

**W-0454 – Red Signal Overrun at New Carrollton Rail Yard - December 8, 2025****Document Purpose**

This WMSC written report on WMATA Metrorail's safety event investigation and review of Metrorail's findings in accordance with the WMSC Program Standard, in conjunction with the attached Metrorail investigation report that has undergone WMSC staff review, feedback, and Metrorail revision, describes the investigation activities, identifies factors causing or contributing to the accident, and sets forth ongoing, additional, or upcoming corrective actions and further oversight work (such as inspections and audits) as necessary or appropriate. The WMSC's ongoing oversight during the investigative process, including safety event reporting and verification, participation in investigative interviews, data review, consistent communication with the Metrorail investigations team, and feedback on Metrorail's reports leads to further improvements prior to consideration of the reports by WMSC Commissioners for adoption. The WMSC's safety event investigation oversight assures the sufficiency and thoroughness of Metrorail's investigations. The WMSC Commissioners are considering these documents (the WMSC review and Metrorail's investigation report) as a unified item for adoption at the Washington Metrorail Safety Commission meeting on October 6, 2026.

WMSC staff recommend adoption of this investigation.

Safety event summary:

On December 8, 2025, at 10:21 a.m., a red signal overrun occurred at New Carrollton Rail Yard. Car Track Equipment Maintenance Mechanic (CTEM) #2, operating Harsco Jet Rodder 03 (JR-03), which is used to clean drains, moved the Roadway Maintenance Machine (RMM) beyond its absolute block¹ and passed two red signals, D99-68 and D99-64.

Prior to the event, CTEM Mechanic #1 and CTEM Mechanic #2 arrived from Alexandria Rail Yard to perform a Preventive Maintenance Inspection (PMI) on JR-03. The inspection required moving JR-03 from Storage Track 6A to Track 6.

CTEM Mechanic #2 operated JR-03 while CTEM Mechanic #1 communicated with the interlocking operator via onboard radio. An interlocking operator controls yard movements of rail vehicles. Both CTEM Mechanics were in the operating cab. At 10:15 a.m., the interlocking operator gave JR-03 an absolute block to clear signal D99-96. CTEM Mechanic #1 repeated the instructions, and CTEM Mechanic #2 began moving JR-03.

The interlocking operator briefly turned their attention to a phone call with the terminal supervisor. At 10:21 a.m., the interlocking operator returned their attention to the interlocking board and saw an indication that red signals D99-68 and D99-64 had been overrun. When asked for JR-03's location, CTEM Mechanic #2 reported being at signal D99-62.

At 10:24 a.m., the interlocking operator reported the event to the button rail traffic controller (RTC) in the control center, who notified the operations manager (OM). A Department of Communication and Signaling (COSI) Automatic Train Control Maintenance (ATCM) technician, a Department of Track and Structures (TRST) Emergency Response Team

¹ Absolute Block: A section of track that shall not be occupied by more than one rail vehicle at any one time.



(ERT), and an Office of Safety Investigations (OSI) investigator from the Department of Safety (SAFE) were dispatched to the scene.

CTEM Mechanic #1 explained they were not familiar with New Carrollton Yard and was actively looking for the D99-96 signal as JR-03 was moving but did not see it. CTEM Mechanic #2 observed the two red signals, but CTEM Mechanic #1 believed that those signals were assigned to the adjacent track.

Personnel inspected signals D99-68 and D99-64 and found no damage. The scene was cleared and normal operations resumed at 11:37 a.m.

No injuries were reported.

Both CTEM Mechanics, the Interlocking Operator, and JR-03 were removed from service in accordance with Metrorail policy. WMATA's Drug and Alcohol Program determined that the Interlocking Operator and both CTEM Mechanics complied with the Drug and Alcohol Policy and Testing Program Policy.

The probable cause of this event was failure to follow Metrorail Operating Rulebook (MOR) procedures. Specifically, CTEM Mechanic #2 operated JR-03 passed two red signals without permission.

Contributing factors were inexperience, inadequate communication, and distraction. Both CTEM Mechanics were unfamiliar with the yard layout and the locations of the governing signals. They did not tell the Interlocking Operator that they could not locate signal D99-96, and the Interlocking Operator did not tell them that the signal at the end of their block, D99-68, was red. The Interlocking Operator also stopped monitoring the yard move before it was complete and turned their attention to a telephone conversation.

Investigation W-0454 led to specific recommended corrective actions (RCA), including:

- CTEM Mechanic #1 and #2 were restricted from all RMM movement activities until recertified by the Office of Technical Skills Maintenance Training.
- CTEM issued a Safe Movement of Roadway Maintenance Machines Memorandum.
- CTEM personnel at Alexandria Yard discussed the Safe Movement of Roadway Maintenance Machines Memorandum during their Safety Briefing.
- CTEM personnel were provided access to Yard Maps at each location.
- The Office of Rail Transportation (RTRA) issued a Lessons Learned Memorandum for Red Signal Overrun Incidents Involving Roadway Maintenance Machines to all RTRA personnel.
- The Interlocking Operator was sent for reinstruction training, focusing on the movement of RMMs within the yard under absolute blocks and monitoring moves to completion. The Interlocking Operator was also monitored during performance of their duty for compliance.



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

FINAL REPORT OF INVESTIGATION A&I E252481

Date of Event:	December 8, 2025
Type of Event:	Red Signal Overrun
Incident Time:	10:21 Hours
Location:	New Carrollton Yard, Signal D99-68
Time and How received by Safety:	10:31 Hours – Safety Information Official (SIO)
Washington Metrorail Safety Commission (WMSC) Notification Time:	12:02 Hours
Responding Safety Officers:	Office of Safety Investigations (OSI)
Rail Vehicle:	Harsco Jet Rodder 03 (JR-03)
Injuries:	None
Damage:	None
Emergency Responders:	None
Safety Universal Data System (SUDS I/A) Number	20251208#133134MX

Incident Date: 12/08/2025 Time: 10:21 hours
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E252481

Drafted By: SAFE 708 – 01/12/2026
Reviewed By: SAFE 707 – 02/10/2026
Approved By: SAFE 707 – 02/10/2026

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New Carrollton Yard – Red Signal Overrun

December 8, 2025

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Abbreviations and Acronyms

ARS	Audio Recording System
ATCM	Automatic Train Control Maintenance
CAP	Corrective Action Plan
CCTV	Closed-Circuit Television
CMNT	Office of Car Maintenance
CMOR	Office of the Chief Fleet Officer
COSI	Department of Communication and Signaling
CTEM	Department of Car Track Equipment Maintenance
ER	Event Recorder
ERT	Emergency Response Team
FT	Foul Time
IIT	Incident Investigation Team
IO	Interlocking Operator
I/A	Incidents/Accidents
JR	Jet Rodder
MICC	Metro Integrated Command and Communications Center
MOR	Metrorail Operating Rulebook
NOAA	National Oceanic and Atmospheric Administration
OSI	Office of Safety Investigations
PMI	Preventive Maintenance Inspection
RMM	Roadway Maintenance Machine
RTC	Rail Traffic Controller
RTRA	Office of Rail Transportation
SAFE	Department of Safety

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SOP	Standard Operating Procedure
SUDS	Safety Universal Data System
TRST	Department of Track & Structures
TSMT	Office of Technical Skills Maintenance Training
WMATA	Washington Metropolitan Area Transit Authority
WMSC	Washington Metrorail Safety Commission

Executive Summary

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

On Monday, December 8, 2025, at 10:21 hours, a red signal overrun event occurred at New Carrollton Yard. A Car Track Equipment Maintenance (CTEM) Mechanic (CTEM #2) operating Harsco Jet Rodder 03 (JR-03), moved the Roadway Maintenance Machine¹ (RMM) past their absolute block, overrunning signals D99-68 and D99-64 displaying red aspects.

Prior to the event, CTEM Mechanic #1 (CTEM #1) and CTEM #2 arrived at New Carrollton Yard from Alexandria Yard to perform Preventive Maintenance Inspection (PMI) on JR-03. To perform the PMI, the CTEM Mechanic had to move JR-03 from Storage Track 6A to Storage Track 6.

CTEM #2 operated the RMM while CTEM #1 communicated with the Interlocking Operator (IO) via the onboard radio. CTEM #1 advised the IO that JR-03 was holding at signal D99-126 and requested permission to straddle signal D99-100. CTEM #1 was advised that JR-03 needed to clear signal D99-100. The IO granted CTEM #1 a lunar signal at D99-126 with an absolute block² to clear signal D99-96. CTEM #1 acknowledged, and CTEM #2 moved JR-03. A review of the Audio Recording System (ARS) revealed that the IO did not inform CTEM #1 that the signal at the end of their block, D99-68, displayed a red aspect.

The Audio Recording System (ARS), revealed that the IO then turned their attention away from their Interlocking Board to have a telephone conversation with the New Carrollton Station Terminal Supervisor regarding a train change-off. At 10:21 hours, the IO returned their attention to their Interlocking Board, observed an indication that signals D99-68 and D99-64 had been overran. The IO asked the operator of JR-03 for their location. CTEM #2 reported being located at signal D99-62. The IO advised CTEM #2 that they had passed signals D99-68 and D99-64, which were displaying a red aspect, and instructed JR-03 to hold their location.

The IO reported the event to the Metro Integrated Command and Communications Center (MICC) Button Rail Traffic Controller (RTC). The Button RTC notified the MICC Rail Section Operations Manager (OM) of the event. A Department of Communication and Signaling (COSI) Automatic Train Control Maintenance (ATCM) technician, a Department of Track and Structures (TRST) Emergency Response Team (ERT), and a Department of Safety (SAFE) Office of Safety Investigations (OSI) Investigator were dispatched.

Signals D99-68, D99-64, and interlocking switch D99-63 were inspected, and no damages were observed.

In accordance with the Office of the Chief Fleet Officer – Rail, Standard Operating Procedure 102.04, and Operations Administrative Policy 102.06, the MICC initiated the removal of RMM JR-03 from service for Incident Investigations Team investigation procedures.

