DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No: 2130-0500

1. Name of Reporting Railroad	1a. Alphabetic Code	1b. Railroad Accident/Incident No.
Illinois Central Railroad Company [IC]	**IC**	**1022239**
2. Name of Other Railroad or Other Entity with Consist Involved	2a. Alphabetic Code	2b. Railroad Accident/Incident No.
Amtrak (National Railroad Passenger Corporation) [ATK]	**ATK**	**162530**
3. Name of Railroad or Other Entity Responsible for Track Maintenance *(single entry)*	3a. Alphabetic Code	3b. Railroad Accident/Incident No.
Illinois Central Railroad Company [IC]	**IC**	**1022239**

4. U. S. DOT Grade Crossing Identification Number	5. Date of Accident/Incident (month / day / year)	6. Time of Accident/Incident
289740F	**1 2 / 2 7 / 2019**	**7:44** AM ☐ PM ☒

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
		07

8. Cars Carrying HAZMAT	9. HAZMAT Cars Damaged/ Derailed	10. Cars Releasing HAZMAT	11. People Evacuated	12. Subdivision
N/A	**N/A**	**N/A**	**N/A**	**JOLIET**

13. Nearest City/ Town	14. Milepost *(to nearest tenth)*	15. State Abbr.	Code	16. County
ROMEOVILLE	**27.09**	**IL**	**17**	**WILL**

17. Temperature (F) *(specify if minus)*	18. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark	Code	19. Weather *(single entry)* 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow	Code	20. Type of Track 1. Main 2. Yard 3. Siding 4. Industry	Code
28 °F		**4**		**2**		**1**

21. Track Name/ Number	22. FRA Track Class (1-9, X)	Code	23. Annual Track Density *(gross tons in millions)*	24. Time Table Direction 1. North 2. South 3.East 4. West	Code
XG JOLIET 27.09	**4**		**32.23**		**2**

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	26. Was Equipment Attended? 1. Yes 2. No	Code	27. Train Number/Symbol

28. Speed *(recorded speed if available)* R - Recorded E - Estimated	Code	30. Type of Territory *(enter codes that apply)*	30a. Remotely Controlled Locomotive?
000 MPH		Signalization *(Mandatory)* 1. Signaled 2. Not Signaled: **1** Method of Operation/Authority for Movement *(Mandatory)*: **1** 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track: **Q-Traffic Control System/CTC** Supplemental/Adjunct Codes *(Mandatory*)* * Mandatory to the extent that all applicable codes are entered	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
29. Trailing Tons (gross tonnage, excluding power units): **0**			

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/alcohol use, enter the number that were positive in the appropriate box.	Alcohol	Drugs
(1) First involved *(derailed, struck, etc)*		**000**				
(2) Causing *(if mechanical, cause reported)*		**000**		33.Was this consist transporting passengers ? *(y/n)*		**No**

34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)	a. Head End	Mid Train b. Manual	Mid Train c. Remote	Rear End d. Manual	Rear End e. Remote	35. Cars (Include EMU, DMU, and Cab Car Locomotives.)	Loaded a. Freight	Loaded b. Pass.	Empty c. Freight	Empty 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	37. Track, Signal, Way, & Structure Damage	38. Primary Cause Code	39. Contributing Cause Code
$ **0**	$ **18,624**	**M308**	

Number of Crew Members: 40. Engineers/ Operators	41. Firemen	42. Conductors	43. Brakemen	Length of Time on Duty: 44. Engineer/Operator Hrs: Mins:	45. Conductor Hrs: Mins:
0		**0**			

Casualties to:	46. Railroad Employees	47. Train Passengers	48. Others	49a. Special Study Block A	49b. Special Study Block B
Fatal	**0**	**0**	**0**	**CWR**	
Nonfatal	**0**	**0**	**0**		

50. Latitude	51. Longitude
41.66335	**-88.033886**

52. Narrative Description *(Be specific, and continue on separate sheet if necessary)*

AMTRAK P30791-27 STRUCK THE REAR OF A SEMI-TRUCK AT CROSSING 289740F. NO INJURIES REPORTED TO EITHERPASSENGERS OR CREW. CROSSING CONTROLLED BY FLASHING LIGHTS AND GATES, WHICH WERE WORKING AS INTENDED AT THE TIME

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 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 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.