's left leg. The rail was lifted off of his leg, called on the radio "Emergency, Emergency, Emergency" to ROCC to let them know the situation at hand.

What happened after the incident/accident?  
Talked to ROCC, personnel carried [redacted] the PM 47, placed him by the remote station of the unit. Move the unit through the work location to Stadium Armory [redacted] Trk 2. Waited for EMTs to arrive, they showed up wrapped his foot and leg with gauze and took him to the ambulance by way of the escalators. Transported M. [redacted] to George Washington University Hospital.

Please indicate the area of the injury by placing an X on the corresponding body parts below. To specify which side of the body is involved, please use "L" for left and "R" for right.



Turn Over to Complete Employee and Injury Information



Figure 2: RWIC'S Written Statement Pg. 1



Witness or Employee Statement Form

TO BE COMPLETED AND

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**Complete all Fields (Write N/A if field does not apply)**

**Involved Personnel (Use this Block for WMATA Employees and Contractors)**

Name (Last Name, First Name, MI) B [redacted]	Witness? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]	[redacted]
Last Day Worked (Month/Day) Thursday	Hours Worked (include 24 hours) 14	Date/Time Shift Began 10/6/23 / 21:00	Was this the sleep schedule for the last seven days, including days off? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
On Overtime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Personal Protective Equipment used (list) Hard Hat / Safety Glasses / Composite Boots		How alert were you immediately prior to the incident? Fully Alert <input checked="" type="checkbox"/> Moderately Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Fighting Sleep <input type="checkbox"/>

**Secondary Employment (Write None if employee does not have secondary employment)**

Name of Secondary Employer	<input type="checkbox"/> Full Time	Work Hours
	<input type="checkbox"/> Part Time	
Secondary Employer Full Address		
Date of Hire	Supervisor	Phone Number

**Injury Information (Complete for all involved People. If there is no injury, write None in Date of Injury)**

Date of Injury	Time of Injury	Date/Time Injury Reported	Body Part(s) Injured:
Location (Address) where injury occurred (check one: <input type="checkbox"/> MD <input type="checkbox"/> VA <input checked="" type="checkbox"/> DC)			
Witness Information (Name, Phone Number, Email, address)			
Did Another Person Cause this Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Responsible Party	
Responsible Party Insurance Carrier/Agent		Phone Number	
Are you able to Continue Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name/Address of facility where you will seek treatment	
Doctor's Phone Number		Date you will see your doctor	

Employee, please read before signing:

- (1) This form is only to be used for Employees who are injured on the job.
- (2) All persons having a workers' compensation claim that was caused by the act of another is required to have the written approval of the Authority before agreeing to or signing any settlement for the injuries or lost wages that were paid as part of the whole by the Authority or its insurer to the employee as workers' compensation benefits.
- (3) Any Employee who willfully makes any materially false or misleading statements or representations for the purpose of obtaining any benefits under workers' compensation or leave provisions of the Authority may be subject to prosecution, disciplinary action up to and including dismissal and may adversely affect the employee's rights to workers' compensation benefits.

THIS IS TO CERTIFY THAT I HAVE READ THE ABOVE GUIDELINES AND UNDERSTAND THEM FULLY AND THE INFORMATION I HAVE PROVIDED IS TRUE

[redacted signature] Date: 10/7/23

Original: RISK Copy: (1) SMS Incidents/Accidents (SAFE) (2) Employee File (3) Employee

Figure 3: RWIC's Written Statement Pg. 2

## Appendix B – Crew Members Written Statements

### Track Repairer AA Written Statement

“We observed the rail switch point fall off the wall onto the (redacted) leg, knocking them to the ground. We instructed the crane operator to lift the rail switch point off their leg to assist (redacted) with his injury.”