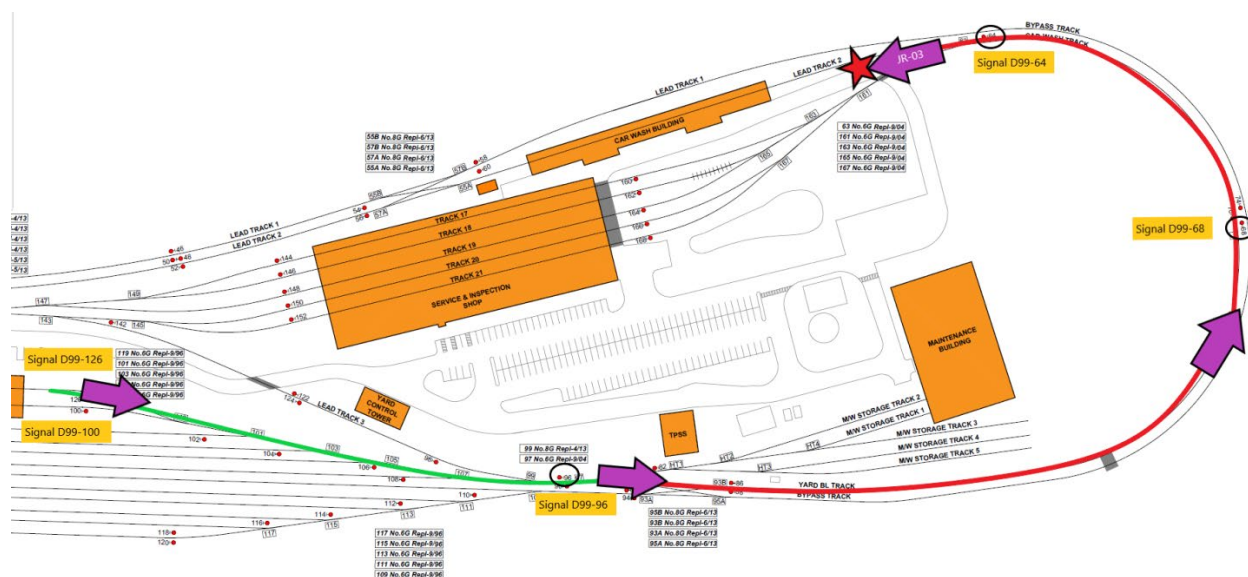
¹ Roadway Maintenance Machine (RMM): A device powered by any means of energy other than hand power. These devices are being used on or near rail track(s). They are for maintenance, repair, construction, or inspection of track, bridges, railway, signal, communications, or electric traction systems.

² Absolute Block: A section of track that shall not be occupied by more than one (1) train or piece of track equipment

The most probable cause of the Red Signal Overrun event at New Carrollton Yard on December 8, 2025, was a failure to adhere to procedures within the Metrorail Operating Rulebook (MOR). Specifically, CTEM Mechanic #2 operated the RMM past signals displaying red aspects without permission.

Incident Site

Field Sketch/Schematics



Purpose and Scope

Investigative Methods

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- Physical site assessment, to include video and document review.
- Formal Interviews – Safety interviewed three (3) individuals as part of this investigation. The interviews included persons present at, during, and after the incident, those directly involved in the response process, and representatives from the Washington Metrorail Safety Commission (WMSC). Safety interviewed the following individuals:
 - Interlocking Operator
 - CTEM Mechanic #1
 - CTEM Mechanic #2
- 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.
- Documentation Review – Collection of relevant work history information and process documentation contained in WMATA systems of record. These records include:
 - Metrorail Operating Rulebook (MOR)
 - National Oceanic and Atmospheric Administration (NOAA)
 - CTEM #1's Training Procedures & Records
 - CTEM #1's Certification Records
 - CTEM #1's 30-Day Work History
 - CTEM #2's Training Procedures & Records
 - CTEM #2's Certification Records
 - CTEM #2's 30-Day Work History
 - Rail Transportation – Investigation Data
- System Data Recording Review – Collection of information contained in Metro Data Recording Systems. This data includes:
 - Audio Recording System (ARS) playback
 - Closed-Circuit Television (CCTV)

Investigation

On Monday, December 8, 2025, a two (2) person CTEM work crew arrived at the New Carrollton Yard from Alexandria Yard to perform a PMI on RMM, JR-03. At 10:01 hours, the ARS playback indicated that CTEM #1, operating the onboard radio for RMM, JR-03, attempted to contact the New Carrollton Yard Tower IO via the New Carrollton Yard OPS 1 channel. The New Carrollton Station Terminal Supervisor informed CTEM #1 that they were on the incorrect channel and instructed them to switch to New Carrollton Yard OPS 2.

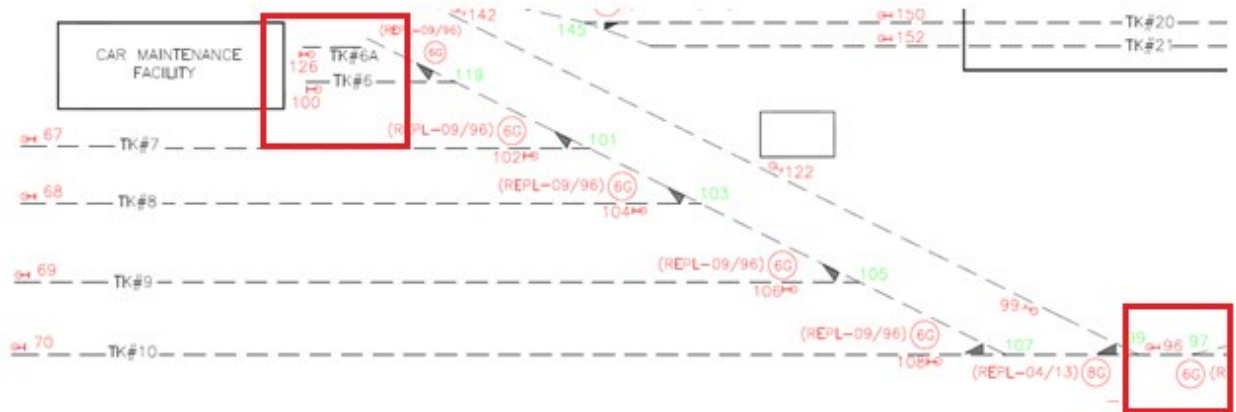


Figure 1 - Depicts signals D99-126 and D99-100 near the New Carrollton Yard Car Maintenance Facility and signal D99-96 at the end of the ladder track, facing the opposite direction.

At 10:08 hours, CTEM #1 informed the New Carrollton Yard Tower IO that they were aboard JR-03 behind signal D99-126 (on Car Maintenance Facility Track 6A) and requested permission to straddle signal D99-100 (on Car Maintenance Facility Track 6). CTEM #1 was advised that JR-03 needed to clear signal D99-100. The IO granted CTEM #1 a lunar aspect at signal D99-126 with an absolute block to clear signal D99-96. CTEM #1 acknowledged, and CTEM #2, who was operating the RMM, moved JR-03. A review of the ARS revealed that the IO did not inform CTEM #1 that the signal at the end of their absolute block, signal D99-68, displayed a red aspect. It should be noted that signal D99-68 was the first governing signal after passing signal D99-126.

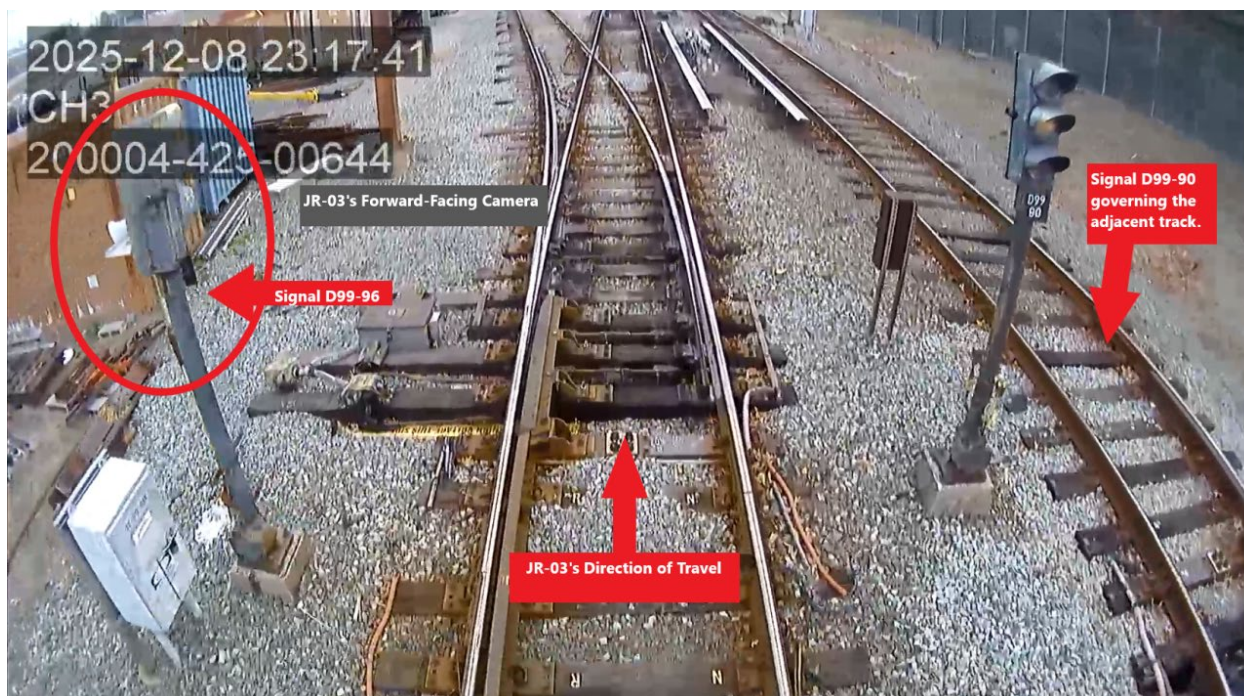


Image 1 – Depicts JR-03's forward-facing camera showing the unit approaching towards signal D99-96, which was facing in the opposite direction of travel.

