

Appendix M

Interview Transcript, Battalion Chief Mark Jones  
Survival Factors Group Chairman's Factual Report

Metrolink train 111  
Union Pacific train LOF 65-12  
Los Angeles, California  
September 12, 2008  
DCA-08-MR-009

UNITED STATES OF AMERICA  
NATIONAL TRANSPORTATION SAFETY BOARD  
OFFICE OF ADMINISTRATIVE LAW JUDGES

\* \* \* \* \*  
Investigation of: \*  
\*  
HEAD-ON COLLISION OF A METROLINK \*  
COMMUTER TRAIN WITH A UNION \*  
PACIFIC FREIGHT TRAIN, \* Docket No.: DCA-08-MR-009  
September 12, 2008 \*  
Los Angeles, California \*  
\* \* \* \* \*

Interview of: CHIEF MARK JONES

Los Angeles, California

Thursday,  
September 18, 2008

The above-captioned matter convened, pursuant to  
notice.

BEFORE: DANA SANZO

## APPEARANCES:

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Liaison with Metro Rail

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Railroad Operations Safety Branch

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Sheriff's Department  
County of Los Angeles

JENNIFER SCHUSTER  
Federal Railroad Administration

I N D E X

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I N T E R V I E W

1  
2 MS. SANZO: My name is Dana Sanzo. I'm an Accident  
3 Investigator with the National Transportation Safety Board, and  
4 we're conducting an interview for Accident Number DCA-08-MR-  
5 009, the collision of Metrolink train and UP freight train in  
6 Los Angeles, California.

7 And if we could start by going around the table and  
8 everyone can state their names and their organizations please.

9 MS. SCHUSTER: Jennifer Schuster, Federal Railroad  
10 Administration.

11 MR. TAPIA: Carlos Tapia, Motor Power and Equipment  
12 Inspector in the Railroad Operations Safety Branch of the  
13 California Public Utilities Commission.

14 MR. OJEDA: Jesus Ojeda, Metrolink Security  
15 Coordinator, assigned to NTSB to assist in the investigation  
16 process.

17 SGT. SUTTER: Nina Sutter, LA County Sheriff's  
18 Department, Sergeant, assigned to Metrolink Bureau.

19 CHIEF JONES: Mark Jones, Battalion Chief, City of  
20 Los Angeles Fire Department, Battalion 17.

21 CHIEF QUINTANAR: John Quintanar, Battalion Chief, LA  
22 Fire, assigned to Metro Rail and assisting in the investigation  
23 of the crash.

24 MS. SANZO: Thanks, everyone, for being here today.

25 INTERVIEW OF CHIEF MARK JONES

1 BY MS. SANZO:

2 Q. And, Chief Jones, if you could just tell us about  
3 when you were notified and just take us through the afternoon.

4 A. I don't have the exact time, but approximately 4:00,  
5 the incident came in over the teletype and the audio system  
6 here. I was in quarters. En route or a couple of blocks out,  
7 since we were going to the next battalion up, which is  
8 Battalion 15, approximately 5 to 6, maybe 7 miles north of this  
9 location, I was looking at all the units being dispatched, and  
10 I was on the Glendale Metrolink crash. So I had a little bit  
11 of experience, not a lot, but I had gone through that. For  
12 some reason, I had a sixth sense. I just -- I assumed this was  
13 going to be catastrophic, and en route, I called our dispatch  
14 downtown and talked to the floor captain and said, you know,  
15 this could be bad, you might want to stage or start moving our  
16 helicopters to the north and stage them up on Rinaldi as far as  
17 our air ambulances, just anticipating moving a lot of people.  
18 And he concurred with that and actually they had already  
19 started to. So we were the second BC arriving in which was  
20 Chief Roemer, and again I knew he was a new chief, and being  
21 first in, a lot of times in an incident this catastrophic, the  
22 first in I see just gets lost. They just get absorbed by the  
23 incident, and I call it getting sucked in by the dragon. So I  
24 arrived on scene with my boss, Scott Mottram, and we were lucky  
25 not to go right to the incident, but we came up the driveway to

1 the school and were in the parking lot to the east, and at that  
2 time, Chief Mottram and I had a discussion. We co-located. Do  
3 you want me to just keep telling the story?