**M** **Witness or Employee Statement Form** TO BE COMPLETED AND  
Washington Metropolitan Area Transit Authority DISTRIBUTED WITHIN 24 HOURS

Complete all Fields (Write N/A if field does not apply)

Employee Name (Redacted)		Witness? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Union 689
Department/Division (Redacted)		Time asleep, before the incident? Fall Asleep: 8A Wake up: 2P	
Last Day Worked (Prior to) 10/6/23	Hours Worked (in last 24 hours) 8	Date/Time Shift Began 10/7/23 9:00P	Was this the sleep schedule for the last seven days, including days off? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
On Overtime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Personal Protective Equipment used (list) Helmet and safety glasses		How alert were you immediately prior to the incident? Fully Alert <input checked="" type="checkbox"/> Moderately Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Fighting Sleep <input type="checkbox"/>
Secondary Employment (Write None if employee does not have secondary employment)			
Name of Secondary Employer		<input type="checkbox"/> Full Time	Work Hours
Secondary Employer Full Address		<input type="checkbox"/> Part Time	
Date of Hire	Supervisor	Phone Number	
Injury Information (Complete for all involved People. If there is no injury, write None in Date of Injury)			
Date of injury	Time of injury	Date/Time Injury Reported	Body Part(s) Injured:
Location (Address) where injury occurred (check one: <input type="checkbox"/> MD <input type="checkbox"/> VA <input type="checkbox"/> DC)			
Witness information (Name, Phone Number, Email, address)			
Did Another Person Cause this Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Responsible Party	
Responsible Party Insurance Carrier/Agent		Phone Number	
Are you able to Continue Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name/Address of facility where you will seek treatment	
Doctor's Phone Number		Date you will see your doctor	

Employee, please read before signing:

- (1) This form is only to be used for Employees who are injured on the job.
- (2) All persons having a workers' compensation claim that was caused by the act of another is required to have the written approval of the Authority before agreeing to or signing any settlement for the injuries or lost wages that were paid as part of the whole by the Authority or its insurer to the employee as workers' compensation benefits.
- (3) Any Employee who willfully makes any materially false or misleading statements or representations for the purpose of obtaining any benefits under workers' compensation or leave provisions of the Authority may be subject to prosecution, disciplinary action up to and including dismissal and may adversely affect the employee's rights to workers' compensation benefits.

THIS IS TO CERTIFY THAT I HAVE READ THE ABOVE GUIDELINES AND UNDERSTAND THEM FULLY AND THE INFORMATION I HAVE PROVIDED IS TRUE AND

Employee Signature: \_\_\_\_\_ Date: 10/7/23

Original: RISK Copy: (1) SMS Incidents/Accidents (SAFE) (2) Employee File (3) Employee

Figure 4: Employees Written Statement Pg. 1



# Witness or Employee Statement Form

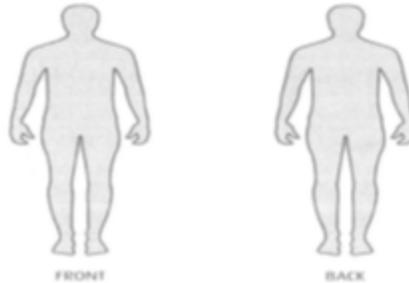
TO BE COMPLETED AND

Washington Metropolitan Area Transit Authority

DISTRIBUTED WITHIN 24 HOURS

Involved Person or Witness (Use this Block for Non-WMATA Involved Person or Witness)			
Name:	[REDACTED]	Phone Number	E-Mail
Address			
Incident Information			
Date	Incident Time	Date/Time Reported	Location
10/07/23	4:30		DIG
Incident ID# (from OCC) - Completed by Supervisor		SMS Incidents/Accidents Report# Completed by Supervisor	
What happened prior to the incident/accident?			
We were installing stock rail and switch			
Describe the incident/accident			
I was working at the other end of the work area and did not see what happened			
What happened after the incident/accident?			
[REDACTED] was loaded onto the vint and left			

Please indicate the area of the injury by placing an X on the corresponding body parts below. To specify which side of the body is involved, please use "L" for left and "R" for right.



