

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 1. Name of Reporting Railroad CSX Transportation [CSX] | | | 1a. Alphabetic Code CSX | | | 1b. Railroad Accident/Incident No. 000175542 | | |
| 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. 000175542 | | |
| 4. U. S. DOT Grade Crossing Identification Number | | | 5. Date of Accident/Incident month day year 0 3 0 2018 | | | 6. Time of Accident/Incident 6:43 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 N/A | | | 9. HAZMAT Cars Damaged/ Derailed N/A | | | 10. Cars Releasing HAZMAT N/A | | |
| 13. Nearest City/Town LOUISVILLE | | | 14. Milepost (to nearest tenth) 0014.0 | | | 15. State Code Abbr. KY 21 | | |
| 17. Temperature (F) (specify if minus) 60 ° 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 | | |
| 21. Track Name/ Number RUNAROUND TRACK 1 | | | 22. FRA Track Class (1-9, X) 1 | | | 23. Annual Track Density (gross tons in millions) 0.00 | | |
| 25. Type of Equipment Consist (single entry) | | | 5. Single car | | | 9. Maint./inspect. car | | |
| 28. Speed (recorded speed if available) R - Recorded E - Estimated 000 MPH | | | 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*) * Mandatory to the extent that all applicable codes are entered | | | 26. Was Equipment Attended? 1. Yes 2. No Code 8 N | | |
| 29. Trailing Tons (gross tonnage, excluding power units) 0 | | | 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 | | | 27. Train Number/Symbol J550 | | |
| 31. Principal Car/Unit (1) First involved (derailed, struck, etc) CSXT006550 | | | a. Initial and Number 001 | | | b. Position in Train 000 | | |
| (2) Causing (if mechanical, cause reported) | | | c. Loaded (yes/no) N | | | 32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol Drugs 00 00 | | |
| 34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.) | | | a. Head End | | | b. Manual | | |
| (1) Total in Train 2 | | | c. Remote 0 | | | d. Manual 0 | | |
| (2) Total Derailed 0 | | | e. Remote 0 | | | 35. Cars (Include EMU, DMU, and Cab Car Locomotives.) (1) Total in Equipment Consist 0 | | |
| 36. Equipment Damage This Consist \$ 41,700 | | | 37. Track, Signal, Way, & Structure Damage \$ 0 | | | 38. Primary Cause Code H702 | | |
| 40. Engineers/ Operators 0 | | | 41. Firemen | | | 42. Conductors 0 | | |
| 43. Brakemen | | | 44. Engineer/Operator Hrs: Mins: | | | 45. Conductor Hrs: Mins: | | |
| Casualties to: | | | 46. Railroad Employees | | | 47. Train Passengers | | |
| Fatal 0 | | | 48. Others 0 | | | 49a. Special Study Block A OTH | | |
| Nonfatal 0 | | | 50. Latitude 38.279951 | | | 49b. Special Study Block B 000-000-000 | | |
| 51. Longitude -85.516779 | | | 52. Narrative Description (Be specific, and continue on separate sheet if necessary) J71830 DERAILED 3 CARS ON OBANNON MAIN LEAD TRACK AFTER OPERATING THROUGH IMPROPERLY LINED LOWER YARD LEAD CROSSOVER SWITCH. DERAILED CARS SIDESWIPED UNOCCUPIED LOCOMOTIVE CONSIST CSXT 6550 AND CSXT 6004 SECURED ON ADJACENT RUNAROUND TRACK #1. | | | 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). | | |

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| 1. Name of Reporting Railroad CSX Transportation [CSX] | | | 1a. Alphabetic Code CSX | | | 1b. Railroad Accident/Incident No. 000175542 | | |
| 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. 000175542 | | |
| 4. U. S. DOT Grade Crossing Identification Number | | | 5. Date of Accident/Incident month: 0 day: 3 year: 2018 | | | 6. Time of Accident/Incident 6:43 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | | |
| 7. Type of Accident/ Incident (single entry in code box) | | | 7. HAZMAT Cars Damaged/ Derailed N/A | | | 10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts 01 | | |
| 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 LCL | | | 13. Other (describe in narrative) | | |
| 13. Nearest City/Town LOUISVILLE | | | 14. Milepost (to nearest tenth) 0014.0 | | | 15. State Code KY 21 | | |
| 16. County JEFFERSON | | | 17. Temperature (F) (specify if minus) 60 °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 2 | | | 21. Track Name/ Number O'BANNON MAIN LEAD | | |
| 22. FRA Track Class (1-9, X) 1 | | | 23. Annual Track Density (gross tons in millions) 0.00 | | | 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 Y | | | 27. Train Number/Symbol J718 | | |
| 28. Speed (recorded speed if available) R - Recorded 001 MPH E - Estimated R | | | 30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled 2 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 5 Supplemental/Adjunct Codes (Mandatory*) * 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 0 | | |
| 29. Trailing Tons (gross tonnage, excluding power units) 1,076 | | | 31. Principal Car/Unit a. Initial and Number TTGX704294 b. Position in Train 049 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 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 2 | | | (1) Total in Equipment Consist 65 | | | (1) Total in Train 2 | | |
| (2) Total Derailed 0 | | | (2) Total Derailed 3 | | | (2) Total Derailed 0 | | |
| 36. Equipment Damage This Consist \$ 52,321 | | | 37. Track, Signal, Way, & Structure Damage \$ 2,509 | | | 38. Primary Cause Code H702 | | |
| 39. Contributing Cause Code | | | Number of Crew Members | | | Length of Time on Duty | | |
| 40. Engineers/ Operators 1 | | | 41. Firemen 1 | | | 42. Conductors 1 | | |
| 43. Brakemen 1 | | | 44. Engineer/Operator Hrs: 04 Mins: 43 | | | 45. Conductor Hrs: 04 Mins: 43 | | |
| Casualties to: | | | 46. Railroad Employees 0 | | | 47. Train Passengers 0 | | |
| 48. Others 0 | | | 49a. Special Study Block A OTH | | | 49b. Special Study Block B 000-000-000 | | |
| 50. Latitude 38.279951 | | | 51. Longitude -85.516779 | | | 52. Narrative Description (Be specific, and continue on separate sheet if necessary) J71830 DERAILED 3 CARS ON OBANNON MAIN LEAD TRACK AFTER OPERATING THROUGH IMPROPERLY LINED LOWER YARD LEAD CROSSOVER SWITCH. DERAILED CARS SIDESWIPED UNOCCUPIED LOCOMOTIVE CONSIST CSXT 6550 AND CSXT 6004 SECURED ON ADJACENT RUNAROUND TRACK #1. | | |
| 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. | | | | | | | | |