4 Q. Certainly. You're doing great.

5 A. And the first arriving resources were already on the  
6 train. They had actually gone to the dispatched address, which  
7 was I think the street over to the other side of the tracks,  
8 and we had the luxury of coming from the east. It was pretty  
9 quiet. We could see the smoke and fire, what was going on, and  
10 Mottram and I were going to establish the incident command  
11 system, and he looked at me, we went face-to-face, and said,  
12 Mark, go ahead and take medical group, which is thank you very  
13 much. And I already, you know, from our training, I already  
14 knew what my job responsibilities and roles would be.  
15 Basically I needed to acquire the patients. I needed to triage  
16 them, treat them, and transport them. It's all easy, easily  
17 said, hard to do. And I walked across the glade, and at the  
18 time where you see the three tarps to the right, there was one  
19 of our 412 helicopters parked and rotating, as far as the  
20 blades. Before I could even get onto the grass, another one of  
21 my helicopters landed to the left of that, and then  
22 simultaneously a Sheriff's helicopter landed to the left side  
23 there. So I had three helicopters. I talked with Joe Foley,  
24 who was our Battalion Chief in the air, as far as air recon or  
25 helco, however you want to call it, asked him to pull the

1 helicopters out. I couldn't do anything that I was assigned to  
2 with all of those helicopters, and they did. And that helped  
3 me out quite a bit. I had a limited staff. I had two  
4 captains, EMS captains, and I think Light Force 28 which is a  
5 captain and several firefighters. We walked to the middle of  
6 the glade. I gave some assignments out real quick. Again, I  
7 had -- I visualized what I wanted to accomplish. We needed to  
8 get the tarps out, and normally when the tarps go out, we've  
9 got three different areas as far as, you know, critically  
10 injured, delayed and minor. Basically there's three different  
11 categories. I always forget the terms. I'm sorry. I know  
12 when we get the people in there. So we set the tarps up. I  
13 asked Captain Eric Lordson (ph.) who was my EMS captain, I said  
14 you're going to help me run the treatment area, and the other  
15 captain, the EMS captain was Colin Smith. I said I want you to  
16 coordinate my transportation, which is the rescues coming in.  
17 With that being said, it was still fairly quiet because I knew  
18 that all hell had broken loose on the other side of the fence.  
19 I mean I just -- I had to think clear and get my whole thing  
20 set up. I walked to the break in the fence, where the arrow is  
21 there, and right as I walked to the break in the fence, I  
22 looked right, I saw the train crash. I looked to the left, and  
23 a platoon of LAPD officers were coming. When I say a platoon,  
24 it was two columns coming up, probably 25 officers led by a  
25 lieutenant or sergeant, and I just -- I grabbed the officer

1 and said I need help. I need you to go up to that train crash  
2 and bring me every person that's injured that you possibly can.  
3 I don't care if they're walking, you know, whatever. I need  
4 them over here. And I walked back into the care area, and it  
5 just seemed like a couple of seconds later, I was just overrun  
6 with just catastrophically injured patients, the full spectrum  
7 of minor all the way to people that were, you know, I didn't  
8 even think were going to make it. We got them on the tarps,  
9 not in an organized fashion, but we got them on the tarps. I  
10 had the LAFD medical doctor, Dr. Epstein, working with me. We  
11 triaged the patients in just a simplistic form. We triaged  
12 them, which means categorizing them. My ground transport was  
13 compromised. I wasn't getting the rescues in like I needed. I  
14 wasn't getting my paramedics in as far as additional resources.  
15 I'm talking to Mottram all the time on our Command 11, and we  
16 all default back to our lowest level of experience, and I knew  
17 I had to get the -- I needed to treat them and I needed to get  
18 them out. I needed that golden hour. So with that being said,  
19 I was talking with Joe Foley in the air, and I asked him,  
20 because there were so many helicopters, probably the most I've  
21 ever seen compared to a brush fire, and I asked him to bring in  
22 every helicopter, and we had the helispot set up to the left  
23 there, and just bring them in like taxis, and I'm going to get  
24 these people out of here, and he did. We were just -- they'd  
25 land, we'd load and get them out. I've been told we

1 transported somewhere between 30 to 45 people, which is a  
2 record for us. That was my main source of transportation  
3 because the ground transport was not coming in in what I  
4 considered an efficient or effective manner. They did  
5 subsequently come in. So we transported a lot of people that  
6 way, and again, my sole job was just to receive the patients,  
7 categorize them, which we call triaging, treat them, stabilize  
8 them to the best of our ability, and then transport them.  
9 We -- I mean in a nutshell, that's, that's what I was assigned,  
10 that's what I did.

11 MS. SANZO: Okay. I'll start by letting the group  
12 ask some questions. I think, Chief, we'll go to you first.

13 BY CHIEF QUINTANAR:

14 Q. Mark, when you mentioned you were dispatched, were  
15 you part of the first alarm, the initial dispatch?

16 A. I think OCD originally had a dispatch they received  
17 over the telephone. They pushed the button on the computer,  
18 and then they got subsequent multiple calls, and I think even  
19 before the first dispatch went out, I'm assuming, they, they  
20 kicked up. I'm assuming that. Nobody's told me that.