Turn Over to Complete Employee and Injury Information



Figure 5: Employees Written Statement Pg. 2



Witness or Employee Statement Form

TO BE COMPLETED AND

Washington Metropolitan Area Transit Authority

DISTRIBUTED WITHIN 24 HOURS

Complete all Fields (Write N/A if field does not apply)

Involved Personnel (Use this Block for WMATA Employees and Contractors)

Name (Last, First, Middle Initial)	Witness? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Employee ID	Union
[Redacted]	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	[Redacted]	<input checked="" type="checkbox"/>
Department/Division/Company	Incident?	Fall Asleep: 3 AM Wake up: 5 PM	
5517483 TR AA Greenbelt		Was this the sleep schedule for the last seven days, including days off? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Last Day Worked (Prior to)	Hours Worked (in last 24 hours)	Date/Time Shift Began	How alert were you immediately prior to the incident? Fully Alert <input checked="" type="checkbox"/> Moderately Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Fighting Sleep <input type="checkbox"/>
10/6/23	3	10/6/23 9 PM	
On Overtime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Personal Protective Equipment used (list)		
	ALL		

Secondary Employment (Write None if employee does not have secondary employment)

Name of Secondary Employer: N/A  Full Time  Part Time Work Hours: \_\_\_\_\_

Secondary Employer Full Address: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Injury Information (Complete for all involved People. If there is no injury, write None in Date of Injury)

Date of Injury	Time of Injury	Date/Time Injury Reported	Body Part(s) Injured:
Location (Address) where injury occurred (check one: <input type="checkbox"/> MD <input type="checkbox"/> VA <input type="checkbox"/> DC)			
N/A			
Witness Information (Name, Phone Number, Email, address)			
Did Another Person Cause this Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Responsible Party	
Responsible Party Insurance Carrier/Agent		Phone Number	
Are you able to Continue Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name/Address of facility where you will seek treatment	
Doctor's Phone Number		Date you will see your doctor	

Employee, please read before signing:

- (1) This form is only to be used for Employees who are injured on the job.
- (2) All persons having a workers' compensation claim that was caused by the act of another is required to have the written approval of the Authority before agreeing to or signing any settlement for the injuries or lost wages that were paid as part of the whole by the Authority or its insurer to the employee as workers' compensation benefits.
- (3) Any Employee who willfully makes any materially false or misleading statements or representations for the purpose of obtaining any benefits under workers' compensation or leave provisions of the Authority may be subject to prosecution, disciplinary action up to and including dismissal and may adversely affect the employee's rights to workers' compensation benefits.

THIS IS TO CERTIFY THAT I HAVE READ THE ABOVE GUIDELINES AND UNDERSTAND THEM FULLY AND THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT

Employee Signature: [Signature] Date: 10/9/23

Original: RISK

Copy: (1)

[Redacted] Employee File

(3) Employee

Figure 6: Employee#3 Written Statement Pg. 1



### Witness or Employee Statement Form

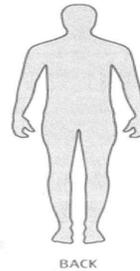
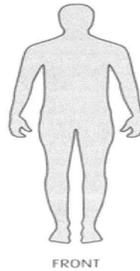
TO BE COMPLETED AND

Washington Metropolitan Area Transit Authority

DISTRIBUTED WITHIN 24 HOURS

Involved Person or Witness (Use this Block for Non-WMATA Involved Person or Witness)			
Name	Phone Number	E-Mail	
Address			
Incident Information			
Date	Incident Time	Date/Time Reported	Location
Incident ID# (from OCC) – Completed by Supervisor		SMS Incidents/Accidents Report# Completed by Supervisor	
What happened prior to the incident/accident? <i>EVERYONE WAS WORKING, I WAS ON THE FLAT, DID NOT SEE WHAT HAPPENED.</i>			
Describe the incident/accident			
What happened after the incident/accident? <i>I CAME OFF FLAT, [REDACTED] WAS SITTING ON THE GROUND HOLDING HIS LEG. SOMEONE PICKED HIM UP. [REDACTED] TOLD ME TO "HOLD HIS HEEL". WE PLACED [REDACTED] ON A JAIT, I PUT MY HAT UNDER HIS CALF FOR SUPPORT.</i>			

Please indicate the area of the injury by placing an X on the corresponding body parts below. To specify which side of the body is involved, please use "L" for left and "R" for right.