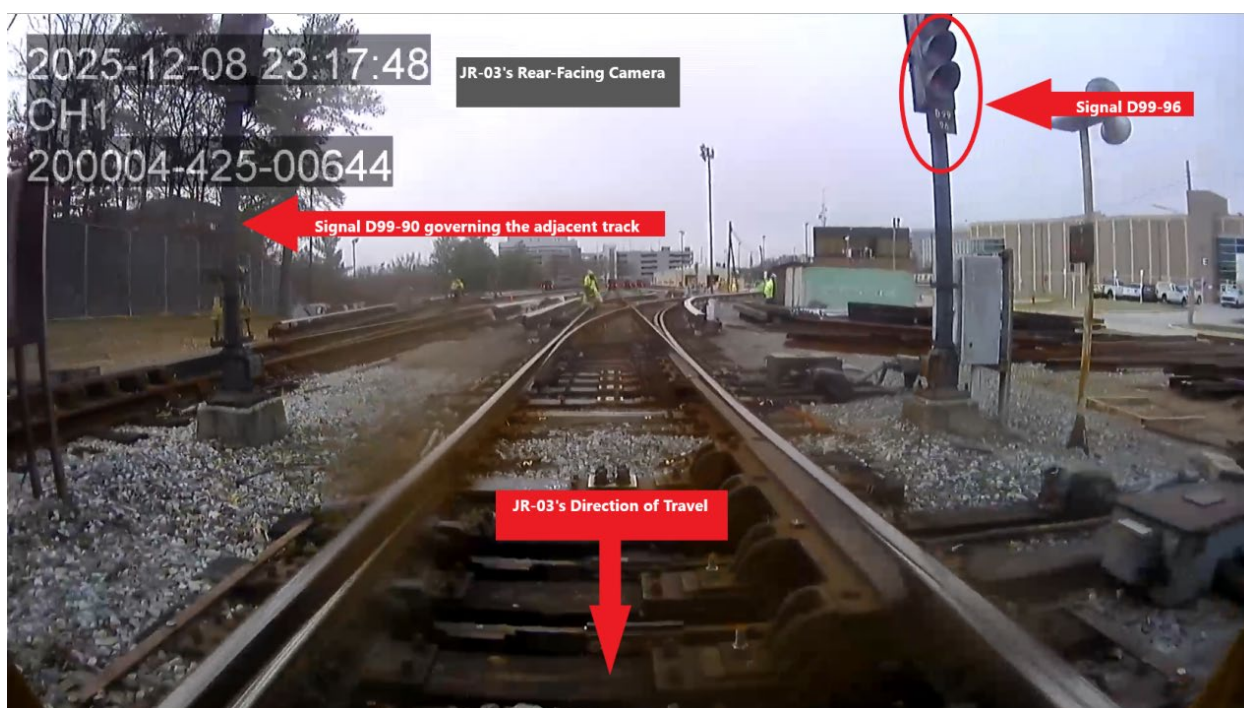


Image 2 - Depicts JR-03's rear-facing camera showing the unit clearing signal D99-96, which was facing in the opposite direction of travel.

At 10:20 hours, the ARS revealed the IO had a telephone conversation with the New Carrollton Station Terminal Supervisor regarding a train change-off. At 10:21 hours, the IO radioed JR-03 and requested their location. CTEM #1 reported that they were holding their location at signal

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D99-62. The IO advised CTEM #1 that they had passed signals D99-68 and D99-64, which were displaying a red aspect. The IO instructed the operator of JR-03 to hold their location.



Image 3 - Depicts JR-03 approaching signal the first governing signal, D99-68, which displayed a red aspect.

At 10:24 hours, the IO reported the event to the MICC OPS 2 Button RTC. The Button RTC notified the MICC Rail Section OM of the event. Personnel from ATCM, ERT, and OSI were dispatched. At 11:02 hours, ATCM arrived on location, followed shortly by ERT. Signals D99-68, D99-64, and interlocking switch D99-63 were inspected, and no damages were observed.



Image 4 - Depicts JR-03 approaching towards the second signal, D99-64, which also displayed a red aspect.

As a result of the incident, the IO and both CTEM employees were removed from service and sent for post-incident testing.

It should be noted that RMM JR-03 is equipped with a Closed-Circuit Television (CCTV) video system that captured the event. The RMM is equipped with forward-facing, main cab, and rear-facing cameras. It should also be noted that the CCTV timestamp was offset by +13:00 hours.

Chronological Event Timeline

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

Time	Description
10:01:04 hours	<u>CTEM #1</u> : Attempted to contact New Carrollton Tower on the Terminal Radio Ops and was instructed to change the radio channel. [Radio NC-YD1]
10:08:41 hours	<u>CTEM #1</u> : Advised holding at D99-126, and requested to straddle D99-100. <u>Interlocking Operator</u> : Instructed to standby. <u>Prime Mover 41 (PM-41) Equipment Operator</u> : Announced, "JR-03, you have to clear 100." [Radio NC-YD2]
10:15:11 hours	<u>Interlocking Operator</u> : Instructed to verify a lunar signal at D99-126, absolute block to clear D99-96; contact, notify, verify <u>CTEM #1</u> : No response. [Radio NC-YD2]
10:15:47 hours	<u>Interlocking Operator</u> : Repeated the instructions to verify a lunar signal at D99-126, absolute block to clear D99-96; contact, notify, verify. <u>CTEM #1</u> : Acknowledged and repeated. [Radio NC-YD2]
10:20:02 hours	<u>IO</u> : Spoke with the New Carrollton Station Terminal Supervisor regarding a change-off for Train ID 905. The IO was instructed to have the train brought to New Carrollton Station, Track 2. [Phone D99 Tower]
10:21:25 hours	<u>Interlocking Operator</u> : Attempted to contact JR-03. <u>CTEM #1</u> : Acknowledged. <u>Interlocking Operator</u> : Requested their location. <u>CTEM #1</u> : Responded, holding at D99-62. <u>Interlocking Operator</u> : Responded, your block was to D99-96. <u>CTEM #1</u> : Responded, I didn't see 96; I was looking for 96. [Radio NC-YD2]
10:24:25 hours	<u>Interlocking Operator</u> : Reported a red signal overrun at D99-68 and D99-64. <u>Button RTC</u> : Acknowledged. [Phone BI/Or]
10:25:42 hours	<u>CTEM #1</u> : Reported located at D99-62. Advised that they never saw signal 96. <u>Interlocking Operator</u> : Inquired if they saw that signals D99-68 and D99-64 were red. <u>CTEM #1</u> : Responded, "We were thinking it was for the other track. We're new to this yard; we're from Alexandria yard." <u>Interlocking Operator</u> : Responded, standby. [Phone D99 Tower]
10:26:02 hours	<u>Button RTC</u> : Notified the Operations Manager of the red signal overrun. [Phone BI/Or]
10:56:41 hours	<u>MOC Desk Controller</u> : Informed the OM that ERT and ATCM were enroute to New Carrollton Yard. [Phone MICC Rail 1]
11:02:56 hours	<u>ACTM #1</u> : Requested permission to enter the roadway to inspect switch D99-63. [Radio NC-YD2]
11:04:50 hours	<u>ERT</u> : Requested permission to enter the roadway to inspect signals D99-64, D99-68, and the interlocking switch D99-63. <u>IO #2</u> : Acknowledged the message and granted ERT permission to enter the roadway. [Radio NC-YD2]
11:07:05 hours	<u>ACTM #1</u> : Requested permission to enter the roadway to inspect interlocking switch D99-63. ATCM #2 would operate the panel.

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Time	Description
	<u>IO #2</u> : Acknowledged the message and granted ATCM #1 permission to enter the roadway to inspect switch 63. [Radio NC-YD2]
11:37:19 hours	<u>ERT</u> : Announced all personnel and equipment were clear of the roadway. ERT reported switch D99-63 looked good. <u>IO #2</u> : Acknowledged the message. [Radio NC-YD2]

Note: Times above may vary from other systems' timelines based on clock settings.

Closed-Circuit Television (CCTV)



Image 5 - Depicts CTEM #1, operating the onboard radio for JR-03, as CTEM #2 operated JR-03.

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Image 6 - Depicts the rear camera of JR-03 on the Car Maintenance Facility Track 6A behind signal D99-126. It should be noted that the CCTV time clock for JR-03 was not properly set.

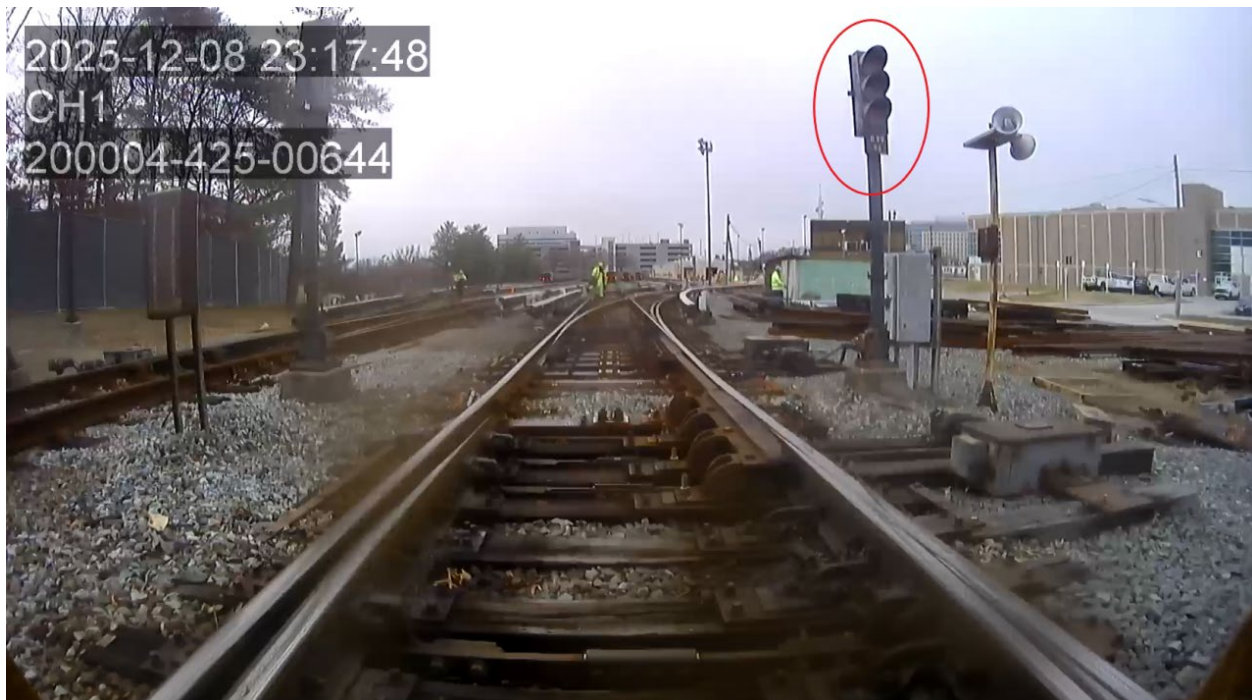


Image 7 - Depicts the rear camera of RMM, JR-03, clearing signal D99-96.

