FEDERAL RAILROAD	ADMINISTRATIC	N		RA	IL EQUI	IPMEN	NT AC	CIDE	ENT/IN(CIDE	ENT RE	POI	КT				OI	MB Approval	No: 2130-0500	
1. Name of Reporting Ra	ilroad		1a. Alphabetic Code								1b. Railroad Accident/Incident No.									
CSX Transportati		CSX							000183	000183395										
2. Name of Other Railroa									2b. Railroad Accident/Incident No.											
3. Name of Railroad or O	Other Entity Respon	sible for Tr	ack Ma	aintenance	(single entr	ry)			3a. Alr	3a. Alphabetic Code 3						3b. Railroa	3b. Railroad Accident/Incident No.			
CSX Transportati	ion [CSX]								CSX	CSX						000183395				
-		Minnhar								Date of Accident/Incident						6. Time of Accident/Incident				
4. U. S. DOT Grade Cros	sing identification	Number		I			0			month				•				ам 🔲	PM X	
7 True of Assident/	1 De	:Imont		/ Si		7. Hwy-rail cro			6			- aion-d	2019		10:36 13. Otl		Ам 🗀	Code		
7. Type of Accident/ Incident (single	erailment ead on collis	ilment 4. Side collision on collision 5. Raking collision																Coue		
entry in code box)	. 0				roken train co		9. Obstruction				12. Other impacts						arrative)		01	
8. Cars Carrying 9. HAZMAT Cars				:s			s Releasin		11. People						12. Subdiv	12. Subdivision				
			ed/			HAZMAT				Evacuated										
2		Deraile	d		2	N/A							N/A			BARR				
13. Nearest					14. Milepost (to				15. State			Code 16. County								
City/	~~						nearest			Abbr.			204	O.T.						
Town RIVEF 17. Temperature (F)	RDALE	18. Visibil	lity	(single entry))	tenth 0014.1 Code 19. Weather (sing							COC	OK Co	vde.	20 Type (20. Type of Track			
(specify if minus)		1. Day	•	3. Dusk	, I	1. Clear			3. Rain				Sleet				1. Main 3. Siding			
	72 ° F	2. Day		4. Dark		4 2. Cloudy			4. Fog				6. Snow 3							
21. Track Name/						22. FRA Track Coc										24. Time Table Direction			Code	
Number						lass (1-9,	lass (1-9, X)			Density (gross in millions)			ons				1. North 3.East			
#3 MAIN 25. Type of Equipment	Freight train		5. Sing	ola car	9. Maint./ins	nect car		D. EMU			26. Was Equipment).10	2. South 4. West 27. Train Number/Symbol				3	
Consist	Passenger train-		_	-	A. Spec. Mo	-		E. DMU		[Attende	-	ı			27. Train Number/Symbol				
(single entry)	Commuter train	-			B. Passenger					Code 1. Yes			2. No Code			le Q500				
	4. Work train		8. Ligh	ht loco(s).	C. Commute	r Train-Pu	shing		1	\perp					Y					
28. Speed (recorded spe	des that ap	pply)										olled Locomot								
if available)	tory)	1								0 = Not a remotely controlled operation										
R - Recorded E - Estimated	Signaled uthority for	Movement (Mandatory) 1							1 = Remote control portable transmitter 2 = Remote control tower operation											
29. Trailing Tons (gro			rd/Restricted Limits							3 = Remote control portable transmitter -										
excluding power uni	Other Than Main Track								than one re	_										
Supplemental/Adjunct Codes (/																contr	ol transmitte	er	Code	
		11,957		* Mandatory	y to the exten	t that all ap	pplicable codes are entered								0					
31. Principal Car/Unit		a. Initial	and Nu	amber	b. Position	n in Train c. Loaded			ed (yes/no)) tested for drug/alcohol use, enter the number that					
(1) First involved	. 1								wer			ere positive in the appropriate bo				oox. Alcohol			Drugs	
(derailed, struck, etc	:)	AT	MXC	016440				v	Y								00	00		
(2) Causing (if me	132	J1V1230)10 17 0	+	012					33.Was this consist transporting passer					ngers ? ()	y/n)	00			
cause reported)					<u> </u>	000			N								No			
34. Locomotive Units		a. Head		Mid 7		Rear End			35. Cars		II DMI I Cala Cara				Loade	1 7			T	
(Exclude EMU, DMU, an Locomotives.)	ıd Cab Car	End		b. Manual	c. Remote	d. Manu	d. Manual e. Remote		(Include I		U, DMU, and Cab Car			a. Freight		b. Pass.	c. Freight	d. Pass.	e. Caboose	
·						+					Equipment Consist			73			26	+	+ -	
(1) Total in Train		2		0	0	0			-						-	0	86	0	0	
(2) Total Derailed		0			0	0		0	1	(2) Total Derailed				3		0	3	0	0	
36. Equipment Damage				rack, Signal, W	•				1	38. Primary Cause						. Contributi	ng Cause			
This Consist	\$ 83,30	00	&	& Structure Da	amage \$.	7,723	7,723 Code H211							L	Code				
		Number of														ne on Duty				
40. Engineers/ 41. Firemen		[42. Co	onductors	4	43. Brakemen			44. Engine	er/Oper	perator				45.	. Conductor	ē.			
Operators 1		[1					Hrs:	10	.0 Mins:		21			Hrs:	10	Mins:	21	
Casualties to:	46. Railroad Employees		47. Train Passengers			48. Others			49a. Specia	al Study	y Block A				49b. Sp	pecial Study	Block B			
Fatal	0		0			0														
Nonfatal	0		0			0			CWR	CWR 000-00						000-000	00-000			
50. Latitude				41.64803	51. Longi			itude						-87.667	7944					
52. Narrative Description	1 (Be specific	and conti	inue on	separate shee		v)										011001				
Q50003 TRAVERSED	A POWER SWIT	ICH OUT	OF C	ORRESPO	NDENCE NO	OT PROF	ERLY P	ROTEC	TED/COM	IMUNI	ICATED R	ESUL	TINGI	N THI	E DER	AILMENT	Γ OF 6-CA	.RS.		
53. Typed/Printed Name	&						54.00									55. E)ate			
Title of Property							54. Sign	ature												

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.