Turn Over to Complete Employee and Injury Information



Figure 7: Employee#3 Written Statement Pg. 2

Appendix C – MTPD Incident Report

Event Report			
Metro Transit Police Department		ORI-DCMTP0000	
Type of Report	MTPD CCN	Local Jurisdiction	Local CCN
Closed	2023-12209-001	District of Columbia	

Event Location					
Street	Station Acronym	City, State	County	MTP District	Local District
102 19th St SE (stadium Side)	STAD - STADIUM-ARMORY	WASHINGTON, DC 20003	D01-District 01	District 3	D01-District 01
Date and Time of Event			Date and Time Reported		
From	To	10/7/2023 4:45:41 AM			
10/7/2023 4:45:31 AM					
Category					
Rail Station, Line or Right-of-Way	On Bus	Property	Other		
STAD - STADIUM-ARMORY		Rail Station	MSAS		
Orange					
Specific Location (Foot Bridge, Kiosk, Platform, Tracks, Etc.)			For Burglary or B&E Only		
Rail/Tracks/In Tunnel			If Hotel Rule Applies, #Premises or Facilities Entered:		
Location Description					
Rail Station					

Event Information		
If Incident Use This Block	Offense #	INJURED/SICK PERSON TO THE HOSPITAL
Incident Classification	Offense Classification	
Incident Description	Description	INJURED/SICK PERSON TO THE HOSPITAL
	Weapon/Force Type of Activity	/
Entry Type:	Number Premises Entered:	
Hate Crime Motivation: Unknown (offender's motivation not known) (mutually exclusive)		
Bias Motivation: Unknown (offender's motivation not known) (mutually exclusive)		
Offender Suspected of Using:	Modus Operandi (MO):	
Case Status Information		
Case Status (Completed by the Official who signs this report):	If Case Cleared Exceptionally,	Clearance Date
Reporting Officer (Print)	Badge #	Second Officer (Print) Badge #
Supervisor's Name (Electronically Approved)		Teletype # Investigator Notified IC#

MTPD CCN:  
ORI-DCMTP0000

Event Report Page 1 of 4

Figure 8: MTPD Incident Report Pg. 1

Incident Date: 10/07/2023 Time: 04:38 hours  
Final Report – Serious Injury Rev. 1  
E23703

Drafted By: SAFE [ID] [DATE]  
Reviewed By: SAFE [ID] [DATE]  
Approved By: SAFE [ID] [DATE]

Victim Information				
Other Person Information				
Last Name, First MI [REDACTED]			Entity Type Injured	DOB
Address Type	Address (Street) City, State Zip			
Type Phone M - Mobile	Phone Number [REDACTED]			
Work/School Address -- Adtl. Contact Info 300 7th St SW				
Age	Sex Male	Race Black or African American	Ethnicity Not of Hispanic Origin	DL State/Number

MTPD CCN:  
ORI-DCMTP0000

Event Report Page 2 of 4

Figure 9: MTPD Incident Report Pg. 2

<p>Has a DVR been requested?  <i>Narrative Information</i></p> <p>An employee was injured at STAD. DC Medic 49 was already on scene and transported him George Washington.</p>	
<p>If second CCN is available, insert here:</p>	<p>Additional Narrative on Supplemental Report</p>