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Image 8 - Depicts the forward-facing camera of JR-03 behind signal D99-126.



Image 9 - Depicts JR-03's timestamp offset by 13:00 hours.

Operations

Rail Transportation

Brief Description:

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At approximately 10:24 am, Track Unit JR-03 overran signals D99-64 & D99-68 in New Carrollton Yard. Track personnel, CTEM #2 was operating JR-03, and Track personnel CTEM #1 was the flagman. Both Track personnel and the Interlocking Operator were removed from service. No damage to switch #63 was reported by ERT.

Key Employees Involved & Employee Statements:

Interlocking Operator's Written Statement - "JR03 was holding D99-126. Requested a block to clear D99-100. I gave JR03 instructions to clear D99-96. JR03 passed D99-68 and D99-64 signal red at 10:24 am. I instructed JR03 to stop their unit and await instructions"

Post Incident Testing & Employee History:

- The Interlocking Operator was transported for post-incident testing
- The Interlocking Operator has been an employee since June 23, 2014
- The Interlocking Operator has been an Interlocking Operator since May 25, 2025.
- The Interlocking Operator has had no operation violations within the last 5 years

Significant Findings and Pending Issues:

Key Findings:

- D99-96 signal was not facing the RMM Operator. A governing signal, flagman, and or Interlocking Operator would have been needed to notify the Vehicle operator that JR03 was clear of that signal.
- There was no damage to switch #63

Interview Findings and Written Statements

As part of the investigation launched into the event, Safety interviewed three (3) individuals. The interview(s) identified the following key findings associated with this event. The findings detailed below include reported information from involved personnel and may conflict with other data sources contained in the report.

IO

- Stated CTEM #1 requested to move RMM, JR-03 from behind signal D99-126 to clear signal D99-100.
- Granted CTEM #1 an absolute block to clear signal D99-96.
- Received a telephone call requesting a train swap during the yard move.
- Looked back at their Interlocking board and observed JR-03 was moving past their permitted block.
- Radioed JR-03 and informed them of the event.
- Knew there were two (2) individuals aboard JR-03, but believed one was operating the unit while the other was acting as a flag person.
- **Written Statement reads**, "JR03 was holding D99-126. Requested a block to clear D99-100. I gave JR03 instructions to clear D99-96. JR03 passed D99-68 and D99-64 signal red at 10:24 am. I instructed JR03 to stop their unit and await instructions"

CTEM #1

- Was sent from Alexandria Yard to New Carrollton Yard to conduct preventative maintenance on JR-03.
- Was operating JR-03's onboard radio to communicate with the IO.

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- Received instructions from the IO to clear signal C99-96. Once they verified that they had cleared the signal, they were to notify the IO for further instructions.
- Stated CTEM #2 was operating JR-03 and looking for signal D99-96.
- Was not familiar with New Carrollton Yard and its signals.
- **Written Statement reads**, “I was an eyewitness of CTEM #2 run through a red signal. No one was injured in the incident.”

CTEM #2

- Was sent from Alexandria Yard to New Carrollton Yard to conduct preventative maintenance on JR-03.
- Was operating JR-03, while CTEM #1 communicated with the tower via the onboard radio.
- Heard the instructions given by the IO to clear signal D99-96.
- Observed the two signals displaying red aspects but was convinced by CTEM #1 that the signals were assigned to the adjacent track.
- **Written Statement reads**, “CTEM #1 called tower while I was waiting to do the yard move. Once we were cleared to travel to signal 96 I asked CTEM #1 to assist with locating the signal. As we were traveling I felt we were going to far. CTEM #1 told me we never passed signal 96 an you have to clear it. I was approaching the Red Signals and went to stop CTEM #1 said not to because we never passed signal 96. After passing 2 Red Signals and approaching the train wash CTEM #1 still told me to keep going. At this point I knew we went to far an notified tower myself.”

Weather

On Monday, December 8, 2025, at the time of the incident, NOAA recorded the temperature as 35°F, with passing clouds, winds 11.6 mph, and 61% humidity. Hyattsville, Maryland. Weather was not a contributing factor in this incident (Weather source: NOAA) – Location: Hyattsville, Maryland.

Related Rules and Procedures

Metrorail Operating Rulebook

1.1 Guiding Safety Principles

- 1.1.3 Employees shall not permit unnecessary conversation, reading, lounging or any other action or condition of mind to divert their attention from the safe and performance of duty.

1.6 Rules & Special Instructions

- 1.6.2 Failure of any employee to abide by established rules and procedures, failure to comply with the verbal instructions of supervisors, or failure to use sound judgment, regardless of the time, place, or circumstance, to compromise the safety of the public or fellow employees will result in the employee's immediate removal from service, pending an investigation. Disciplinary action will include permanent disqualification from safety sensitive positions or dismissal.
- 1.6.8 All employees operating or working on or about mainline or yard tracks shall immediately comply with all instructions issued by the Interlocking Operator or Rail Traffic Controller, consistent with customer safety.

3.3 Signals Requiring a Stop

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Rail vehicles shall not be operated past or closer than a point 10 feet in approach of an interlocking signal or lamp displaying a red aspect, a red flag, or a dark interlocking signal, except at a bump post or entering a pocket track, or unless authorized by the Rail Traffic Controller or the Interlocking Operator and the move is consistent with customer safety.

Interlocking Operator Yard Procedure Manual

N. Yard and Shop Moves

3. The Interlocking Operator shall set and verify a complete route for the move to be made and monitor the move until it is completed.
5. **Incomplete routes shall not be set, and if during a train movement the route must be canceled, the operator making the move shall be notified and instructed where to stop. Once a route has been established, the route shall not be changed until the vehicle operator has been notified to stop and the operator has confirmed that the train is stopped.**
6. The operator shall only be stopped at a governing signal. Yard moves shall be governed by signals at all times.

Human Factors

IO

Evidence of Fatigue

SAFE evaluated incident data for signs and symptoms of fatigue that may have been present at the time of the incident. No video of the IO was available to ascertain whether signs of fatigue were present. The IO reported feeling fully alert at the time of the incident. The IO reported experiencing no symptoms of fatigue in the time leading up to the incident.

Fatigue Risk

SAFE evaluated incident data for fatigue risk factors. Risk factors for fatigue were present. The incident time of day did not suggest an increased risk of fatigue-related impairment. The IO reported keeping a regular sleep schedule in the days leading up to the incident. The IO performed day and night work in the days leading up to the incident. The IO was awake for 5.4 hours at the time of the incident. The IO reported 7 hours of sleep in the 24 hours preceding the incident. The off-duty period was 16 hours, which provides an opportunity for 7-9 hours of sleep. This was a comparable amount to the employee's usual workday sleep durations. The IO reported no issues with sleep. The IO worked AM and PM shifts in the days leading up to the incident.

CTEM #1

Evidence of Fatigue

SAFE evaluated incident data for signs and symptoms of fatigue that may have been present at the time of the incident. No signs or symptoms of fatigue were detected from the available data. Video of the incident was reviewed for signs of CTEM #1's fatigue. No signs or symptoms of fatigue were evident from the video. CTEM #1 reported feeling fully alert at the time of the incident. CTEM #1 reported experiencing no symptoms of fatigue in the time leading up to the incident.

Fatigue Risk

SAFE evaluated incident data for fatigue risk factors. No significant risk was identified. The incident time of day did not suggest an increased risk of fatigue-related impairment. CTEM #1 reported keeping a regular sleep schedule in the days leading up to the incident. CTEM #1 worked AM shifts in the days leading up to the incident. CTEM #1 was awake for 7.4 hours at the time of the incident. The employee reported 9 hours of sleep in the 24 hours preceding the incident. The off-duty period was 63.43 hours, which provides an opportunity for 7-9 hours of sleep. This was more than the employee's usual workday sleep durations. CTEM #1 reported no issues with sleep. CTEM #1 worked the AM shift in the days leading up to the incident.

CTEM #2

Evidence of Fatigue

SAFE evaluated incident data for signs and symptoms of fatigue that may have been present at the time of the incident. No signs or symptoms of fatigue were detected from the available data. Video of the incident was reviewed for signs of CTEM #2's fatigue. No signs or symptoms of fatigue were evident from the video. CTEM #2 reported feeling fully alert at the time of the incident. CTEM #2 reported experiencing no symptoms of fatigue in the time leading up to the incident.

Fatigue Risk

SAFE evaluated incident data for fatigue risk factors. No significant risk was identified. The incident time of day did not suggest an increased risk of fatigue-related impairment. CTEM #2 reported keeping a regular sleep schedule in the days leading up to the incident. CTEM #2 worked AM shifts in the days leading up to the incident. CTEM #2 was awake for 6.15 hours at the time of the incident. CTEM #2 reported 7.75 hours of sleep in the 24 hours preceding the incident. The off-duty period was 11.83 hours, which provides an opportunity for 7-9 hours of sleep. This was a comparable amount to the employee's usual workday sleep durations. CTEM #2 reported no issues with sleep. CTEM #2 worked the AM shift in the days leading up to the incident.

