

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad CSX Transportation [CSX]			1a. Alphabetic Code CSX			1b. Railroad Accident/Incident No. 000179543		
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. 000179543		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: 1 day: 0 year: 2018			6. Time of Accident/Incident 8:20 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			10. Explosion-detonation		
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) 0006.1			15. State Code Abbr. KY 21		
17. Temperature (F) (specify if minus) 50 °F			18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 4			19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1		
21. Track Name/ Number INTERMODAL LEAD			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			26. Was Equipment Attended? 1. Yes 2. No Y		
28. Speed (recorded speed if available) R - Recorded 008 MPH E - Estimated			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 5 4. Block Register Territory 5. Other Than Main Track 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		
31. Principal Car/Unit (1) First involved (derailed, struck, etc) DTTX620388			a. Initial and Number 011			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: 00 Drugs: 00		
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)			35. Cars (Include EMU, DMU, and Cab Car Locomotives.)			33. Was this consist transporting passengers? (y/n) No		
(1) Total in Train 2			a. Head End 2			a. Freight 12		
(2) Total Derailed 0			b. Manual 0			b. Pass. 0		
36. Equipment Damage This Consist \$ 17,441			37. Track, Signal, Way, & Structure Damage \$ 48			38. Primary Cause Code H210		
40. Engineers/ Operators 1			41. Firemen			39. Contributing Cause Code		
42. Conductors 1			43. Brakemen			44. Engineer/Operator Hrs: 03 Mins: 50		
45. Conductor Hrs: 03 Mins: 50			46. Railroad Employees			45. Conductor Hrs: 03 Mins: 50		
Casualties to:			47. Train Passengers			49a. Special Study Block A OTH		
Fatal 0			48. Others 0			49b. Special Study Block B 000-000-000		
Nonfatal 0			50. Latitude 38.159284			51. Longitude -85.748802		
52. Narrative Description (Be specific, and continue on separate sheet if necessary) Y20127 DERAILED 1 CAR WHEN ENGINEER FAILED TO COMPLY WITH RADIO COMMUNICATIONS WHILE MAKING A SHOVMOVEMENT.								
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.								