

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

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|---|--|---|--|---|---|--|--|---|-----------------------------|---|-------------------|----------------------------|------------|----------|
| 1. Name of Reporting Railroad CSX Transportation [CSX] | | | | 1a. Alphabetic Code CSX | | 1b. Railroad Accident/Incident No. 070222017 | | | | | | | | |
| 2. Name of other Railroad Involved in Train Accident/Incident Amtrak (National Railroad Passenger Corporation) [ATK] | | | | 2a. Alphabetic Code ATK | | 2b. Railroad Accident/Incident No. 074513 | | | | | | | | |
| 3. Name of Railroad Responsible for Track Maintenance (single entry) CSX Transportation [CSX] | | | | 3a. Alphabetic Code CSX | | 3b. Railroad Accident/Incident No. 070222017 | | | | | | | | |
| 4. U. S. DOT Grade Crossing Identification Number | | | | 5. Date of Accident/Incident month day year 0 7 2 9 2002 | | 6. Time of Accident/Incident 1:53 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | | | | | | | | |
| 7. Type of Accident/ Incident (single entry in code box) | | 1. Derailment 2. Head on collision 3. Rear end collision | | 4. Side collision 5. Raking collision 6. Broken train collision | | 7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction | | 10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts | | 13. Other (describe in narrative) | Code 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. Division BALTIMORE | | | | | | |
| 13. Nearest City/Town KENSINGTON | | | 14. Milepost (to nearest tenth) 0011.9 | | 15. State Abbr. MD | Code 24 | 16. County MONTGOMERY | | | | | | | |
| 17. Temperature (F) (specify if minus) 98 ° F | | 18. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2 | | 19. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1 | | 20. Type of Track Code 1. Main 2. Yard 3. Siding 4. Industry 1 | | | | | | | | |
| 21. Track Name/ Number NO.1 MAIN 001 | | | 22. FRA Track Class (1-9, X) Code 4 | | 23. Annual Track Density (gross tons in millions) 69.00 | | 24. Time Table Direction Code 1. North 2. South 3. East 4. West | | | | | | | |
| 25. Type of Equipment Consist (single entry) | | 1. Freight train 2. Passenger train 3. Commuter train | | 4. Work train 5. Single car 6. Cut of cars | | 7. Yard/switching 8. Light loco(s). 9. Maint./inspect. car | | A. Spec. MoW Equip. Code | | 26. Was Equipment Attended? Code 1. Yes 2. No | | | | |
| 28. Speed (recorded speed if available) R - Recorded E - Estimated 000 MPH | | 30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking | | g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits | | m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) | | 30a. Remotely Controlled Locomotive? Code 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 | | | | | | |
| 29. Trailing Tons (gross tonnage, excluding power units) 0 | | 31. Principal Car/Unit (1) First involved (derailed, struck, etc) 000 | | a. Initial and Number | | b. Position in Train | | c. Loaded (yes/no) | | 32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol Drugs | | | | |
| | | (2) Causing (if mechanical, cause reported) 000 | | | | | | | | 33. Was this consist transporting passengers? (y/n) | | | | |
| 34. Locomotive Units | | a. Head End | Mid Train | | Rear End | | 35. Cars | | | Loaded | | Empty | | |
| | | b. Manual | c. Remote | d. Manual | e. Remote | | | | a. Freight | b. Pass. | c. Freight | d. Pass. | e. Caboose | |
| (1) Total in Train | | 0 | 0 | 0 | 0 | 0 | (1) Total in Equipment Consist | | | 0 | 0 | 0 | 0 | 0 |
| (2) Total Derailed | | 0 | 0 | 0 | 0 | 0 | (2) Total Derailed | | | 0 | 0 | 0 | 0 | 0 |
| 36. Equipment Damage This Consist \$ 0 | | 37. Track, Signal, Way, & Structure Damage \$ 58,700 | | | | 38. Primary Cause Code H993 | | | 39. Contributing Cause Code | | | | | |
| 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 | | 48. Others | | 49. Special Study Block | | | | | | |
| Fatal | | 0 | | 0 | | 0 | | | | | | | | |
| Nonfatal | | 0 | | 0 | | 0 | | | | | | | | |
| 50. Latitude (optional) 0 | | | | 51. Longitude (optional) 0 | | | | | | | | | | |
| 52. Narrative Description (Be specific, and continue on separate sheet if necessary) P03029 DERAILED 11 PASSENGER CARS. EXTENSIVE DAMAGES: EQUIPMENT ATK AND TRACK & SIGNAL/CSXT. OUT OF 163 PASSENGERS, 96 WERE INJURED. ATK TO FILE FORM 54 (RAIL EQUIP) AND FORM 55A (INJURIES); CSXT TO FILE FORM 54. | | | | | | | | | | | | | | |
| 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 status and, as such shall not " be admitted as evidence See 49 C.F.R. 225.7 (b). | | | | | | | | | | | | | | |

