

1. Name of Reporting Railroad Florida East Coast Railway Company [FEC]				1a. Alphabetic Code FEC				1b. Railroad Accident/Incident No. X43101222																																							
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) Florida East Coast Railway Company [FEC]				3a. Alphabetic Code FEC				3b. Railroad Accident/Incident No. X43101222																																							
4. U. S. DOT Grade Crossing Identification Number 272425N				5. Date of Accident/Incident month 1 day 0 year 2022				6. Time of Accident/Incident 5:10 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) 07																											
8. Cars Carrying HAZMAT 7				9. HAZMAT Cars Damaged/ Derailed N/A				10. Cars Releasing HAZMAT N/A				11. People Evacuated N/A				12. Subdivision SYSTEM																															
13. Nearest City/ Town WEST PALM BEACH				14. Milepost (to nearest tenth) 299 .				15. State Abbr. FL				16. County 12 PALM BEACH																																			
17. Temperature (F) (specify if minus) 87 ° F				18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark 2				19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 2				20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry 1																																			
21. Track Name/ Number WEST MAIN				22. FRA Track Class (1-9, X) 4				23. Annual Track Density (gross tons in millions) 2.45				24. Time Table Direction 1. North 3. East 2. South 4. West 1																																			
25. Type of Equipment Consist (single entry)				1. Freight train 2. Passenger train-Pulling 3. Commuter train-Pulling 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. B. Passenger Train-Pushing C. Commuter Train-Pushing				D. EMU E. DMU Code 1				26. Was Equipment Attended? 1. Yes 2. No Code Y				27. Train Number/Symbol 2061																							
28. Speed (recorded speed if available) R - Recorded E - Estimated 040 MPH				Code E				30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signalized 2. Not Signalized 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				1 1 B-Auto Train Control D-Automatic Block Signals System Q-Traffic Control System/CTC				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																															
29. Trailing Tons (gross tonnage, excluding power units) 17,801				31. Principal Car/Unit (1) First involved (derailed, struck, etc) FEC000823				a. Initial and Number 001				b. Position in Train 000				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																											
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				4				0				0				0				0				(1) Total in Equipment Consist				122				0				53				0				0			
(2) Total Derailed				0				0				0				0				0				(2) Total Derailed				0				0				0				0				0			
36. Equipment Damage This Consist \$ 180				37. Track, Signal, Way, & Structure Damage \$ 16,871				38. Primary Cause Code M303				39. Contributing Cause Code																																			
Number of Crew Members				Length of Time on Duty																																											
40. Engineers/ Operators 1				41. Firemen				42. Conductors 1				43. Brakemen				44. Engineer/Operator Hrs: 05 Mins: 40				45. Conductor Hrs: 05 Mins: 40																											
Casualties to:				46. Railroad Employees				47. Train Passengers				48. Others				49a. Special Study Block A				49b. Special Study Block B																											
Fatal				0				0				1				CWR				000-000-000																											
Nonfatal				0				0				0																																			
50. Latitude 26.710383				51. Longitude -80.055292																																											
52. Narrative Description (Be specific, and continue on separate sheet if necessary) ELDERLY DRIVER STOPPED ON THE CROSSING DUE TO TRAFFIC. AS TRAIN APPROACHED, THE GATES CAME DOWN AND TRAFFIC REMAINED STOPPED. TRAIN WAS PLACED IN EMERGENCY BUT WAS UNABLE TO STOP PRIOR TO IMPACT.																																															
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.																																															