Fatigue Analysis Report

Incident: E252481 - 20251208 - Red Signal Overrun - New Carrollton Yard

Location: New Carrollton Yard

Interlocking Operator (IO)

Car Track Equipment Maintenance Mechanic Helper (CTEM 1)

Car Track Equipment Maintenance Mechanic (CTEM 2)

1. Evidence of Fatigue:

On Monday, December 8, 2025, at 10:21 hours, a red signal overrun event occurred at New Carrollton Yard. A Car Track Equipment Maintenance (CTEM) Mechanic (CTEM #1) operating Harsco Jet Rodder 03 (JR-03), moved the Roadway Maintenance Machine (RMM) past their absolute block, overrunning signals D99-68 and D99-64 displaying red aspects.

2. Fatigue Risk Factors:

Incident Date: 12/08/2025 Time: 10:21 hours
Final Report v.1 – Red Signal Overrun
E252481

Drafted By: SAFE 708 – 01/12/2026
Reviewed By: SAFE 707 – 02/10/2026
Approved By: SAFE 707 – 02/10/2026

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2.1 Circadian Considerations

The incident occurred at 10:21 hours which is out of the circadian low zone.

2.2 Work Schedule and Overtime

The **IO's** work scheduled did alternate between day and night work in the week leading up to the incident.

The **CTEM 1's** work schedule did not alternate between day and night work in the week leading up to the incident.

The **CTEM 2's** work schedule did not alternate between day and night work in the week leading up to the incident.

2.3 Sleep and Awake Data

IO:

- Sleep duration (prior to incident): 07.00 hours in last 24 hours.
- Time awake at time of incident: 5.21 hours.

CTEM 1:

- Sleep duration (prior to incident): 09.00 hours in last 24 hours.
- Time awake at time of incident: 07.24 hours.

CTEM 2:

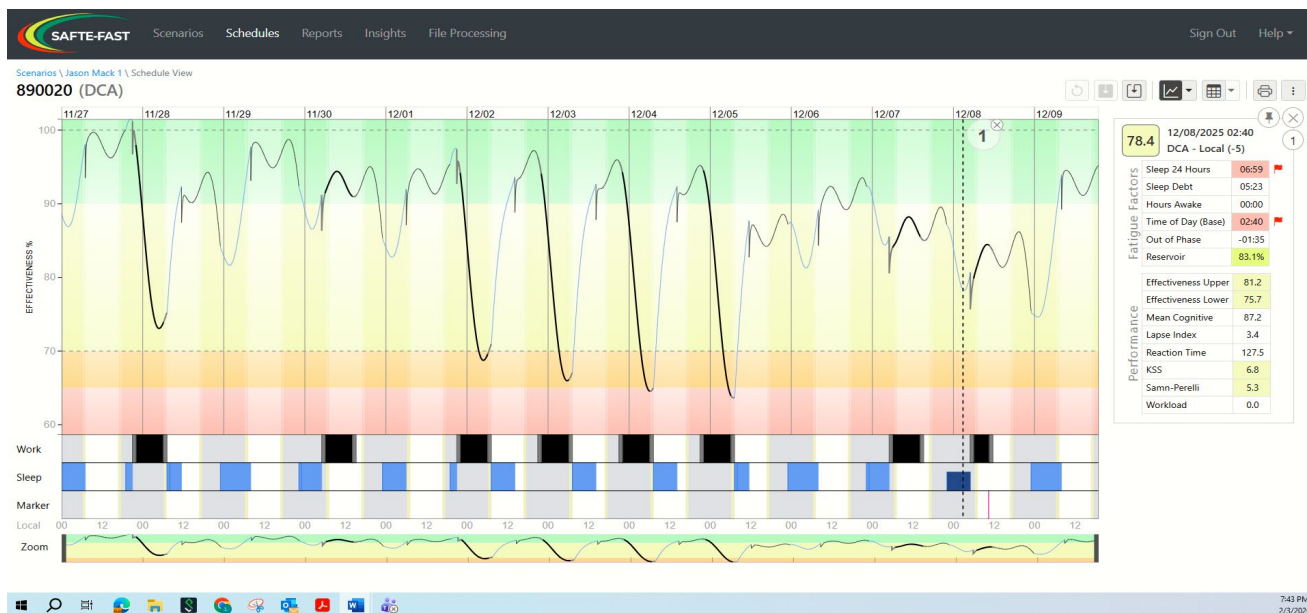
- Sleep duration (prior to incident): 7.75 hours in last 24 hours.
- Time awake at time of incident: 6.15 hours.

3. Biomathematical Fatigue Modeling (SAFTE-FAST WebSFC)

A biomathematical fatigue modelling application (SAFTE-FAST WebSFC) was used to further evaluate potential fatigue risks based on the employee's work schedule, self-reported sleep the day prior to the incident, and reported habitual sleep patterns.

IO:

- Estimated performance effectiveness: 78.4 (Moderate fatigue risk; slower reactions).
- Sleep debt: 05:23 hours (Noticeable fatigue, slower recovery).
- Karolinska Sleepiness Scale (KSS): 6.8 (Sleepy, but still able to stay awake).
- Samn-Perelli Fatigue Scale (SP): 5.3 (Moderately tired, let down).

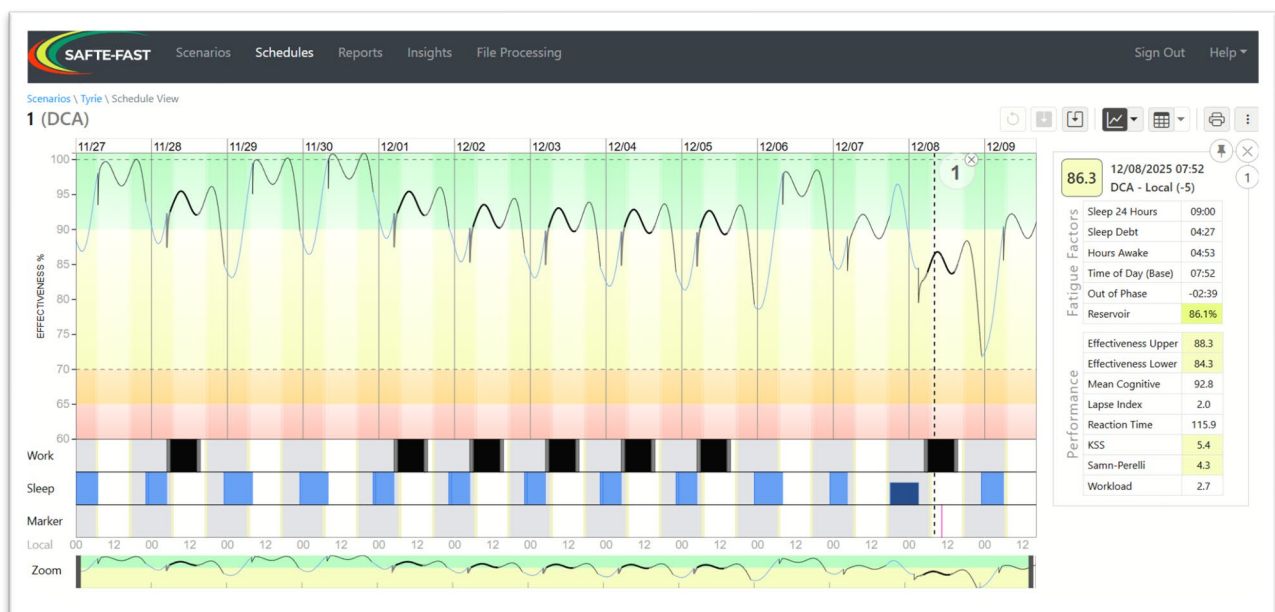


CTEM 1:

- Estimated performance effectiveness: 86.3 (Mild fatigue risk; slower reactions).
- Sleep debt: 4:27 hours (Normal variation, manageable).
- Karolinska Sleepiness Scale (KSS): 5.4 (Neither alert nor sleepy).
- Samn-Perelli Fatigue Scale (SP): 4.3 (A little tired, less than fresh).

CTEM

1:



CTEM 2:

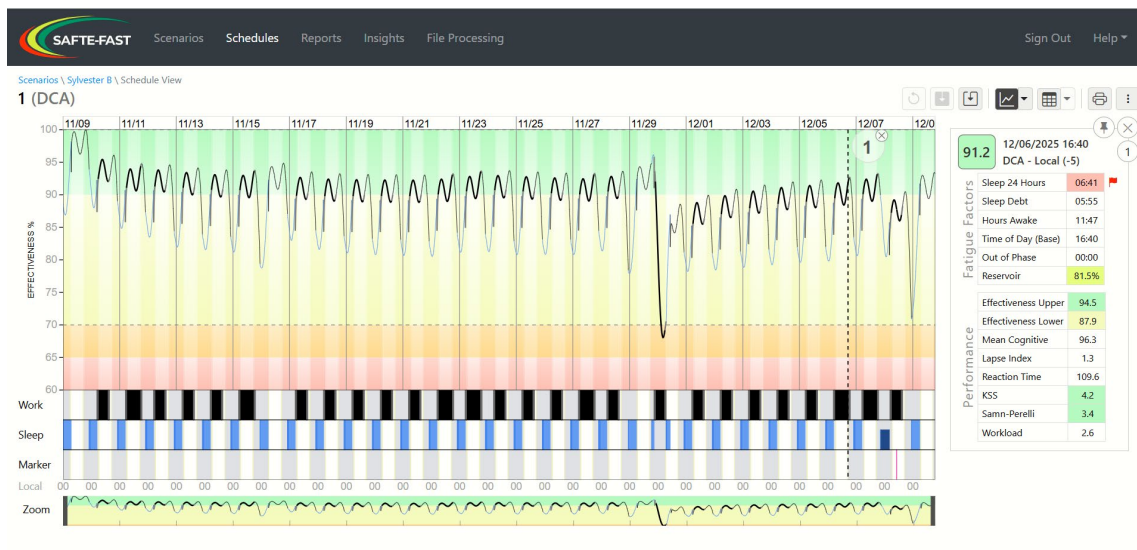
Incident Date: 12/08/2025 Time: 10:21 hours
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A biomathematical fatigue modelling application (SAFTE-FAST WebSFC) was used to further evaluate potential fatigue risks based on the employee's work schedule, self-reported sleep the day prior to the incident and reported habitual sleep patterns.