21 Q. Okay.

22 A. I was on -- my MDC and my teletype showed Battalion  
23 15 and 17, Division 3, which I don't know if that answers your  
24 question or not. There was probably an early dispatch that  
25 they quickly kicked up.

1 Q. You mentioned that when the patients were being moved  
2 from the impact area to your triage area, and they were -- they  
3 came in through that open gate?

4 A. That is correct.

5 Q. Okay. And then you decided to transport patients via  
6 air?

7 A. Uh-huh.

8 Q. They would move from this point to the helicopter --

9 A. That is correct.

10 Q. -- right, area there. Once your 30 to 45 patients  
11 were already transported, did -- then the route of your  
12 ambulance ground transport, was this one where you're showing  
13 here?

14 A. That is correct.

15 Q. Okay. And they exited out through here?

16 A. To the best of my knowledge. Now, I'm not going to  
17 say that some of them didn't do a U-turn and go out. To my  
18 knowledge, they just passed by us. We loaded and went out that  
19 gate. I've got to admit to you that that whole incident was so  
20 catastrophic. Some of them could have done a U-turn, and I  
21 didn't even know it. The unfortunate thing, I had three  
22 battalion chiefs working with me, which was actually  
23 interesting because that's usually on a curve. You've usually  
24 got captains. I had Battalion Chief Karen Richter, I had  
25 Battalion Chief Tim Ernst, and Battalion Chief Graham Everett,

1 and Karen actually at that -- had the other day came up to me  
2 because she was with me, and said, Mark, I don't know if you  
3 realized it, but everybody that came up thought you were the  
4 Incident Commander because Mottram was up in the trees up there  
5 in the high area. Nobody even saw that. So I was being bogged  
6 down with people tapping on my shoulder, whether they were  
7 patients bleeding, news reporters, police officers asking me.  
8 So in a nutshell, I was overwhelmed. So to answer your  
9 question about the rescues, that was my intention for them to  
10 go out there. I did see some go out there, but I can't tell  
11 you for certain that all of them went out that way.

12 Q. Okay. And they were staged out here in that, in  
13 that -- in whatever that street is?

14 A. Well, they were staged down the street, and then the  
15 ambulance staging actually ultimately was up in the parking  
16 lot, just across the little walkway wash.

17 Q. Where the IC was?

18 A. No, he's up on the hill.

19 Q. Okay. Okay. Did you see the fire yourself?

20 A. When I first peeked through the gate, I looked to the  
21 right. I saw everything. I did see smoke and flame, but I  
22 mean it just -- I was locked onto what I needed to do.

23 Q. Okay. And did you treat to the best of your  
24 knowledge any individuals working for Metrolink or Union  
25 Pacific, like the conductor and/or brakeman or whatever?

1           A.    At this time I couldn't differentiate between any of  
2 the patients.  They were just patients to me.  I didn't notice  
3 any insignias, patches, badges.  They were just patients.

4           Q.    Okay.  Did you find out that there was a LAPD officer  
5 that were succumbed by the injuries?

6           A.    A police officer had come up to me, later on in the  
7 incident, to inform me of such, and then there was talk about  
8 getting a flag and then, you know, getting her out, and that  
9 was I'm going to say middle of the incident.

10          Q.    To the best of your knowledge, you're saying that 30  
11 to 40 patients were flown out.  How many were transported via  
12 ground?

13          A.    The remainder of -- excluding the walking wounded,  
14 and I don't know where they went.

15          Q.    Okay.

16          A.    Because I'm being told now that we treated  
17 approximately 120 people.  And again that's hearsay.

18          Q.    And the walking wounded that were not treated, did  
19 you try to corral them?

20          A.    We actually had -- I mean, when I call the walking  
21 wounded, the very minor people.  At the very end of the  
22 incident, we had nine remaining that we actually transported by  
23 ambulance down to the high school, but I, I know for certain  
24 there had to be a lot more of what we call walking wounded,  
25 which are people that are dazed and just walk off the aircraft

1 or train and just -- and that's actually a challenge trying to  
2 find these people.

3 Q. Did you observe any of the riders exiting to just --  
4 that would be I guess east?

5 A. I saw a lot of people walking down the roadway  
6 adjacent to the train track as we, as we came through that  
7 gate.

