

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad BNSF Railway Company [BNSF]				1a. Alphabetic Code BNSF				1b. Railroad Accident/Incident No. CH0519108																																							
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) BNSF Railway Company [BNSF]				3a. Alphabetic Code BNSF				3b. Railroad Accident/Incident No. CH0519108																																							
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month day year 0 5 1 7 2019				6. Time of Accident/Incident 5:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																																							
7. Type of Accident/ Incident (single entry in code box)				1. Derailment 2. Head on collision 3. Rear end collision				4. Side collision 5. Raking collision 6. Broken train collision				7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction				10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts				13. Other (describe in narrative) 12																											
8. Cars Carrying HAZMAT N/A				9. HAZMAT Cars Damaged/ Derailed N/A				10. Cars Releasing HAZMAT N/A				11. People Evacuated N/A				12. Subdivision BROOKFIELD																															
13. Nearest City/ Town GALESBURG				14. Milepost (to nearest tenth) 165.3				15. State Abbr. IL				16. County 17 KNOX																																			
17. Temperature (F) (specify if minus) 60 ° F				18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 1				19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code 2				20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code 2																																			
21. Track Name/ Number 2047				22. FRA Track Class (1-9, X) 1				23. Annual Track Density (gross tons in millions) 1				24. Time Table Direction 1. North 3. East 2. South 4. West Code 1																																			
25. Type of Equipment Consist (single entry)				1. Freight train 2. Passenger train-Pulling 3. Commuter train-Pulling 4. Work train				5. Single car 6. Cut of cars 7. Yard/switching 8. Light loco(s)				9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing				D. EMU E. DMU Code 7				26. Was Equipment Attended? 1. Yes 2. No Code Y				27. Train Number/Symbol YGAL																							
28. Speed (recorded speed if available) R - Recorded E - Estimated 003 MPH				Code E				30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signalized 2. Not Signalized 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*) * Mandatory to the extent that all applicable codes are entered				2 5 K-Restricted Speed or Equivalent				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 3																															
29. Trailing Tons (gross tonnage, excluding power units) 3,488				31. Principal Car/Unit (1) First involved (derailed, struck, etc) AOK111064				a. Initial and Number 018				b. Position in Train 018				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 Drugs																											
(2) Causing (if mechanical, cause reported) AOK111064				018				Y				33. Was this consist transporting passengers? (y/n) No																																			
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)				a. Head End				b. Manual				c. Remote				d. Manual				e. Remote				35. Cars (Include EMU, DMU, and Cab Car Locomotives.)				a. Freight				b. Pass.				c. Freight				d. Pass.				e. Caboose			
(1) Total in Train				1				0				0				0				0				(1) Total in Equipment Consist				23				0				36				0				0			
(2) Total Derailed				0				0				0				0				0				(2) Total Derailed				0				0				0				0				0			
36. Equipment Damage This Consist \$ 25,162				37. Track, Signal, Way, & Structure Damage \$ 0				38. Primary Cause Code E09C				39. Contributing Cause Code																																			
Number of Crew Members				Length of Time on Duty																																											
40. Engineers/ Operators 0				41. Firemen				42. Conductors 1				43. Brakemen				44. Engineer/Operator Hrs: Mins:				45. Conductor Hrs: 06 Mins: 30																											
Casualties to:				46. Railroad Employees				47. Train Passengers				48. Others				49a. Special Study Block A				49b. Special Study Block B																											
Fatal				0				0				0				OTH				000-000-000																											
Nonfatal				0				0				0																																			
50. Latitude 40.90542				51. Longitude -90.384501																																											
52. Narrative Description (Be specific, and continue on separate sheet if necessary) RCO Y-GAL3022-16 HAD 2 RAILCARS IMPACT EACH OTHER DURING HUMP OPERATIONS IN YARD TRACK 2047 DUE TO DEFECTIVE BRAKE ON RAILCAR. RESULTED IN DAMAGE TO BOTH RAILCARS. NO HAZARDOUS MATERIALS WERE RELEASED.																																															
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.																																															