- Estimated performance effectiveness: 91.2 (high performance effectiveness).
- Sleep debt: 05:55 hours (Noticeable fatigue, slower recovery).
- Karolinska Sleepiness Scale (KSS): 4.2 (Alert).
- Samn-Perelli Fatigue Scale (SP): 3.4 (OK, somewhat fresh).



Karolinska Sleepiness Scale (KSS) subjective measure of sleepiness to help assess an individual's level of drowsiness or alertness.

Samn-Perelli Fatigue Scale (SP) which assesses how fatigued a person feels before and during a task. Modeling analysis output shows estimated performance effectiveness during the incident work shift and for the week leading up to the work shift, based on the employee work and reported sleep schedule. Estimates were based on the Train Operator's work schedule, reported sleep from the day preceding the incident, and reported habitual sleep durations (7 hours a day). Bold portions of the modeled curve show work (in black) and sleep times (in blue). Effectiveness is shown on the vertical axis, with colored fields in the chart background signifying ranges of effectiveness scores including high effectiveness (>90%) in green, and low effectiveness (<65%) in red. Time is shown on the horizontal axis. Markers for work and sleep times are shown in the lanes above the time of day on the horizontal axis.

Post-Incident Toxicology Testing

IO

WMATA's Drug and Alcohol Program determined that the IO complied with the Drug and Alcohol Policy and Testing Program Policy 7.7.3/7.

CTEM #1

WMATA's Drug and Alcohol Program determined that the CTEM #1 complied with the Drug and Alcohol Policy and Testing Program Policy 7.7.3/7.

CTEM #2

Incident Date: 12/08/2025 Time: 10:21 hours
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WMATA's Drug and Alcohol Program determined that CTEM #2 complied with the Drug and Alcohol Policy and Testing Program Policy 7.7.3/7.

Findings

- There were no injuries or damage as a result of this event.
- CTEM #1 initially operated JR-03's onboard radio while CTEM #2 operated the unit. Both were in the cab as the unit was moving.
- The IO gave CTEM Mechanic #1 an absolute block clearing signal D99-96 without stating the signal at the end of the block.
- The IO turned their attention away to speak with the Terminal Supervisor before the move was completed.
- CTEM #2 did not stop the unit and confirm if signal D99-68 was their governing signal before passing.
- Both CTEM personnel were assigned to Alexandria Yard and were unfamiliar with the signals located at New Carrollton Yard.

Immediate Mitigation to Prevent Recurrence

- CTEM #1 was removed from service.
- CTEM #2 was removed from service.
- The IO was removed from service.
- Signals D99-68 and D99-64 were inspected, and no damage was identified.
- Switch D99-63 was inspected, and no damage was identified.

Probable Cause Statement

The most probable cause of the Red Signal Overrun event at New Carrollton Yard on December 8, 2025, was a failure to adhere to procedures within the Metrorail Operating Rulebook (MOR). Specifically, CTEM Mechanic #2 operated the RMM past signals displaying red aspects without permission.

Contributing factors to this event were a lack of experience, a lack of communication, and distraction. Specifically, both CTEM #1 and #2 were unfamiliar with the layout of the yard and were unaware of the governing signal locations. They did not inform the IO that they could not locate signal D99-96, and the IO did not inform the CTEM Mechanics that signal D99-68, at the end of their block, displayed a red aspect. In addition, the IO failed to monitor the yard move to completion and began a telephone conversation with the Terminal Supervisor, turning their full attention away from the yard move.

Recommended Corrective Actions

Corrective Action Code	Description	Responsible Party	Estimated Completion Date
133134MX_SAF ECAPS_CTEM_0 01	CTEM #1 has been restricted from all RMM movement activities until recertified by the Office of Technical Skills Maintenance Training (TSMT). (RC-1)	CTEM SRC	2/28/2026

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Corrective Action Code	Description	Responsible Party	Estimated Completion Date
133134MX_SAF ECAPS_CTEM_002	CTEM #2 has been restricted from all RMM movement activities until recertified by TSMT. (RC-2)	CTEM SRC	2/28/2026
133134MX_SAF ECAPS_CTEM_003	CTEM #1 was disciplined in accordance with their department's disciplinary procedure matrix. (RC-3)	CTEM SRC	Completed
133134MX_SAF ECAPS_CTEM_004	CTEM #2 was disciplined in accordance with their department's disciplinary procedure matrix. (RC-4)	CTEM SRC	Completed
133134MX_SAF ECAPS_CTEM_005	CTEM issued a Safe Movement of Roadway Maintenance Machines Memorandum. (RC-5)	CTEM SRC	Completed
133134MX_SAF ECAPS_CTEM_006	CTEM personnel at Alexandria Yard discussed the Safe Movement of Roadway Maintenance Machines Memorandum during their Safety Briefing. (RC-6)	CTEM SRC	Completed
133134MX_SAF ECAPS_CTEM_007	CTEM personnel to be provided with access to Yard Maps at each location. (RC-7)	CTEM SRC	Completed
133134MX_SAF ECAPS_RTRA_001	RTRA issued a Lessons Learned Memorandum for Red Signal Overrun Incidents Involving RMMs to all RTRA personnel. (RC-1)	RTRA SRC	Completed
133134MX_SAF ECAPS_RTRA_002	The IO was disciplined in accordance with their department's disciplinary procedure matrix.	RTRA SRC	Completed
133134MX_SAF ECAPS_RTRA_003	The IO was sent for Reinstruction Training, focusing on the movement of RMMs within the yard under absolute blocks and monitoring moves to completion. The IO was also monitored in the performance of their duty.	RTRA SRC	Completed

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Appendices

Appendix A – Interview Summaries

The narratives below 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.

RTRA

IO

The IO is a Metro employee with 11.5 years of service and 1 year of experience as an Interlocking Operator. The IO holds a Roadway Worker Protection (RWP) Level 2 certification that expires in June 2026.

During the formal interview, the IO stated that the operator of JR-03 contacted them and requested a block from behind signal D99-126 to clear signal D99-100. The IO gave JR-03 an absolute block from signal D99-126 to clear signal D99-96. The IO stated that the operator repeated back their instructions. The intent was that once the RMM passed D99-96, the IO would set a lunar signal at D99-96 so the RMM could clear signal D99-100. The IO received a telephone call for a train swap, and once they looked back at their interlocking board, they observed the RMM continued to move past the permitted block, overrunning two signals. The IO radioed JR-03 and instructed the operator to stop moving and informed the operator of the red signal overruns. The IO notified the MICC and their Division Management.

When asked, the IO stated that they were not distracted by the phone call. Their job functions require them to multitask on a continuous basis. The IO stated that they knew there were two (2) individuals aboard JR-03, but believed one was operating the unit while the other was acting as a flag person.

When asked the IO did not recall if they informed the operator of JR-03 of the ending governing signal.

CTEM

CTEM #1

The CTEM #1 is a Metro employee with 1.5 years of service and 1 year of experience as a CTEM Mechanic Helper. CTEM #1 holds a Roadway Worker Protection (RWP) Level 2 certification that expires in October 2026.

During the formal interview, CTEM #1 stated that they were sent with CTEM #2 from Alexandria Yard to New Carrollton Yard to perform preventive maintenance on RMM, JR-03. CTEM #1 stated that the RMM had to be brought into the shop. CTEM #1 and CTEM #2 boarded the RMM. CTEM #2 operated the RMM, and CTEM #1 made radio transmissions to the IO. The IO instructed CTEM #1 to contact them after verifying they had cleared signal D99-96. CTEM #1 stated that once the RMM was moving, CTEM #1 was checking signals that they passed, looking for signal D99-96. Both CTEM #1 and CTEM #2 were in the main cab at the time, and CTEM #1 did not act as a flag person. When asked if it was common practice for a person who was not operating the RMM to communicate with the tower using the radio, CTEM #1 stated that, in the time they have been with the company, they have not seen it done before. CTEM #1 stated that at the time of the

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event, they had only been to New Carrollton Yard once before and were unfamiliar with the yard signals.

CTEM #2

The CTEM #2 is a Metro employee with 5 years of service and 1.5 years of experience as a CTEM Mechanic. CTEM #2 holds a Roadway Worker Protection (RWP) Level 2 certification that expires in March 2026.

During the formal interview, the CTEM #2 stated that they were sent with CTEM #1 from Alexandria Yard to New Carrollton Yard to perform preventive maintenance on RMM, JR-03. CTEM #2 was operating the RMM, and CTEM #1 was on the unit's onboard radio with the tower. The instructions received were to clear signal D99-96 and to notify once they had cleared the signal. Both CTEM #1 and CTEM #2 were in the main cab of JR-03 at the time, and CTEM #1 did not act as a flag person. CTEM #2 instructed CTEM #1 to look for signal D99-96. CTEM #2 stated they thought signal D99-96 was facing the direction of travel and not on a passed signal. Once CTEM #2 reached signal D99-92, they believed they may have passed signal D99-96, but were assured by CTEM #1 that they had not reached signal D99-96 and that the red signal was for the adjacent track. CTEM #1 instructed CTEM #2 to continue. Once the RMM approached the first red signal CTEM #2 voiced concern but was told by CTEM #2 that they had not reached signal C99-96 and were instructed by CTEM #1 to continue. CTEM #2 then passed a second red signal and again voiced concern and was instructed by CTEM #1 to continue. Once the RMM approached the train wash, CTEM #2 stopped the RMM, took control of the radio, and called the tower. CTEM #2 stated there were radio communication issues in New Carrollton Yard, and they had to move the RMM to establish radio communications. Once radio communication was established, the IO informed CTEM #2 that they had gone past two signals displaying red aspects.

RAIL TRANSPORTATION
NEW CARROLLTON DIVISION INTERLOCKING REPORT

NAME	TIME	DATE
[REDACTED]	10:24	12-8-2025
SUBJECT	JR03 Red Signal(s) Overrun	
TO		
COMMENTS	JR03 ([REDACTED]) was holding D99-126. Requested a block to clear D99-100. I gave JR03 instructions to clear D99-96. JR03 Passed D99-68 + D99-64 signal Red at 10:24am. I instructed JR03 to stop his unit and await instructions.	
	[REDACTED]	

Figure 2 – Interlocking Operator's Written Statement, page 1 of 1.