8 Q. Do you know who opened that gate?

9 A. No.

10 CHIEF QUINTANAR: That's all I have.

11 MS. SANZO: Sergeant.

12 BY SGT. SUTTER:

13 Q. We had one deputy on the train. Did you come into  
14 contact with him at all?

15 A. As a patient?

16 Q. Yeah.

17 A. I probably did, but I have no knowledge of that. I  
18 mean, I don't recall anybody standing out, the police officer,  
19 the deputy, unless somebody, you know, from your department  
20 came up and apprised me of the situation, but I was not aware  
21 of that.

22 BY MR. OJEDA:

23 Q. Did you guys encounter any problems with entering the  
24 equipment? I know you were at the medical, but did you hear or  
25 notice any type of problems, as you guys were one of the first

1 ones out there, making entry into the cars that were upright?

2 A. I was not part of that operation at all.

3 Q. Okay.

4 A. I was, you know, even though we're removed by a  
5 fence, that just was not in my operation, my mission that I was  
6 assigned, and I was not -- I did not hear over the radio or  
7 hear anybody later on, just small talk. So I was not aware of  
8 that.

9 Q. As the injured passengers are going through your  
10 triage area, how was the method of keeping of track of who was  
11 going where?

12 A. Good question. We normally assign a documentation  
13 officer as far as -- they usually will flow into our treatment  
14 area and our triage, and we have triage tags. It's for  
15 catastrophic medical incidents, and it's a tag that allows us  
16 to categorize people and, as far as, you know, immediate  
17 transport, minor, delayed, et cetera, and they have a number  
18 that corresponds, and in a perfect world, the number gets torn  
19 off the tag and the documentation officer keeps that and the  
20 patient gets transported with the tag, and then we can put two  
21 and two together. Unfortunately at that incident, all the  
22 chief officers have staff assistants which are seasoned  
23 firefighters that are pretty much our assistant. They work  
24 with us as far as documentation. Mine was at training, and I  
25 had a young firefighter, three years, really was not accustomed

1 to this -- especially this kind of level of incident, but kudos  
2 to him. He took down note hand, or as far as documentation all  
3 the ground transport. I think we lost a lot of the  
4 accountability in the air transport as far as we were going,  
5 but we normally in a perfect world monitor every patient that  
6 comes into treatment and goes out into an ambulance or  
7 helicopter as far as the tags, but this incident was at such a  
8 high level of amount of casualties, it broke down a little bit.  
9 It could have been better, but we did to the best of our  
10 ability maintain documentation as far as with the patients.

11 Q. Thank you.

12 MR. OJEDA: That's all I have at this moment.

13 BY MR. TAPIA:

14 Q. I had the same question on tracking the patients and  
15 orderly way of doing it, if they were taken out by helicopter  
16 or by ambulance.

17 A. Normally we will transport the severely injured  
18 patients because we've got to get them to trauma centers. We  
19 actually defaulted towards the end, after we got -- we filtered  
20 through the critically injured people, and we were really  
21 transporting anybody just because we saturated the medical  
22 system so badly, we needed to keep going further out to  
23 hospitals. So we were really transporting anybody we could get  
24 into the helicopter. You know, like your helicopter came in  
25 and I think it carried five patients. That is significant to

1 me as far as getting people out. Usually I'm used to one, one  
2 or two patients. So we were transporting everybody, just  
3 because we saturated the trauma centers as far as the  
4 hospitals.

5 Q. Somewhere along the way in these interviews, I've  
6 heard of a green tag, a red tag and a yellow tag. Are those  
7 the --

8 A. That's part of what we call the triage tag, and  
9 they're really tear offs. You tear off, and then the bottom  
10 portion that's left indicates the assessed condition of the  
11 patient.

12 Q. Is one of them critical, one of them delayed, one of  
13 them minor?

14 A. That is correct. There's also I think --

15 Q. Which one is critical? Is that red?

16 A. You know, I've been so removed from that --

17 UNIDENTIFIED SPEAKER: The last one is deceased.

18 THE WITNESS: We even had deceased, which I think is  
19 black.

20 BY MR. TAPIA:

21 Q. Okay. You said when you were in the triage area,  
22 there was a doctor working with you?

23 A. Dr. Mark Epstein. He's employed by the City of Los  
24 Angeles. He's a medical doctor.

25 Q. And you and he were doing the same thing?

1           A.    No, he was with me, working in conjunction with me.  
2   He was doing patient care.  He had defaulted back, as I think  
3   that he was doing stuff that a lot of medics could not do as  
4   far as different medical procedures which was above and beyond  
5   me, but he was doing patient care.

6           Q.    Okay.  So you didn't go close to the equipment and  
7   the fire and the --

8           A.    You know, the closest I got to the equipment was when  
9   I walked probably 5, 10 feet out of that get.  It just was  
10   not -- I don't want to say not my concern, I just had an  
11   overwhelming task to complete, and I needed to get to it.

