

Tank Car Accident Damage Report

RSI-AAR Tank Car Safety Project

Form TCAD-2.0 (Oct. 2015)

Complete this form for every car with accident damage to the tank, top fittings, bottom fittings, or tank jacket.

- For shipped cars, the repair shop will complete the **CAR IDENTIFICATION, CAR DAMAGE, and ACCIDENT INFORMATION** (if available) sections of this form and forward the completed form to: TCAD Project, Sims Professional Engineers, 2645 Ridge Rd., Highland, IN 46322-1687, FAX: (219) 838-0033, or e-mail: TCAD@SimsPE.com.
- The railroad will complete all three sections and forward the completed form with **electronic photos (if available)** to the TCAD Project address listed above.

CAR IDENTIFICATION - Enter the following items as stencilled on the car

Car Marks and Number _____ CAPY (GAL) _____
Stencilled Spec. _____ BLT (DATE) _____ LD LMT (LB) _____

CAR DAMAGE

Was car exposed to fire? No Yes Will car be repaired? No Yes

Check the boxes below that describe the damage to the indicated areas:

Tank Damage:

None

If 2 dents and 1 crack (for example), complete columns 1, 2, and 3. If more than 6 areas of damage, attach a second form.

Type of Damage (Check One):

	1	2	3	4	5	6
Dent, Surface Crack or Gouge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Through Crack, Tear, Puncture or Rupture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulge or Other Damage Due to Fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Size of Damage (inches):

Length of Dent, Crack, Gouge, Tear, or Puncture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Width of Dent, Gouge, Tear, or Puncture	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Location of Damage (Check One):

Head - All or Most of Damage Above Center Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head - On or equally above and below Center Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head - All or Most of Damage Below Center Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Destroyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell - Outbound of Bolster Below Center Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell - Inbound of Bolster Below Center Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell - Outbound of Bolster Above Center Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell - Inbound of Bolster Above Center Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shell Destroyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Top Fittings Damage:

Type of Fitting Damaged:

- None
- Manway Cover
- Safety Vent
- Safety Valve
- Fill Hole Cover
- Vacuum Relief Valve
- Liquid/Vapor Valves
- Top Operated OVOM
- Other _____

Type of Damage:

- Loose Fitting
- Damaged Fitting
- Missing Fitting
- Damaged Nozzle
Flange, Cap, etc.
- Missing Nozzle,
Flange, Cap, etc.
- Other _____

Bottom Fittings Damage:

Type of Fitting Damaged:

- None
- External Ball Valve
- Internal Ball Valve
- Internal Plug Valve
- Butterfly Valve
- Wafer Sphere Valve
- Washout
- Other _____

Type of Damage:

- Loose Fitting
- Damaged Fitting
- Missing Fitting
- Damaged Nozzle
Flange, Cap, etc.
- Missing Nozzle,
Flange, Cap, etc.
- Other _____

Bottom Skid Damage: No Yes

Head Shield Damage:

A: No Yes B: No Yes

Jacket Damage:

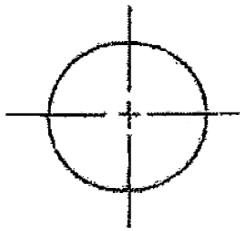
- None
- Slight (< 1/4)
- Moderate (1/4 to 1/2)
- Extensive (> 1/2)

ACCIDENT INFORMATION (if available)

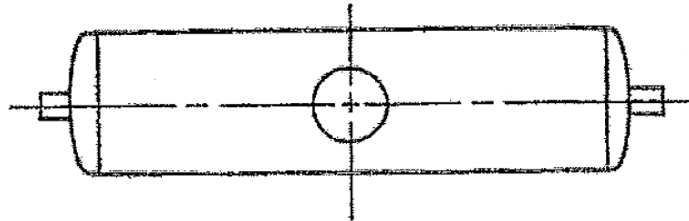
Accident Date _____ Location _____ Carrier _____
At the time of the accident, car was Loaded Empty Unknown
Lading (or Residue) Name or STCC Code _____
Amount of Lading Released (U.S. Gallons) _____

Car Damage Information Completed by: _____

Date: _____

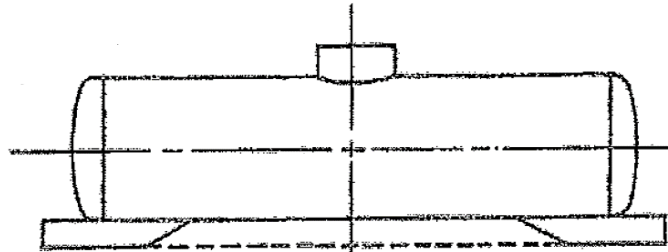


Top View
"A" End



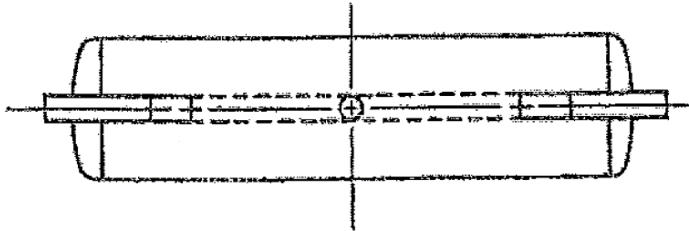
"B" End

Side View
"A" End

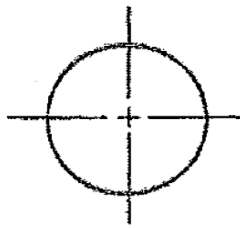


"B" End

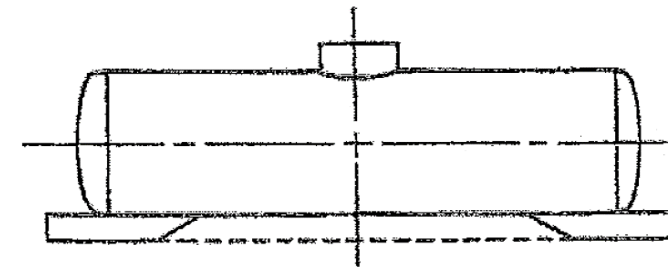
Bottom View
"A" End



"B" End



Side View
"B" End



"A" End