Incident Date: 12/08/2025 Time: 10:21 hours
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Drafted By: SAFE 708 – 01/12/2026
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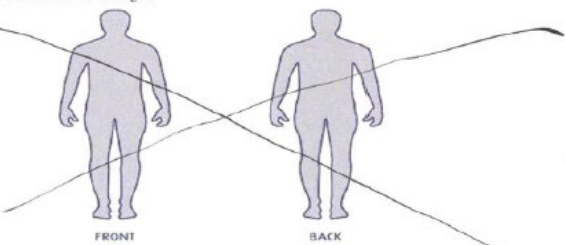
Appendix C – CTEM #1's Written Statement

Supervisor [Redacted]

M **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
Address		E-Mail	
Incident Information			
Date	Incident Time	Date/Time Reported	Location
12-8-25	11:20	12-8-25	New Carrollton Yard
Incident ID# (from OCC) – Completed by Supervisor			SMS Incidents/Accidents Report# Completed by Supervisor
What happened prior to the incident/accident?			
Describe the incident/accident			
I [Redacted] was an Eyewitness of [Redacted] run through a Red Signal			
no one was injured in the incident			
What happened after the incident/accident?			
drug test at L'Enfant plaza			

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.



FRONT BACK

Turn Over to Complete Employee and Injury Information ➔

Figure 3 - CTEM #1's Written Statement, page 1 of 2.

Incident Date: 12/08/2025 Time: 10:21 hours
Final Report v.1 – Red Signal Overrun
E252481

Drafted By: SAFE 708 – 01/12/2026
Reviewed By: SAFE 707 – 02/10/2026
Approved By: SAFE 707 – 02/10/2026

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**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 Name, First Name, MI)	Witness? ☒ Yes ☐ No	D.O.B.	Employee ID
[Redacted]			689
Phone Number	Job Title	Department/Division (Company)	
	Mechanic Helper	CTEM	
Last Day Worked (Prior to)	Hours Worked (in last 24 hours)	Date/Time Shift Began	
12-5-25	0 hrs	5:51am 12-8-25	
On Overtime? ☐ Yes ☒ No	Personal Protective Equipment used (list)		
	All PPE		
Time asleep, before the incident?			
Fell Asleep ☒ 6 hrs Wake up ☒ 3pm			
Was this the sleep schedule for the last seven days, including days off? ☐ Yes ☒ No			
How alert were you immediately prior to the incident? Fully Alert ☐ Moderately Alert ☒ Drowsy ☐ Fighting Sleep ☐			
Secondary Employment (Write None if employee does not have secondary employment)			
Name of Secondary Employer		☐ Full Time	Work Hours
		☐ 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: ☐ MD ☐ VA ☐ DC)			
Witness information (Name, Phone Number, Email, address)			
Did Another Person Cause this Injury? ☐ Yes ☒ No		Name of Responsible Party	
Responsible Party Insurance Carrier/Agent		Phone Number	
Are you able to Continue Work? ☐ Yes ☒ 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: [Redacted] Date: 12-8-25

Original: RISK

Copy: (1) SMS Incidents/Accidents (SAFE)

(2) Employee File

(3) Employee

Figure 4 - CTEM #1's Written Statement, page 2 of 2.

Incident Date: 12/08/2025 Time: 10:21 hours
Final Report v.1 – Red Signal Overrun
E252481

Drafted By: SAFE 708 – 01/12/2026
Reviewed By: SAFE 707 – 02/10/2026
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Appendix D – CTEM #2's Written Statement

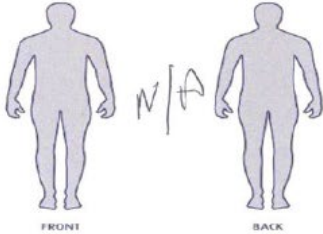
Witness or Employee Statement Form		TO BE COMPLETED AND DISTRIBUTED WITHIN 24 HOURS	
Washington Metropolitan Area Transit Authority			
Involved Person or Witness (Use this Block for Non-WMATA Involved Person or Witness)			
Name	Phone Number	E-Mail	
Address			
Incident Information			
Date	Incident Time	Date/Time Reported	Location
12/8/25	1100	1100	New Carrollton Yard
Incident ID# (from OCC) – Completed by Supervisor			SMS Incidents/Accidents Report# Completed by Supervisor
What happened prior to the incident/accident?			
Preparing to complete Yard moves			
Describe the incident/accident			
[redacted] called tower while i was waiting to do the Yard move. Once we were cleared to travel to signal 96 i asked [redacted] to assist with locating the signal. As we were traveling i felt we were going to far. [redacted] told me we never passed signal 96an you have to clear it. I was approaching the Red Signals and went to stop [redacted] said not to because we never passed signal 96			
What happened after the incident/accident?			
After passing 2 Red Signals and approaching the train wash [redacted] still told me to keep going. at that point i knew we went to far an notified tower myself.			
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 - CTEM #2's Written Statement, page 1 of 2.

Incident Date: 12/08/2025 Time: 10:21 hours
Final Report v.1 – Red Signal Overrun
E252481

Drafted By: SAFE 708 – 01/12/2026
Reviewed By: SAFE 707 – 02/10/2026
Approved By: SAFE 707 – 02/10/2026

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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 Name, First Name, MI)		Witness? ☐ Yes ☒ No	DOB	Employee ID	Union
[Redacted]			[Redacted]	[Redacted]	684
Phone Number	Job Title	Department/Division (Company)		Time asleep, before the incident?	
[Redacted]	Neelhanra	CTEM		Fell Asleep 5:30P Wake up 4:15A	
Last Day Worked (Prior to)	Hours Worked (in last 24 hours)	Date/Time Shift Began		Was this the sleep schedule for the last seven days including days off?	
11/12/25	12	555A44		Yes ☒ No ☐	
On Overtime?	Personal Protective Equipment used (list)		How alert were you immediately prior to the incident? Fully Alert ☒ Moderately Alert ☐ Drowsy ☐ Fighting Sleep ☐		
☒ Yes ☐ No	N/A				
Secondary Employment (Write None if employee does not have secondary employment)					
Name of Secondary Employer			☐ Full Time ☐ Part Time	Work Hours	
None					
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: ☐ MD ☐ VA ☐ DC)					
Witness Information (Name, Phone Number, Email, address)					
Did Another Person Cause this Injury? ☐ Yes ☒ No			Name of Responsible Party		
Responsible Party Insurance Carrier/Agent			Phone Number		
Are you able to Continue Work? ☐ Yes ☐ 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: [Redacted] Date: 12/8/25

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

Figure 6 - CTEM #2's Written Statement, page 2 of 2.

Incident Date: 12/08/2025 Time: 10:21 hours
Final Report v.1 – Red Signal Overrun
E252481

Drafted By: SAFE 708 – 01/12/2026
Reviewed By: SAFE 707 – 02/10/2026
Approved By: SAFE 707 – 02/10/2026

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Appendix E – RTRA Managerial Incident Investigation Report



Washington Metropolitan Area Transit Authority

Office of Rail Transportation: Managerial Incident Investigation Report



Incident Status: **PRELIMINARY**

GENERAL INCIDENT INFORMATION

Incident Type:	Red Signal Overrun	Delay (Minutes):	None
Incident Date:	Monday, December 08, 2025	Vehicles Involved:	Track Unit JR03
Incident Time:	10:24am	First Reported By:	Interlocking Operator [REDACTED]
Location:	New Carrollton Yard (D99)		

BRIEF DESCRIPTION:

At approximately 10:24am, Track Unit JR03 overran signals D99-64 & D99-68 in New Carrollton Yard. Track personnel [REDACTED] # [REDACTED] was operating JR03 and Track personnel [REDACTED] was the flagman. Both Track personnel and the Interlocking Operator were removed from service. No damage to switch #63 was reported by Track Unit # [REDACTED].

Key Employees Involved & Employee Statements:

Interlocking Operator [REDACTED] Written Statement- "JR03 ([REDACTED] # [REDACTED]) was holding D99-126. Requested a block to clear D99-100. I gave JR03 instructions to clear D99-96. JR03 passed D99-68 and D99-64 signal red at 10:24am. I instructed JR03 to stop [REDACTED] unit and await instructions"

Post Incident Testing & Employee History:

Interlocking Operator [REDACTED] was transported for post incident testing

Interlocking Operator [REDACTED] has been an employee since June 23, 2014
Interlocking Operator [REDACTED] has been an Interlocking Operator since May 25, 2025. Operator [REDACTED] has no operation violations within the last 5 years

SIGNIFICANT INCIDENT TIMELINE:

- Track Unit JR03 was standing behind D99-126 signal
- Interlocking Operator [REDACTED] gave Track Unit JR03 permission to clear D99-96 signal
- Track Unit JR03 was notified to stop by Interlocking Operator [REDACTED] and it was discovered that Red Signals D99-64 and D99-68 were overran (10:24a).
- Interlocking Operator [REDACTED] notified MICC and Division Management.
- RTRA Management [REDACTED] and [REDACTED] arrived at D99 Tower (10:37a)
- SAFE [REDACTED] arrived (10:40am)
- Track Unit # [REDACTED] and ATC [REDACTED] arrived (11:05a)
- Interlocking Operator [REDACTED] was transported for Post Incident Testing by Supv. [REDACTED] (11:30am)
- Track Unit # [REDACTED] reported no damages to switch #63

Figure 7 - RTRA Managerial Incident Investigation Report, page 1 of 3.

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Washington Metropolitan Area Transit Authority



Office of Rail Transportation: Managerial Incident Investigation Report

SIGNIFICANT FINDINGS & PENDING ISSUES:

Key Findings:

D99-96 Signal was not facing the Vehicle Operator and a governing signal, flagman, and or Interlocking Operator would have needed to notify the Vehicle operator that JR03 was clear of that signal.