12          Q.    When you, when you first heard the call, in other  
13   interviews we've heard some people say that they heard about an  
14   explosion, concerning a car and a train collision.  What was it  
15   that you heard?

16          A.    I've actually looked at the teletype once.  To the  
17   best of my recollection, it was a train -- it was a Metrolink  
18   train derailment.  I recall hearing derail, and again being  
19   that I was at the Glendale derailment, I know how catastrophic  
20   those can be now.

21          Q.    Yeah.

22          A.    And when you hear that in that area, I just assumed  
23   it was going to be bad.

24          Q.    Okay.

25          A.    John's got the tags.  What we do is, these numbers,

1 you know, they'll tear the number off. This number goes to the  
2 patient but you normally tear off so the last tag is what  
3 indicates the status of the person. So if somebody's dead,  
4 they're just going to tear that off. If they were, you know,  
5 severely or critically injured, they're going to be immediate,  
6 and they'll tear off the remainder of that. But this is  
7 what -- and I think most emergency organizations use some type  
8 of documentation like for catastrophic incidents.

9 Q. And so the next -- once you do this, the next step  
10 would be where does the patient go, what hospital?

11 A. That is placed -- hopefully in a perfect world,  
12 that's placed on the patient during triage.

13 Q. Where they go.

14 A. A person will come up to an injured person and  
15 determine their level of injuries. A tag goes over -- or  
16 before, they'll fill out anything, you know, blood pressures  
17 and whatever they do. That goes over their neck, and they pull  
18 off the corresponding tag to indicate what their level of  
19 injury is, and then at sometime, they will be transported out,  
20 and that time they go through the documentation officer who  
21 will like tear of the tag, one of the ears there, and that goes  
22 in the documents, and hopefully it'll correspond to where  
23 they're going, as far as which hospital. We call that the  
24 triage tags.

25 Q. Okay. Thank you.

1 A. You can have that.

2 Q. Okay. Thanks.

3 MR. TAPIA: That's all I have right now.

4 BY MS. SCHUSTER:

5 Q. Do you have a breakdown of the critical --

6 A. Numbers?

7 Q. Yeah. Regular, green.

8 A. I don't personally. I would just give you -- I  
9 couldn't even touch that one.

10 Q. I didn't know if your documentation officer put this  
11 together somehow.

12 A. We did and my bosses were asking -- in fact, at the  
13 incident, they asked me five different times, and I would go to  
14 Dr. Epstein, and I would have said, Doc, what are the numbers  
15 here, you know, and it was hard. I think we're trying to or we  
16 are making an attempt as an organization now to reconcile those  
17 numbers as part of what we actually did.

18 MS. SCHUSTER: I don't have anything else.

19 MS. SANZO: Okay.

20 BY MS. SANZO:

21 Q. I have just a few sort of follow-up questions --

22 A. Uh-huh.

23 Q. -- from what we were talking about. Would you talk  
24 about any difficulties that were due to the site location and  
25 the terrain of the site?

1           A.    You know, actually as locations go from my  
2   standpoint, right, that was actually a good location.  It would  
3   have been significantly more challenging if it was up by the  
4   tunnel.  We had a perfect, you know, treatment.  We had a place  
5   for the helicopters.  In my line of business, that was a good  
6   spot, but it could have been a lot worse, but we had the  
7   potential for a real good flow of resources, you know, a  
8   stable, safe environment, but yet right, really close to the  
9   incident.  So as far as challenges, once I got the helicopters  
10  out, it was good.  I mean we could have had a hazmat exposure.  
11  We could have had flammable liquids, and then all bets are off.  
12  We would have had to pull back further, but as -- it went well.

13           Q.    And do you know of any injuries that happened to  
14  emergency responders during the course of responding to the  
15  accident?

16           A.    I was aware of a couple of my folks just succumbing  
17  to I think just stress and fatigue, I guess is the term.  I  
18  believe I did hear about one of the responders, first  
19  responders, on the train that slipped or fell or whatever, but  
20  I was only -- I think I even transported one of my folks to  
21  Simi Valley Hospital that was fatigue or dehydration.  Nothing  
22  really serious and/or significant, which is good.

23           Q.    Okay.  And in previous interviews, it's been  
24  mentioned there was also as many as five physicians that were  
25  on the scene.  Could you describe how they interacted?

