FEDERAL RAILROAD ADMINISTRATION

RAIL EOUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No: 2130-0500

1. Name of Reporting Railroad									1a. Alphabetic Code						1b. Railroad Accident/Incident No.			
BNSF Railway Company [BNSF]								BNSF					KS02	KS0220101				
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)								3a. Alphabetic Code					3b. Railroad Accident/Incident No.					
BNSF Railway Company [BNSF]								BNSF  5. Date of Accident/Incident					KS0220101 6. Time of Accident/Incident					
4. U. S. DOT Grade Crossing Identification Number								month day year										
									0	2	0 1		20	12:55	· ·	AM X	PM 🔲	
7. Type of Accident/		Hwy-rail	-		_	osion-deton		13. 0			Code							
Incident (single 2. Head on collision 5. Raking collision entry in code box) 3. Rear end collision 6. Broken train collision							RR grade Obstructi	-	ossing 11. Fire/violent rupture 12. Other impacts			ıre	(describe in) narrative) 01					
8. Cars Carrying 9. HAZMAT Cars							s Releasing			11. People		Other impacts		12. Subdivision			01	
HAZMAT Damaged/						HA	AZMAT	AZMAT		Evacuated								
N/A Derailed					N/A			N/A			N/A			HEREFORD				
13. Nearest						14. Mile		(to	15. State		Code 16. County							
City/ Town AMARILLO				nearest tenth) 553.9			Abbr. TX 48 PC		POTTE	R	R							
17. Temperature (F) 18. Visibility				(single entry)	Code							Code 20. Type of Track				Code		
(specify if minus)		1. Dawn 3. Dusk					Clear 3. Rain			5. Sleet			1. Main 3. Siding		-	1		
38 °F 2. D			ay 4. Dark					Cloudy	4. Fog				1	2. Yard 4. Industry 24. Time Table Direction			Code C	
21. Track Name/       22. FRA Track         Number       Class (1-9, 1)								Code 23. Annual Track Density							24. Time Table Direction Code  1. North 3.East			
442								1	Density (gross tons in millions)					2. South 4. West <b>4</b>				
25. Type of Equipment 1. Freight train 5. Single car 9. Maint./inspect. car								D. EMU			26. Was Equipment				27. Train Number/Symbol			
Consist 2. Passenger train-Pulling 6. Cut of cars A. Spec. MoW Equip.  (single entry) 3. Commuter train-Pulling 7. Yard/switching B. Passenger Train-Pus								E. DMU	Code		Attended? 1. Yes	2. No	C	ode YA	AMA			
(single entry)	Work train	rain-ruining		-	-	ger Train-Pus iter Train-Pus	-		7		1. 108	2. INO		Y				
28. Speed (recorded spe	eed	Co		30. Type of 7			des that ap	pply)							notely Contro	lled Locomo	tive?	
if available)		2						0 =	0 = Not a remotely controlled operation									
R - Recorded	OI	I = Remote control portable transmitter																
E - Estimated  29. Trailing Tons (gro	oss tonnage,	IPH F		Movement (Mandatory) 5 n Control 3. Yard/Restricted Limits							2 = Remote control tower operation 3 = Remote control portable transmitter -							
excluding power uni	-			ther Than Main Track K-Restricted Speed or Equivalent							more than one remote							
Supplemental/Adjunct Codes (Man								latory*) control transmitter								er	Code	
253 * Mandatory to the extent th					ent that all ap	pplicable of	codes are	entered	ered							3		
			a. Initial and Number b. Position in Train											s) tested for drug/alcohol use, enter the number that				
(1) First involved (derailed, struck, etc)									were positive in the appropria				te box.	Al	cohol	Drugs		
(deranea, siraex, ele)			TILX044577			005			Y									
(2) Causing (if me		11211011011									sist transpor	ransporting passengers? (y/r						
cause reported)					000			07.0								No		
34. Locomotive Units (Exclude EMU, DMU, and Cab Car		a. Head End		Mid T b. Manual	rain c. Remote	Rear End ote d. Manual le.		i Remote	35. Cars (Include EM	U, DM	DMU, and Cab Car a. Fre		Lo Freight	b. Pass.	c. Freight	npty d. Pass.	e. Caboose	
Locomotives.)		Elid		o. Manuai	c. Kemote	d. Manuai e.		Kemote	Locomotives.)		,							
(1) Total in Train		2		0	0	0		0	(1) Total in Equip		uipment Consist		2	0	1	0	0	
(2) Total Derailed		0	0		0	0		0	(2) Total Derailed		ed		2	0	1	0	0	
36. Equipment Damage			Track, Signal, W					38. Primary Cause					39. Contribu					
This Consist \$ 0				& Structure Damage   \$			\$ 27,424			Code H30				Code H303				
			of Cre	w Members									h of Ti	me on Duty				
40. Engineers/ 41. Firemen Operators			42. Conductors 4			43. Brakem	43. Brakemen			44. Engineer/Operator Hrs: Mins:				45. Conductor				
									Hrs:					Hrs:	Hrs: <b>02</b> Mins: <b>24</b>			
Casualties to:	46. Railroad Employees 47. T		Train Passengers	48. Others			49a. Special Study Block A			49h								
				fam Passengers 48. Others					47a. Special S	49a. Special Study Block A			470	49b. Special Study Block B				
Fatal 0			0			0		CWR	CWR			000	000-000-000					
Nonfatal	atal 0			0	0													
50. Latitude <b>35.195304</b>								51. Longitude						-101.8	-101.829551			
52. Narrative Description	(Be spec	cific, and con	tinue o	on separate shee	t if necesso	ary)												
RCO Y-AMA3032-31 I	DERAILED 3	RAILCARS	whi	LE SHOVING	YARD T	FRACK 442	2 DUE TO	O FAILU	JRE TO REM	OVE	DERAIL.NO I	HAZARDO	US M	ATERIALS	WERE RE	LEASED.		
53. Typed/Printed Name &								55. Date										
Title of Preparer							54. Sign	54. Signature										
NOTE: This rep	the accid	accident reports statute and, as such shall not "be admitted as evidence or used for any purpose								in any suit								

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 ime 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 natter 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 nformation unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.