DEPARTMENT OF TRANSPORTATION

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT	

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2. Name of Other Railwood or Other Railwood and Constructionation No. 2. Application: Code 3. Name of Other Railwood and Other Casing Application No. 3. Name of Other Railwood and Code Casing Application No. 3. Name of Other Railwood and Code Casing Application No. 3. Name of Other Railwood and Code Casing Application No. 3. Name of Application Code Casing Application No. 3. Statice Other Casing Application No. 3. Statice Ot	1. Name of Reporting Railroad																		
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excluding power units) 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*) more than one remote control transmitter Code 31. Principal Car/Unit a. Initial and Number b. Position in Train c. Loaded (yes/no) 32. If any railroad employee(s) tested for drug/al-cohol use, enter the number that were positive in the appropriate box. Alcohol Drugs (1) First involved (derailed, struck, etc) TTGX 157628 065 Y 33.Was this consist transporting pass-meres ? (yr) No 31. Locomotive Units (cause reported) a. Head End Midi Train End Remer End (Midi Train End Remer End (Manaual e. Remote (a. Remote) 5. Cars (Include EMU, DMU, and Cab Car (Locomotives.) Loaded Empty (no do 0 No (1) Total in Train 2 0	E - Estimated 000				4.0						-								
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36. Equipment Damage 37. Track, Signal, Way, 38. Primary Cause This Consist \$ 62,009 37. Track, Signal, Way, 38. Primary Cause 39. Contributing Cause Code H306 Code Vumber of Crew Members Length of Time on Duty 40. Engineers/ Operators 41. Firemen 42. Conductors 43. Brakemen 44. Engineer/Operator 45. Conductor Image: Cause of the construction of the	(1) Total in Train	2	0	0 0 0				(1) Total i	,			71	0	0	0	0			
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Casualties to: 46. Railroad Employees 47. Train Passengers 48. Others 49a. Special Study Block A 49b. Special Study Block B Fatal 0 0 0 0 Nonfatal 0 0 0 For Lycinda 0 0 0	Operators 1		1					Hrs:	01	Mins:	3	0	Hrs:	01	Mins:	30			
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 S2. Narrative Description (Be specific, and continue on separate sheet if necessary) Y19124 PULLING OUT OF L-YARD SIDE SWIPED Q21124 DEPARTING. DERAILING REAR 7 CARS OFF Q21124 ALONGWITH Y19124S ENGINE AND HEAD CAR. 	· · · · · · · · · · · · · · · · · · ·					NG REAR 7 (CARS OI	FF Q21124	4 AL	ONGWITH Y	191248	ENGINE	AND HEAD	CAR.					
53. Typed/Printed Name & 55. Date	53. Typed/Printed Name &	i								55. Date									
54 Signature						54. Signature													
Title of Preparer 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	*	enorting	railroad's accider	it report p	ursuant to t	· ·								vidence or used for any number 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).							-					anticu ds	evidence of	aseu ioi al	ij purpose	in any suit			
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 ti 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	This collection of information is mandat	ory under g existing	r 49 CFR 225, an g databases, gath	d is used t ering and i	by FRA to 1 maintaining	monitor nation g the data new	onal rail eded, an	safety. Po d comple	ublic ting	e reporting bu and reviewin	rden is o g the co	llection o	f informatio	on. The info	rmation col	lected is a			