1           A.    When I, when I set up my medical group, I had  
2 Dr. Epstein actually fairly quickly.  Again, he's a medical  
3 doctor employed by the City Fire Department.  Sheriffs in the  
4 latter part of the incident flew out, I believe, a medical team  
5 of five physicians, surgeons, whatever.  Originally we had  
6 declined their offer because we were so late in the incident,  
7 but they arrived anyway, and they came in and we were really in  
8 the, you know, the last 10 percent of our incident.  When I got  
9 there, we had a couple of just volunteers.  I guess they call  
10 them emergent volunteers, a couple of nurses just showed up and  
11 they were assisting us in triaging, plus some good Samaritans  
12 probably were there, too.  There were quite a few civilians  
13 helping us assess patients because my staffing was really  
14 challenged in the beginning.  I didn't have nearly enough  
15 people.  But the five physicians, they showed up really late in  
16 the incident.  I believe they arrived -- the Sheriff's  
17 helicopter brought them in, and they probably just put the  
18 icing on the cake.  It would have been nice to have them in  
19 there earlier because we had some pretty catastrophic injuries.  
20 You know, it's just tough to get people moving like that.

21           Q.    Okay.

22           MS. SANZO:  That's my questions for now.  Chief,  
23 would you like to ask some more questions?

24           BY CHIEF QUINTANAR:

25           Q.    Just, you know, we've been talking to the IC.  We

1 talked to operations, and we're talking to you, medical group.  
2 We see -- I'll ask you this and then just see what your -- what  
3 you think. As far as the people, the individuals that were  
4 removing patients and bringing them to the triage area --

5 A. Uh-huh.

6 Q. -- who were they?

7 A. Predominantly police officers to my recollection,  
8 LAPD, not to say there weren't some sheriffs interspersed with  
9 that. There were probably some civilians in there, too. I  
10 just -- it's one of those things you just see it, you know,  
11 such a significant incident, they just fly over your head. I  
12 can definitely remember the PD because they impressed me. They  
13 actually did exactly what I asked them, and all of a sudden,  
14 you know, it's, it's -- when I stood on the other side of that  
15 fence, 5, 10 minutes after the police went in, it was  
16 significant, the amount of injured people that came around that  
17 fence. It was overwhelming. It seemed like 80 people just  
18 came into our area, and just, you know, get them on the tarps,  
19 and we'll triage them and go from there. So I'm sure that  
20 everybody participated in bringing people in because there were  
21 people being -- limping in with their hand over a shoulder,  
22 people coming in on stretchers, and I didn't see any gurneys.  
23 It was pretty much like battlefield stretchers, but no  
24 recollection besides the cops.

25 Q. Okay. Just for your information, the sheriffs and

1 LAPD both were working hand-in-hand, and they were removing  
2 patients and then transporting patients --

3 A. Right.

4 Q. -- to your area.

5 A. And I don't doubt that at all.

6 Q. Okay. As far as your -- the medical group, you  
7 mentioned 28s.

8 A. Uh-huh.

9 Q. That was a captain II, of course. And you mentioned  
10 the two paramedic captains. With those individuals, were there  
11 any additional that you can remember or you assigned to?  
12 Because you mentioned the three T, triage, transportation  
13 and --

14 A. Right. You know, they trickled in not nearly as  
15 quickly as I needed them and/or wanted them because I mean I  
16 recall going back to the incident commander and asking give me  
17 every paramedic you can get a hold of. I think, and I've been  
18 told, and I also surmised that a lot of folks passed me and  
19 went right to the train and probably participated in  
20 extrication and did not participate in treating the patients  
21 because every time I looked, it seemed like we were always down  
22 staffing. I mean, I could have used, you know, 50 to 100 more  
23 people to help me treat in -- at the zenith point of this  
24 incident, and I know we received more people but, in fact, I  
25 recall seeing Task Force and/or Light Force 73 there, 72s was

1 there. So they did filter in, but besides just numerical  
2 recognition, I -- they just -- they filtered in.

3 Q. Okay. Normally the first arriving rescue ambulance  
4 initiates --

5 A. Communication.

6 Q. And then the second paramedic with triage. Is that  
7 what occurred?

8 A. Right. 96s set up communication. I failed to  
9 mention that, and, yeah, they set up communication, and then we  
10 plugged in the rest of the spots.

11 CHIEF QUINTANAR: That's all I have.

12 BY SGT. SUTTER:

13 Q. Did you have enough emergency supplies, medical  
14 supplies? Were you short on that at all?

15 A. We were short in the beginning. We brought in the  
16 trauma caches, which I don't even know where they were stored,  
17 but they actually ended up showing up later on. We were short.  
18 We were short. We were extra short of everything.

