

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad <b>Norfolk Southern Railway Company [NS]</b>			1a. Alphabetic Code <b>NS</b>			1b. Railroad Accident/Incident No. <b>152207</b>		
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) <b>Norfolk Southern Railway Company [NS]</b>			3a. Alphabetic Code <b>NS</b>			3b. Railroad Accident/Incident No. <b>152207</b>		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: <b>0</b>   day: <b>2</b>   year: <b>2023</b>			6. Time of Accident/Incident <b>8:54</b> 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			9. HAZMAT Cars Damaged/ Derailed			10. Cars Releasing HAZMAT		
13. Nearest City/ Town			14. Milepost (to nearest tenth)			15. State Code Abbr.		
17. Temperature (F) (specify if minus)			18. Visibility (single entry) Code			19. Weather (single entry) Code		
21. Track Name/ Number			22. FRA Track Class (1-9, X)			23. Annual Track Density (gross tons in millions)		
25. Type of Equipment Consist (single entry)			26. Was Equipment Attended?			27. Train Number/Symbol		
28. Speed (recorded speed if available) R - Recorded E - Estimated			30. Type of Territory (enter codes that apply) Signalization (Mandatory) Method of Operation/Authority for Movement (Mandatory) Supplemental/Adjunct Codes (Mandatory*)			30a. Remotely Controlled Locomotive?		
31. Principal Car/Unit (1) First involved (derailed, struck, etc)			a. Initial and Number			b. Position in Train		
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)			a. Head End			b. Mid Train		
36. Equipment Damage This Consist			37. Track, Signal, Way, & Structure Damage			38. Primary Cause Code		
40. Engineers/ Operators			41. Firemen			42. Conductors		
44. Engineer/Operator			45. Conductor			46. Railroad Employees		
50. Latitude			51. Longitude			52. Narrative Description		
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.