MTPD CCN:  
 ORI-DCMTP0000

Event Report Page 3 of 4

Figure 10: MTPD Incident Report Pg. 3

Additional Narrative
<p><b>BWC Activated</b></p> <p>On October 7, 2023 at approximately 0445 hours, I, [REDACTED] responded to a radio run at the Stadium-Armory Metro Station (102 19th St SE) for a report of an injured person. Upon my arrival, I made contact with the injured [REDACTED] and other employees, [REDACTED] down in pain. The employees advised that while they were working at chain marker 271+30 doing rail maintenance, a rail fell off the catwalk and onto his left leg. DC Medic 49 was already on scene. The employee was transferred to George Washington Hospital.</p>

Figure 11: MTPD Incident Report Pg. 4

# Appendix D – TRST Safety Briefing

**WMATA Roadway Job Safety Briefing Form**

This form must be completed legibly and accurately and be retained and made available for inspection for a period of 90 days.

**Part 1: General Job Briefing**

1	Date: 10/6/23	Time: 2:45	RWIC: [REDACTED]
	RWIC Call #: [REDACTED]		
2	Safety Contact: NSRPH Safety Rule # 4.6		
	RWP Rule: RWP Rule: Track Zone Speed Restriction 3.10		
3	Work Location: D98 Trk # 2		
	Job Task(s): Switch Point + Stock Rail Removal		
4	Worksite, Electrical, Chemical, or Environmental Hazards: Switch Grease, Hand Tools / Rail		
5	PPE Inspected: <input checked="" type="checkbox"/> Electronic Device Policy Reviewed: <input checked="" type="checkbox"/> Radio Certification Date Inspected: <input checked="" type="checkbox"/> RWP Stickers Inspected: <input checked="" type="checkbox"/> Tools and Equipment Inspected: <input checked="" type="checkbox"/> Radio Checks Performed: <input checked="" type="checkbox"/>		
	What Specialized PPE Will Be Used? Safety Glasses / Respirators		
6	Emergency Response Plan: To the Platform at D-08 or 282+70 Refuge		

**Part 2: RWP Briefing:** This section must be filled out before any Roadway Workers enter the Roadway.

\*\*Track Time On/Off: : / : / : / : / : \*\*

7	Rail Line: D	Track Number(s): 1, 2, 3	Track Access Guide (TAG) Speed: 65
	Working Limits Chain Markers: 285+00 - 315+00 / 272+79 - 279+66		
	OPS Radio Channel: 2		OPS Phone Number: 202-962-1592
	Place of Safety: Catwalk / Refuge Area / Platform		Time Needed to Reach Place of Safety: 15 sec
	Are There Red Hot Spots Within Your Working Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	Red Hot Spot Chain Markers: 205+00 - 211+00 219+00 - 222+00 237+00 - 244+00		Red Hot Spot Hazard(s): Platform Restrictive View Blind Spot Curve
8	Form of RWP: IT <input type="checkbox"/> ETO Authority <input checked="" type="checkbox"/> Local Signal Control <input type="checkbox"/> AMF <input type="checkbox"/> FT <input type="checkbox"/>		
	RWP Notes: [Handwritten notes]		
9	Advanced Mobile Flagger Call #(s) or Last Name(s): N/A		
	Advanced Mobile Flagger Placement:		
	Watchman/Lookout Placement:		
	Required Site Distance:	Watchman/Lookout Rotation Schedule:	
10	Will there be a Speed Restriction on the adjacent Track? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	How Will the Speed Restriction be Implemented? Track Signs ETO		
11	Will Class 2 Vehicles be Part of the Working Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
	# of Class 2 Vehicles: 1	Type of Class 2 Vehicles: PM 47	

Figure 12: Safety Briefing Pg. 1

**WMATA Roadway Job Safety Briefing Form**



This form must be completed legibly and accurately and be retained and made available for inspection for a period of 90 days.