19 Q. What time did you end up leaving that night, getting  
20 relieved?

21 A. 12:30, 1:00 in the morning.

22 Q. And what time did you find out that it was not  
23 hazardous? Was that a concern when you first arrived?

24 A. It's always a concern but, you know, I knew that we  
25 would be dealing with diesel. There was a fire. There was a

1 concern from other folks that were up there when the contents  
2 were let out of those drums, and they saw what was in the  
3 drugs. They thought it was something a lot worse than it  
4 actually was, but it's always a concern. I was more concerned  
5 with the diesel, but I know that they were attacking the fire  
6 simultaneously as we were setting up, and usually it goes like  
7 clockwork. They can put it out, and to be honest with you, I  
8 really wasn't concerned about a hazardous material exposure.  
9 Just get the fire out and get the patients out, and let's get  
10 them transported.

11 Q. At what time did you realize it was a UP train and a  
12 Metrolink?

13 A. I never realized about the train. I knew the  
14 Metrolink. I mean, I could see that and, you know, having  
15 experience in that, I've ridden that train a couple of times,  
16 but I wasn't really aware and/or concerned what had crashed  
17 into them. I just know the way it crashed and -- now if it was  
18 up there participating in the extrication, it would have been a  
19 whole different thing. I would have been made aware of that  
20 but --

21 BY MR. OJEDA:

22 Q. I have a question. What we're trying to do -- what  
23 I'm trying to do from my end is to find ways to -- I know that  
24 you guys were busy transporting patients to hospitals and what  
25 have you. When, when is it that you guys have a list available

1 for your chiefs to take to the higher ups?

2 A. A list of what? Patients.

3 Q. Patients, correct.

4 A. In a perfect world, at anytime. Usually, you know,  
5 we're accustomed to dealing with the medical incidence of, you  
6 know, 0 to 20, and total control of communications is set up,  
7 the triage, the tags, the documentation. This kicked us into a  
8 whole different level. It was, you know, we had pretty much a  
9 golden hour to treat people, to transport them, you know, that  
10 are significantly injured. I think we broke -- in fact, I know  
11 we broke down as far as our documentation because they were  
12 screaming for numbers and just couldn't give them, but in a  
13 perfect world, at anytime during the incident, somebody should  
14 have been able to walk up and see where people were transported  
15 to, but even in the Glendale, we had issues there as far as the  
16 Metrolink because I participated in going to different  
17 hospitals trying to locate people. So I think that once you  
18 get to a certain number of people, the system sort of has some  
19 stresses in it.

20 Q. When does the fire department stop following up on  
21 the patients? So they leave the site, you send them out to the  
22 hospitals. What happens then? Does the fire department  
23 conduct any type of follow up?

24 A. Well, the medics, after they transport, should  
25 actually come back to the incident to continue to participate

1 in the incident, to help us out, so we don't have to, you know,  
2 get additional resources. I don't -- we don't really follow up  
3 with the patients at the hospital. We have a document which is  
4 called a 902M. It's just a LAFD document which pretty much is  
5 all the patient documentation, services rendered, condition,  
6 injuries, et cetera, et cetera, and I mean it can be as  
7 explicit as Medi-Cal numbers and insurance and whatever.  
8 That's our only form of documentation that we really maintain  
9 with the patient for billing purposes specifically, but once  
10 they're transported, we'll have, and again a perfect world will  
11 have a list, as far as Jane Doe went to Cedar Sinai, incident  
12 number or 902 number, but in the overall system, it has some  
13 issues.

14 Q. Sure. Okay.

15 A. That's how we track our patients. So --

16 Q. But there's no additional follow-up or from --

17 A. No, not unless --

18 Q. Have you ever --

19 A. No, I mean, I think it's illegal.

20 Q. I'm just asking questions.

21 A. Right.

22 Q. Okay. Thank you.

23 BY MR. TAPIA:

24 Q. I have one more question.

25 A. Yes, sir.

1 Q. When you were in the middle of this, helping people  
2 and asking for help and getting the helicopters involved and  
3 screaming, yelling, I imagine you were using the radio --

4 A. Yeah.

5 Q. -- to do some communication. Was there a problem  
6 with the radio? Any interference, any bad connectivity,  
7 anything like that, people talking on the same frequency.

8 A. You know, I, I personally had no issue because I was  
9 on my command channel, which is 11, and that's pretty much a  
10 private channel between chief officers. My staff assistant was  
11 monitoring TAC 15, which was the incident that Mottram -- I  
12 mean the channel that Mottram gave me to run my incident.  
13 That's 15, which is our TAC channel is for anybody below  
14 chiefs. The Command 11, I was on all the time talking with  
15 Chief Foley, talking with Mottram, and that's -- it's almost  
16 like being on a cell phone. That was our direct communication.