No damage to switch #63

Pending:

- Was a governing signal to stop provided by the Interlocking Operator.
- Where was the flagman positioned on the unit to notify the vehicle Operator that the vehicle was clear of D99-96 signal.

CORRECTIVE ACTIONS:

Pending

Figure 8 - RTRA Managerial Incident Investigation Report, page 2 of 3.

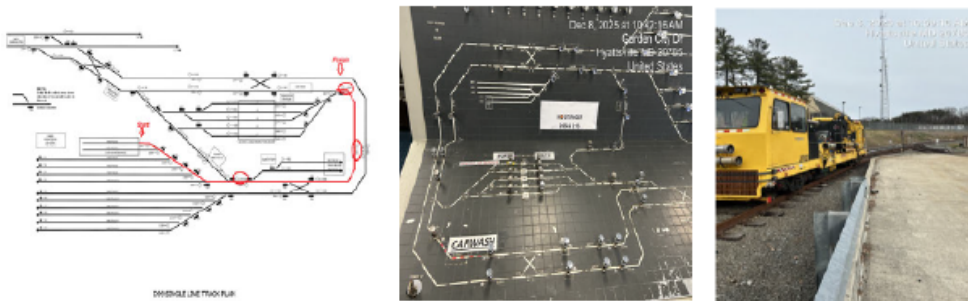


Washington Metropolitan Area Transit Authority



Office of Rail Transportation: Managerial Incident Investigation Report

INCIDENT PHOTOS: ATTACH ANY SIGNIFICANT PHOTOS BASED ON THE INITIAL INCIDENT INVESTIGATION.



Report Prepared by: Superintendent [REDACTED] 12/8/2025

Report Reviewed by: _____

Figure 9 - RTRA Managerial Incident Investigation Report, page 3 of 3.

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Safe Movement of Roadway Maintenance Machines

Your full understanding of the operations of equipment and Metrorail operating rules is required and expected to prevent accidents. One single rule violation, or improper operation of equipment, could be disastrous and lead to a fatality. Please be reminded that the follow rules are there to protect you and your co-workers and prevent accidents. If you aren't sure about a rule, or an instruction from the Interlocking Operator, or the operation of equipment, don't move until you are completely sure. All planned movements should be planned and understood by all parties involved. By being prepared and understanding your job, and following rules, you contribute to a safe workplace for all.

3.3 Signals Requiring a Stop Rail vehicles shall not be operated past or closer than a point 10 feet in approach of an interlocking signal or lamp displaying a red aspect, a red flag, or a dark interlocking signal, except at a bump post or entering a pocket track, or unless authorized by the Rail Traffic Controller or the Interlocking Operator and the move is consistent with customer safety.

11.1 Operator or employee-in-charge of a Roadway Maintenance Machine shall be responsible for its safe movement and proper operation. Operators shall maintain a constant lookout in the direction of travel.

11.2.1 Only those employees who have been trained to operate those vehicles, and who have also met the training and qualification requirements prescribed for their function by the Office of Rail Transportation shall operate Roadway Maintenance Machines.

11.5.5 When occupying controlled track, Roadway Maintenance Machines must not pass interlocking signals without additional authority.

Figure 10 - CTEM's Safe Movement of Roadway Maintenance Machines Memorandum, page 1 of 1.

Office of Rail Transportation

Lessons Learned




*Looking back,
to effectively move forward*

January 6, 2026
Number: 2026-303-22-00

Red Signal Overrun Incident Involving Track Units

INCIDENT SUMMARY

There have been two (2) Red Signal Overruns involving track units within the past two months. The first occurred at Alexandria Yard (C99) on October 3rd, where PM 54 overran C99-220 signal red. On December 8th, at New Carrollton Yard (D99), track unit JR03 overran signals D99-68 & D99-64 signals red.

ROOT CAUSES

During the Alexandria yard incident, the Interlocking Operator gave PM 54 an absolute from C99-146 signal to clear C99-162 signal, near the roadway crossing. A proper repeat back was given by PM 54 however the unit passed C99-220 signal red. During the New Carrollton Yard incident, JR03 was holding at D99-126 signal. The Interlocking Operator gave JR03 permission to clear D99-96 signal, however JR03 passed D99-68 and 64 signals red after clearing D99-96 signal. In both incidents there were no reported injuries or damage to switches.

RULE REMINDERS

Interlocking Operator’s Manual

- The Interlocking Operator shall be responsible for the coordination of all yard operations and functions during his/her tour of duty
- The Interlocking Operator shall be responsible for safe operations of all rail and roadway vehicles in the yard.
- The Interlocking Operator shall set and verify a complete route for the move to be made and monitor the move until it is completed.
- An operator shall only be stopped at a governing signal. Yard moves shall be governed by signals at all times.

MOR 3.3 Signals Requiring a Stop

Rail vehicles shall not be operated past or closer than a point 10 feet in approach of an interlocking signal or lamp displaying a red aspect, a red flag, or a dark interlocking signal, except at a bump post or entering a pocket track, or unless authorized by the Rail Traffic Controller or the Interlocking Operator and the move is consistent with customer safety.

MOR 3.4.2 If a rail vehicle runs through an improperly aligned

track switch, the Rail Vehicle Operator shall stop the vehicle immediately, and report the occurrence to the Rail Traffic Controller or the Interlocking Operator. All parties shall treat the situation as if the vehicle has derailed, and the vehicle shall not be moved. Subsequent movement of the affected rail vehicle shall not be undertaken until investigated and determined to be safe by authorized personnel.

LESSONS LEARNED

What happened...	What should have happened...
(C99 Incident) The Interlocking Operator gave PM 54 an absolute block from C99-146 signal to clear C99-162 signal. PM 54 repeated the instructions and cleared C99-162 signal but in doing so continued pass C99-220 signal red	<i>The Interlocking Operator (IO) should have given PM 54 an absolute block from C99-146 signal no closer than 10ft of C99-220 signal red, clearing C99-162 signal.</i> <i>This communication would have ensured/alerted PM 54 that C99-220 signal was red...</i>
(D99 Incident) JR03 was holding at D99-126 signal and requested permission to move and clear D99-100 signal. The Interlocking Operator gave JR03 permission to clear D99-96 signal, however in doing so JR03 passed D99-68 and 64 signals red after clearing D99-96 signal.	<i>The Interlocking Operator (IO) should have given JR03 an absolute block from D99-126 signal no closer than 10ft of D99-68 signal red, clearing D99-96 signal.</i> <i>This communication would have ensured that the unit was moving on a block as required and alerted JR03 that D99-68 signal was red...</i>

Figure 11 - RTRA’s Lessons Learned Memorandum, page 1 of 2.

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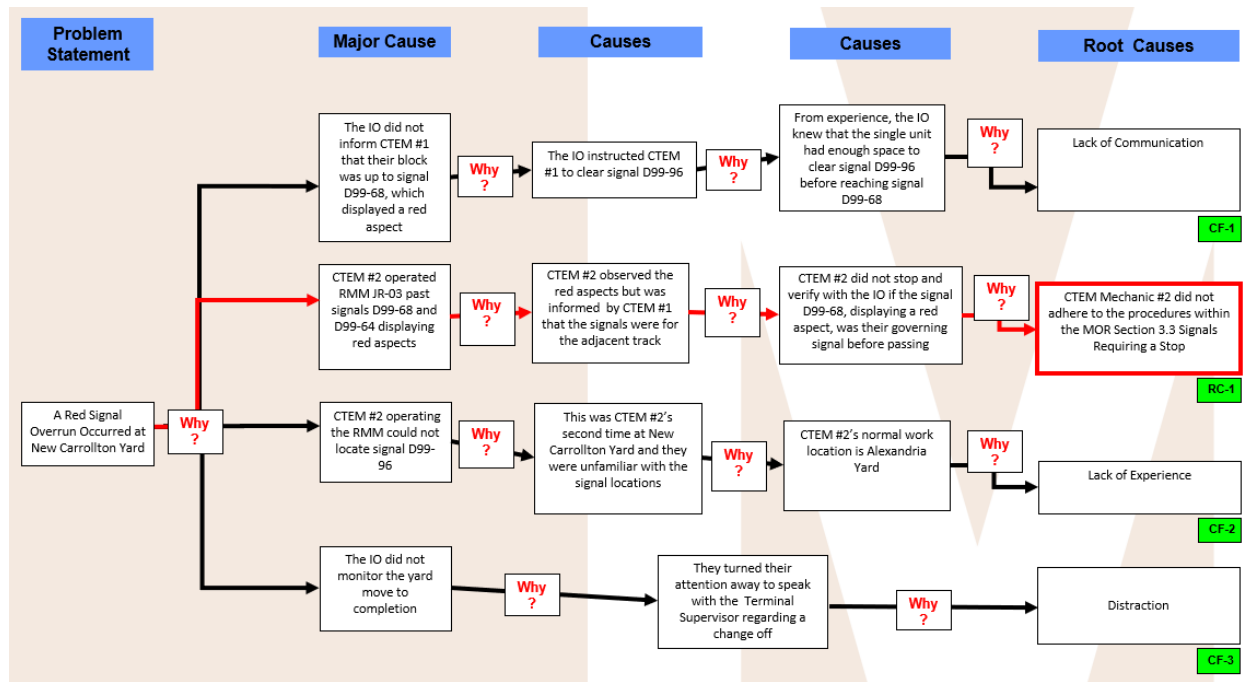
Drafted By: SAFE 708 – 01/12/2026
 Reviewed By: SAFE 707 – 02/10/2026
 Approved By: SAFE 707 – 02/10/2026

RECOMMENDATIONS

- ✓ The Interlocking Operator shall ensure a complete route is set for the move to be made and monitor the move until completed.
- ✓ The Interlocking Operator can advise a train/track unit that they have cleared a signal only after setting a complete lead and proper communication/repeat back.
- ✓ The Interlocking Operator must ensure yard moves are governed by signals at all times.
- ✓ The Interlocking Operator shall stress the importance of verifying lunar signals, rail alignment and to move no closer than 10 feet of a red signal while operating trains/track units within the yard.

Figure 12 - RTRA's Lessons Learned Memorandum, page 2 of 2.

Appendix H – Why-Tree Analysis



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