**Part 2: RWP Briefing, continued:**

Power Outage: Red Tag <input type="checkbox"/> Supervisory <input checked="" type="checkbox"/>		Hot Sticking Chain Markers:	
Red/Supervisory Tag #: 2023 280726-5/729		D1 212+00	D2 272+00
Red/Supervisory Tag Holder: 651		218+00	255+00
Insulated Mat(s) Color		120 D3 275+00	
Blue <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Yellow <input checked="" type="checkbox"/>		235+00	
WSAD Certification Due		290+00	
WSAD Serial #/Asset ID		260+00	
8/17/24		T0000225	
7/12/24		T0002F67	
Will a Piggyback Crew(s) be Working Within Your Working Limits? Yes <input type="checkbox"/> No <input type="checkbox"/>			
13 Crew Leader/EIC Call #(s):		Piggyback Work Area Chain Markers:	
Piggyback Work Assignment(s):			

**Part 3: Good Faith Challenge:** The following must be read aloud by the RWIC to the Roadway Workers.

"WMATA guarantees each Roadway Worker the right to challenge, in good faith, the effectiveness of the Roadway Worker Protection being provided. The Roadway Worker making the challenge, and those that are sympathetic to the challenge, shall remain clear of the roadway until the challenge has been resolved."

RWP Issues:	Worker Name(s):
2023 280726-5/729	
	Was the GFC Issue Resolved? Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part 4: Roadway Worker Acknowledgement**

"I understand and agree with all aspects of the Roadway Job Safety Briefing I just received. I am adequately protected from any train movement or roadway hazard. I understand I have a responsibility to conduct myself in a safe manner at all times."

**ROADWAY WORKERS HAVE THE RIGHT AND RESPONSIBILITY TO INITIATE A GOOD FAITH CHALLENGE WHEN NECESSARY**

Roadway Worker Signature	Employee ID #	Roadway Worker Signature	Employee ID #	Crew Leader/EIC Signature	Crew Leader/EIC Employee ID #
[Redacted Signatures]					

**Part 5: RWIC Signature(s)**

Additional RWIC Comments:	
G-WIC Hospital in case of emergency	
RWIC Signature:	[Redacted Signature]
Relieving RWIC Name:	OTJ
Relieving RWIC Employee ID #:	
Relieving RWIC Signature:	
Date/Time:	/ /
Relieving RWIC Call #:	174 119
Relieving RWIC Cell Phone #:	

Figure 13: TRST Safety Briefing Pg. 2

# Appendix E – General Orders & Track Rights System (GOTRS)

## GOTRS - GENERAL ORDERS & TRACK RIGHTS SYSTEM

### Track Rights Request

#### Request Summary

<b>Request Number:</b>	202327701400	<b>Track Access:</b>	True
<b>Dates Requested:</b>	10/07/2023 01:00 to: 10/07/2023 06:30	<b>Clear In Ten:</b>	False
<b>Request Status:</b>	Closed	<b>Equipment on Track:</b>	1
<b>Requestor:</b>	██████████	<b>Allow Piggybacks:</b>	True
<b>Requestor Organization:</b>	TRST/TRACK	<b>In Piggyback:</b>	No
<b>Tag #:</b>	Closed (2023280726-5)	<b>Power Outage:</b>	Supervisory Supervisory Power Outage
<b>Lock Out / Tag Out:</b>		<b>Additional AC:</b>	
<b>Request Title:</b>	D98 Trk.2 Interlocking Maintenance (Emergency)		

#### Location, Work Type and Description

<b>Location:</b>	Mainline
<b>Non-Wayside Location Type:</b>	
<b>Request Type:</b>	Expedited
<b>Charge Job Number:</b>	
<b>Contract Number:</b>	
<b>Maximo Work Order:</b>	
<b>Request Group:</b>	No
<b>Location Description:</b>	D08-D98 Trk.2 Interlocking Maintenance (Emergency)
<b>Request Description:</b>	Personnel will remove defective Switch point and Stock Rail
<b>Work Type:</b>	Interlocking Work
<b>Meeting Location:</b>	D99 (New Carrollton Yard)
<b>PB Meeting Location:</b>	
<b>Tools and Equipment:</b>	Proper PPE and Hand tools
<b>Equipment on Track:</b>	Prime Mover with Flatcar