17 Q. Okay.

18 A. And that I, I felt pretty good with him and Foley  
19 actually, too.

20 Q. So that was channel 11?

21 A. Channel 11, called Command 11.

22 Q. How about 15? What is 15?

23 A. 15 was our TAC channel that was given to the medical  
24 group. That's another radio channel to conduct operations  
25 there, and my staff assistant monitored that. I did not

1 monitor that.

2 Q. Okay.

3 BY MS. SCHUSTER:

4 Q. Did you attempt to use cell phones?

5 A. No, I left my cell phone in the car. I purposely  
6 took it off because I thought I'd lose it there. To be honest  
7 with you, I do utilize the cell phone quite a bit at different  
8 incidents, just for -- it gives you another source of  
9 communication and sort of a private communication, too.

10 BY MS. SANZO:

11 Q. I'd like to ask one final question that we've been  
12 asking of everybody pretty much. I've been asking if you could  
13 give any recommendations to other departments if they were to  
14 have to respond to an accident like this? What recommendation  
15 would those be in planning and preparing for this type of a  
16 response?

17 A. That's an excellent question, and I've actually  
18 pondered this for the last week, and we've actually had a  
19 couple of critiques already. You know, in the back of your  
20 brain you are always second-guessing yourself, and we always  
21 default to our experience, whatever level of your experience  
22 and we call the slide carousel as like cognitive recognition,  
23 you know, of a young, inexperienced officer is not going to be  
24 able to make as well-informed decisions. I've been around the  
25 block quite a bit, and again I went to that, and I still felt

1 extremely challenged. It went okay. I knew what I needed to  
2 do, but getting back to you, as far as -- I'll be egocentric  
3 here. I don't think anybody does it better than us as far as  
4 LAFD. We drill on this. We've trained on this. We've, you  
5 know, got paramedics in our organization. This was a  
6 tremendous challenge, just by sheer patient numbers and  
7 injuries, to process them, to treat them, and I know that our  
8 organization will look at this and how to improve our  
9 operations. For any other small department, this would be just  
10 catastrophic. I mean we are a 3300 person organization, and we  
11 were challenged. Communication, I think just probably  
12 checklists. A lot of us know immediately know what to do when  
13 you're given an assignment but some don't. I wish, I could  
14 give you the answers. I mean, this is -- it's actually caused  
15 me a lot of consternation and stress thinking of different  
16 things I let down on that I should have keyed on, but we were  
17 just overwhelmed when those people came through the gate, and I  
18 tell, you know, it's not humorous, but people coming to the  
19 gate reminded me of that old MTV video of Michael Jackson,  
20 Thriller. It was like a Halloween party let out and it came to  
21 the gates, what, you know, just really severely injured people  
22 walking and stretchers, and it's like -- but we held our own.  
23 I mean, I've never seen that many people injured before but  
24 just training. I guess, you know, training and going over the  
25 MCI and just, you know, keep going over the MCI,

1 communications, staging, getting the resources in, getting them  
2 out and, you know, managing. Mottram did a good job. I mean,  
3 he, he helped me out, and I had to default to the helicopters  
4 which actually worked out well. I don't think anybody ever  
5 transported that many people by air, but you can always do  
6 things better. I think we took care of those people to the  
7 best of our ability, professional ability, and I guess we  
8 should be proud of that, by the sheer numbers.

9 MS. SANZO: Okay.

10 BY MR. TAPIA:

11 Q. Okay. One more thing, Chief. Any comments on minors  
12 that might have gotten separated in the train from parents,  
13 from adults and they're maybe in your triage area? Would they  
14 be there or --

15 A. I have no knowledge and/or recollection of seeing  
16 minors, and I was hopeful that it was pretty much adults being,  
17 you know, a commuter train.

18 Q. Yeah.

19 A. But I personally don't have any recollection of  
20 seeing minors, being aware of minors, not to say there weren't  
21 any minors there.

22 MS. SANZO: Okay. Thank you very much for being  
23 here. That will conclude the interview.

24 (Whereupon, the interview in the above-entitled  
25 matter was concluded.)

CERTIFICATE

This is to certify that the attached proceeding before the

NATIONAL TRANSPORTATION SAFETY BOARD

IN THE MATTER OF:           HEAD-ON COLLISION OF A METROLINK  
                                  COMMUTER TRAIN WITH A UNION  
                                  PACIFIC FREIGHT TRAIN  
                                  September 12, 2008,  
                                  Los Angeles, California  
                                  Interview of Chief Mark Jones

DOCKET NUMBER:           DCA-08-MR-009

PLACE:                    Los Angeles, California

DATE:                     September 18, 2008

was held according to the record, and that this is the  
original, complete, true and accurate transcript which has been  
compared to the recording accomplished at the hearing.

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Kathryn A. Mirfin  
Transcriber