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION

RAIL EQUIPMENT	' ACCIDEN'	T/INCIDENT REPORT	

OMB Approval No: 2130-0500

FEDERAL KAILKOAD			NА	IL LŲ(IACCID				NI		-	01	пр дрргота	110.2150-0500			
1. Name of Reporting Ra	ilroad	1a. Alphabetic Code 1b. Railroad Accident/Incident No.																
CSX Transportation [CSX] 2. Name of Other Railroad or Other Entity with Consist Involved												000176589						
2. Name of Other Railro	2a. Alph							Incident No.										
				(single e														
3. Name of Railroad or C	Other Entity Response	3a. Alph	3a. Alphabetic Code						Incident No.									
CSX Transportat	CSX					00017												
4. U. S. DOT Grade Cros			dent/Incident			6. Time o	f Accident/In	icident										
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7. Type of Accident/	1. Der	ailment	4. S	ide collisior	1	7. Hwy-ra	÷	5		losion-detona		13. 0	ther		Code			
Incident (single	2. Hea	ad on collis		aking collis			le crossing		-	violent ruptu		(describe in)					
entry in code box)		ar end collis		roken train		9. Obstrue	tion	_		er impacts		-	arrative)		04			
8. Cars Carrying	9	9. HAZMA				Releasing			People			12. Subdi	vision					
HAZMAT		Damage Derailed			HAZ	ZMAT		E	vacuated									
N/A			-	N/A	14 363	N/A	15.0			V/A		LOUI	SVILLE	FERMIN	AL			
13. Nearest City/					14. Milep near		15. Sta A	te bbr.	Code	16. County								
	SVILLE				tenth				21	JEFFEF	SON							
17. Temperature (F)		18. Visibil	ity (single entry	r)	Code	19. Weather (-	•		Code	20. Type	of Track		Code			
(specify if minus)	85 [°] F	1. Dav		1		1. Clear	3. Rain		5. Sleet			1. Ma		ding				
21. Track Name/	85 F	2. Day	4. Dark	22	2 . FRA Track	2. Cloudy	4. Fog ode 23. An	nual Tr	6. Snow		1	2. Yar	d 4. Ir Table Direct	dustry	Code			
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EAST PULLBAC	K						in	million	(gross tons 15)	0.00		2. Sou	th 4. W	est	2			
25. Type of Equipment	1. Freight train		5. Single car	9. Maint./i	-	D. EMU		26	5. Was Equipme	nt		27.	Train Numbe	r/Symbol				
Consist (single entry)	 Passenger train-I Commuter train- 		 Cut of cars Yard/switching 	-	MoW Equip.	E. DMU	Code		Attended? 1. Yes	2. No	Co	de Y1	91					
(single entry)	4. Work train		8. Light loco(s).	-	iter Train-Push	-	7		1. 105	2.110	Y							
28. Speed (recorded sp	eed	Code	e 30. Type of	Territory	(enter code	es that apply)						30a. Rem	otely Contro	lled Locomo	otive?			
if available)			2					Not a remote		-								
R - Recorded E - Estimated	004 MPH							Remote contr Remote contr	•									
	oss tonnage,	d/Restricted Li	5 mits						-									
excluding power un	-	Frack						3 = Remote control portable transmitter - more than one remote										
	1	0	Supplemen	Codes (Mana						cont	rol transmitte	r	Code					
		0	* Mandator	y to the ext	ent that all app	licable codes a	e entered								3			
31. Principal Car/Unit		a. Initial a	and Number	b. Positi	ion in Train	c. Loa	ded (yes/no)		32. If any railro			-		1				
(1) First involved (derailed, struck, etc	-)			were posit	ive in the app	ropriate	box.	AI	cohol	Drugs								
CSXT008464 001								Ν						00 00				
(2) Causing (if mechanical,								33.Was this consist transporting passengers ? (y/n)										
cause reported)					000		-								No			
34. Locomotive Units	1 Cal Can	a. Head		Train		tear End	35. Cars (Include El		MU, and Cab Ca	ur a F	Loa reight	ded b. Pass.	En c. Freight	npty d. Pass.	e. Caboose			
(Exclude EMU, DMU, an Locomotives.)	id Cab Car	End	b. Manual	c. Remote	d. Manual	l e. Remote	Locomotive		ine, and ease of		reight	0.1 455.	c. Preight	u. 1 ass.	c. Caboose			
(1) Total in Train		1	0	0	0	0	(1) Total in Equipment Consist 9					0	0	0	0			
(2) Total Derailed		1	0	0		(2) Total Derailed 1					0	0						
		<u> </u>	37. Track, Signal, V	0	0	U	(2) 102 38. Primary		leu			0 39. Contribut		U	0			
36. Equipment Damage This Consist			& Structure D	•		38,759	Code	Cause			-	Code	ing Cause					
	\$ 11,122		Crew Members		\$ 3	30,733				H306	ofTim	ne on Duty						
40. Engineers/	41. Firemen		42. Conductors		43. Brakemer	n	44. Engineer	·/Onera	tor	Lengu		5. Conducto	r					
Operators	Operators																	
1			1				Hrs:	05	Mins:		Hrs: 05 Mins:							
Casualties to:	46. Railroad Emplo	oyees	47. Train Passenge	rs	48. Others		49a. Special	Study 1	Block A		49b. ;	9b. Special Study Block B						
Fatal	0		0			0												
Nonfatal	0 0 0							OTH 000-000						00-000				
50 Luinda								51 Longitude										
58.100/09												-85.74	9174					
52. Narrative Description	1 1 5		ue on separate she			~							~ ~					
Y19124 PULLING OU	T OF L-YARD SI	DE SWIP	ED Q21124 DEP	ARTING.	DERAILIN	G REAR 7 CA	RS OFF Q211	124 AL	ONGWITH Y	19124S ENG	INE A	ND HEAD	CAR.					
52 True 1/Data 1 M	0-				i-								Data					
53. Typed/Printed Name & 54. Sig							ifure							55. Date				
Title of Preparer						,	t reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit											
	-									be admitte	ed as e	vidence or	used for an	y purpose	in any suit			
or action This collection of infor	n for damages gro		· · · · · · · · · · · · · · · · · · ·															
	mation is mand-+	on made	- 40 CED 115	die mend	by FDA 4a	nonitor noti-	al rail cofete	Dull	ranortin ~ 1	rdan in anti-	nated +	o avore ~~ '	hopes	racmonas :	including the			
time for reviewing inst	mation is mandat ructions, searchin																	
ne for reviewing inst matter of public record nformation unless it d	ructions, searchin , and no confiden	ig existing tiality is p	g databases, gath promised to any	ering and responden	maintaining at. Please not	the data need that an ager	ed, and comp	leting onduc	and reviewing t or sponsor, a	g the collect	ion of	informatio	n. The info	rmation co	llected is a			