#### Track 2

<b>Actual Work Area:</b>	D210+00	D310+00
<b>Protected Work Area:</b>	D205+00	D315+00

#### Hot Stick Info. Third Rail Gaps:

From	To	Track ID
D188+06	D211+96	2
D212+52	D235+47	2
D236+03	D270+92	2
D271+48	D282+58	2
D271+48	D282+58	2
D283+26	D313+84	2

#### Date & Time

Figure 14: This is page 1 of the GOTRS sheet for the emergency track work.

# GOTRS - GENERAL ORDERS & TRACK RIGHTS SYSTEM

## Track Rights Request

### Request Summary

<b>Request Number:</b>	202327701400	<b>Track Access:</b>	True
<b>Dates Requested:</b>	10/07/2023 01:00 to: 10/07/2023 06:30	<b>Clear In Ten:</b>	False
<b>Request Status:</b>	Closed	<b>Equipment on Track:</b>	1
<b>Requestor:</b>	[REDACTED]	<b>Allow Piggybacks:</b>	True
<b>Requestor Organization:</b>	TRST/TRACK	<b>In Piggyback:</b>	No
<b>Tag #:</b>	Closed (2023280726-S)	<b>Power Outage:</b>	Supervisory Supervisory Power Outage
<b>Lock Out / Tag Out:</b>		<b>Additional AC:</b>	
<b>Request Title:</b>	D98 Trk.2 Interlocking Maintenance (Emergency)		
<b>Start:</b>	10/07/2023 01:00	<b>End:</b>	10/07/2023 06:30

### Contacts

#### Entered by

[REDACTED]  
[REDACTED]@wmata.com

**Work:** [REDACTED]  
**Cell:** [REDACTED]      **Home:** [REDACTED]

#### Requestor

[REDACTED]  
[REDACTED]@wmata.com

**Work:** [REDACTED]  
ext. : [REDACTED]  
**Cell:** [REDACTED]      **Home:** [REDACTED]

#### WMATA Manager

[REDACTED]  
[REDACTED]@wmata.com

**Work:** [REDACTED]  
**Cell:** [REDACTED]      **Home:** [REDACTED]

#### Emergency Contact

[REDACTED]  
[REDACTED]@wmata.com

**Work:** [REDACTED]  
**Cell:** [REDACTED]      **Home:** [REDACTED]

### Support

#### SUPPORT GROUP      Crew Size

TRST/TRACK      5

#### ESCORT GROUP      Crew Size

COSI/ATCM      5

### Request Change History

Date	Event
10/04/2023 11:08	Request was cloned from Request 202327600900.
10/04/2023 14:51	Request status was changed to Approved
10/07/2023 01:08	Work Prep was completed.
10/07/2023 03:35	Request status was changed to Opened
10/07/2023 06:00	Close-Out step was reversed from "De-energization completed/RWIC notified" to "Permission is given to setup worksite".
10/07/2023 13:01	Request status was changed to Closed

Figure 15: This is page 2 of the GOTRS sheet for the emergency track work.