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

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|--|--|--|--|--|-------------------|---|--|--|--|---|-------------------|---|--|
| 1. Name of Reporting Railroad Amtrak (National Railroad Passenger Corporation) [ATK] | | | | 1a. Alphabetic Code ATK | | 1b. Railroad Accident/Incident No. 074513 | | | | | | | |
| 2. Name of other Railroad Involved in Train Accident/Incident | | | | 2a. Alphabetic Code | | 2b. Railroad Accident/Incident No. | | | | | | | |
| 3. Name of Railroad Responsible for Track Maintenance (single entry) CSX Transportation [CSX] | | | | 3a. Alphabetic Code CSX | | 3b. Railroad Accident/Incident No. 070222017 | | | | | | | |
| 4. U. S. DOT Grade Crossing Identification Number | | | | 5. Date of Accident/Incident month: 0 day: 7 year: 2002 | | 6. Time of Accident/Incident 1:55 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> | | | | | | | |
| 7. Type of Accident/ Incident (single entry in code box) | | 1. Derailment 2. Head on collision 3. Rear end collision | | 4. Side collision 5. Raking collision 6. Broken train collision | | 7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction | | 10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts | | 13. Other (describe in narrative) | Code 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. Division MAD | | | | | |
| 13. Nearest City/Town KENSINGTON | | 14. Milepost (to nearest tenth) 0011.8 | | 15. State Abbr. MD | Code 24 | 16. County MONTGOMERY | | | | | | | |
| 17. Temperature (F) (specify if minus) 95 °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 1 | | | | | | | |
| 21. Track Name/Number NO.#1 | | 22. FRA Track Class (1-9, X) Code 4 | | 23. Annual Track Density (gross tons in millions) 0.00 | | 24. Time Table Direction Code 1. North 3. East 2. South 4. West 3 | | | | | | | |
| 25. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train | | 4. Work train 5. Single car 6. Cut of cars | | 7. Yard/switching 8. Light loco(s) 9. Maint./inspect. car | | A. Spec. MoW Equip. Code 2 | | 26. Was Equipment Attended? Code 1. Yes 2. No Y | | 27. Train Number/Symbol 30 | | | |
| 28. Speed (recorded speed if available) R - Recorded E - Estimated 059 MPH R | | 30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking | | g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits | | m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) | | 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 | | | | | |
| 29. Trailing Tons (gross tonnage, excluding power units) 0 | | 31. Principal Car/Unit (1) First involved (derailed, struck, etc) AMT001750 (2) Causing (if mechanical, cause reported) 000 | | a. Initial and Number 003 | | b. Position in Train 000 | | 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) Yes | | 34. Locomotive Units a. Head End (1) Total in Train: 2 (2) Total Derailed: 0 | | b. Manual 0 | | c. Remote 0 | | d. Manual 0 | | e. Remote 0 | | 35. Cars (1) Total in Equipment Consist: 0 , 13 (2) Total Derailed: 0 , 11 , 0 , 0 , 0 | |
| 36. Equipment Damage This Consist \$ 0 | | 37. Track, Signal, Way, & Structure Damage \$ 0 | | 38. Primary Cause Code T109 | | 39. Contributing Cause Code | | | | | | | |
| 40. Engineers/Operators 1 | | 41. Firemen | | 42. Conductors 1 | | 43. Brakemen | | 44. Engineer/Operator Hrs: 06 Mins: 06 | | 45. Conductor Hrs: 08 Mins: 06 | | | |
| Casualties to: | | 46. Railroad Employees | | 47. Train Passengers | | 48. Others | | 49. Special Study Block | | | | | |
| Fatal | | 0 | | 0 | | 0 | | | | | | | |
| Nonfatal | | 11 | | 61 | | 0 | | | | | | | |
| 50. Latitude (optional) 0 | | | | 51. Longitude (optional) 0 | | | | | | | | | |
| 52. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN NO.#30 OPERATING WITH ENGS 154/74 AND 13 CARS DERAILED 11 CARS AT MP BA11.8. IT WAS DETERMINED THAT THE DERAILMENT WAS CAUSED BY TRACK OUT OF ALIGNMENT AS WELL AS TRACK/ROADBED DISTURBANCE (SUNKINK). | | | | | | | | | | | | | |
| 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 status and, as such shall not "be admitted as evidence See 49 C.F.R. 225.7 (b). | | | | | | | | | | | | | |