

1. Name of Reporting Railroad CSX Transportation [CSX]			1a. Alphabetic Code CSX			1b. Railroad Accident/Incident No. 000112571		
2. Name of Other Railroad or Other Entity with Consist Involved			2a. Alphabetic Code			2b. Railroad Accident/Incident No.		
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) CSX Transportation [CSX]			3a. Alphabetic Code CSX			3b. Railroad Accident/Incident No. 000112571		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month day year 0 2 2013			6. Time of Accident/Incident 4:30 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			7. Hwy-rail crossing		
8. Cars Carrying HAZMAT 25			9. HAZMAT Cars Damaged/ Derailed 4			10. Cars Releasing HAZMAT 1		
11. People Evacuated 500			12. Other impacts			13. Other (describe in narrative) 01		
13. Nearest City/Town BLADENBORO			14. Milepost (to nearest tenth) 0310.1			15. State Code Abbr. NC 37		
16. County BLADEN			17. Temperature (F) (specify if minus) 46 °F			18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 2		
19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1			20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry 1			21. Track Name/ Number SINGLE MAIN		
22. FRA Track Class (1-9, X) 4			23. Annual Track Density (gross tons in millions) 10.10			24. Time Table Direction Code 1. North 3. East 2. South 4. West 1		
25. Type of Equipment Consist (single entry) 1. Freight train 5. Single car 9. Maint./inspect. car D. EMU 2. Passenger train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter train-Pulling 7. Yard/switching B. Passenger Train-Pushing 4. Work train 8. Light loco(s) C. Commuter Train-Pushing			26. Was Equipment Attended? 1. Yes 2. No Code Y			27. Train Number/Symbol Q478		
28. Speed (recorded speed if available) R - Recorded 044 MPH E - Estimated Code R			30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*) N-Time Table/Train Orders * Mandatory to the extent that all applicable codes are entered			30a. Remotely Controlled Locomotive? 0 = Not a remotely controlled operation 1 = Remote control portable transmitter 2 = Remote control tower operation 3 = Remote control portable transmitter - more than one remote control transmitter Code 0		
29. Trailing Tons (gross tonnage, excluding power units) 7,235			31. Principal Car/Unit a. Initial and Number PPNX001051 b. Position in Train 105 c. Loaded (yes/no) Y			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol 00 Drugs 00		
33. Was this consist transporting passengers? (y/n) No			34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.) a. Head End (1) Total in Train 2 (2) Total Derailed 0 b. Manual 0 c. Remote 0 d. Manual 0 e. Remote 0			35. Cars (Include EMU, DMU, and Cab Car Locomotives.) a. Freight 41 b. Pass. 0 c. Freight 64 d. Pass. 0 e. Caboose 0 (2) Total Derailed 0		
36. Equipment Damage This Consist \$ 467,569			37. Track, Signal, Way, & Structure Damage \$ 100,000			38. Primary Cause Code T204		
39. Contributing Cause Code			40. Engineers/ Operators 1			41. Firemen		
42. Conductors 1			43. Brakemen			44. Engineer/Operator Hrs: 05 Mins:		
45. Conductor Hrs: 05 Mins:			46. Railroad Employees			47. Train Passengers		
48. Others			49a. Special Study Block A CWR			49b. Special Study Block B		
50. Latitude 34.541757			51. Longitude -78.798751			52. Narrative Description (Be specific, and continue on separate sheet if necessary) Q47802 DERAILED 9 CARS, SOME HAZARDOUS, BECAUSE OF A BROKEN RAIL AT THE SE 310.1. A 5 HOUR EVACUATION OCCURRED FOR RESIDENTS WITHIN A THREE MILE RADIUS. UTLX 206596 LEAKED APPROX 2 GALLONS OF N-PROPANOL PROPYL ALCOHOL, NORMAL (STCC 4909267).		
53. Typed/Printed Name & Title of Preparer			54. Signature			55. Date		

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report..." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).

This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.