# GOTRS - GENERAL ORDERS & TRACK RIGHTS SYSTEM

## Track Rights Request

### Request Summary

**Request Number:** 202327701400 **Track Access:** True  
**Dates Requested:** 10/07/2023 01:00 to: 10/07/2023 06:30 **Clear In Ten:** False  
**Request Status:** Closed **Equipment on Track:** 1  
**Requestor:** ██████████ **Allow Piggybacks:** True  
**Requestor Organization:** TRST/TRACK **In Piggyback:** No  
**Tag #:** Closed (2023280726-5) **Power Outage:** Supervisory  
 Supervisory Power Outage  
**Lock Out / Tag Out:** **Additional AC:**  
**Request Title:** D98 Trk.2 Interlocking Maintenance (Emergency)

### Request Group

Request Number	Description
----------------	-------------

### Piggyback

No active piggybacks found

### Close-Out Summary

**Final Status:** Closed  
**RWIC has contacted RTC to establish working limits:** 10/06/2023 23:35  
**Authorize Power Outage Order:** 10/07/2023 01:19  
**De-Energization Completed/RWIC notified:** 10/07/2023 03:47  
**Hot Sticking:** 10/07/2023 01:54

From	To	Track ID	Waive(?)	Radio ID	Chain Marker	Entered By	Date
D271+48	D282+58	2		██████	D275+00	██████████	10/07/2023 01:54
D236+03	D270+92	2		██████	D260+00	██████████	10/07/2023 01:54
D212+52	D235+47	2		██████	D235+00	██████████	10/07/2023 01:54
D188+06	D211+96	2		██████	D211+00	██████████	10/07/2023 01:54
D283+26	D313+84	2		██████	D283+26	██████████	10/07/2023 01:54

**Permission is given to setup worksite:** 10/07/2023 01:54  
**RTC authorization to start work is given to RWIC:** 10/07/2023 02:26  
**PDC confirmed working limits are clear:** 10/07/2023 08:52  
**RTC confirmed working limits are clear:** 10/07/2023 09:01  
**Energization by PDC completed:** 10/07/2023 09:07  
**Rail Traffic Controller Comment:**  
**Assistant Operations Manager Comment:**  
**RWIC Comment:**

Figure 16: This is page 3 of the GOTRS sheet for the emergency track work.

# GOTRS - GENERAL ORDERS & TRACK RIGHTS SYSTEM

## Track Rights Request

### Request Summary

<b>Request Number:</b>	202327701400	<b>Track Access:</b>	True
<b>Dates Requested:</b>	10/07/2023 01:00 to: 10/07/2023 06:30	<b>Clear In Ten:</b>	False
<b>Request Status:</b>	Closed	<b>Equipment on Track:</b>	1
<b>Requestor:</b>	██████████	<b>Allow Piggybacks:</b>	True
<b>Requestor Organization:</b>	TRST/TRACK	<b>In Piggyback:</b>	No
<b>Tag #:</b>	Closed (2023280726-S)	<b>Power Outage:</b>	Supervisory Supervisory Power Outage
<b>Lock Out / Tag Out:</b>		<b>Additional AC:</b>	
<b>Request Title:</b>	D98 Trk.2 Interlocking Maintenance (Emergency)		

Figure 17: This is page 4 of the GOTRS sheet for the emergency track work.

# GOTRS - GENERAL ORDERS & TRACK RIGHTS SYSTEM

## Track Rights Request

### Request Summary

<b>Request Number:</b>	202327701400	<b>Track Access:</b>	True
<b>Dates Requested:</b>	10/07/2023 01:00 to: 10/07/2023 06:30	<b>Clear In Ten:</b>	False
<b>Request Status:</b>	Closed	<b>Equipment on Track:</b>	1
<b>Requestor:</b>	██████████	<b>Allow Piggybacks:</b>	True
<b>Requestor Organization:</b>	TRST/TRACK	<b>In Piggyback:</b>	No
<b>Tag #:</b>	Closed (2023280726-S)	<b>Power Outage:</b>	Supervisory Supervisory Power Outage
<b>Lock Out / Tag Out:</b>		<b>Additional AC:</b>	
<b>Request Title:</b>	D98 Trk.2 Interlocking Maintenance (Emergency)		

### Close-Out Summary

**Requestor Comment:**

**Delays**

██████████  
5 of 5

Figure 18: This is page 5 of the GOTRS sheet for the emergency track work.