FEDERAL RAILROAD ADMINISTRATION RAIL EQUIPMENT ACCIDE 1. Name of Reporting Railroad							1a. Alphabetic Code					1b. Railro	OMB Approval No: 2130-0500 1b. Railroad Accident/Incident No.				
Indiana Harbor Belt Railroad Company [IHB]							IHB					2518	2518				
2. Name of Other Railroad or Other Entity with Consist Involved							2a. Alphabetic Code					2b. Railroad Accident/Incident No.					
													\perp				
B. Name of Railroad or Othe	er Entity Responsi	ble for Track	k Maintenance	(single entr	ry)			3a. Alpha	betic Co	ode			3b. Railroa	3b. Railroad Accident/Incident No.			
Indiana Harbor Bel	t Railroad Co	mpany [J	HB]					IHB					2518				
4. U. S. DOT Grade Crossin	ng Identification N	Jumber	1						f Accid onth	dent/Incident day	l yea	ar	6. Time of	f Accident/In	_		
								0	5	1 6		an 2019	8:16		AM X	РМ	
7. Type of Accident/ Incident (single		railment ad on collisio		de collision	_		•	crossing			losion-deto violent rup		13. Ot			Code	
Incident (single entry in code box)		ar end collisio		iking collision oken train co			Obstruction	crossing on			er impacts	nure		describe in) arrative)		01	
					Releasing						12. Subdivision						
HAZMAT Damaged/				HAZ		Evacuated											
2 Derailed 2			2	44.360	N/A	N/A				SYSTEM							
13. Nearest City/				14. Milepost (to nearest			15. State Code 16. County Abbr.										
Town RIVERDALE				tenth	12.90	п	IL 17 COOK										
17. Temperature (F)	1	18. Visibility			Code			igle entry)		5 CL .		Code	20. Type o			Code	
(specify if minus)	71 ° _F	1. Dawn 2. Day	n 3. Dusk 4. Dark		2	1. Cl 2. Cl	lear loudy	3. Rain 4. Fog		SleetSnow		1	1. Maii 2. Yard		ding dustry	2	
21. Track Name/	,, <u>, </u>			22. F	FRA Track		Cod		ual Tra					Table Direction		Code	
Number				Class (1-9, X	Ι.	Density (gross tons				1. North 3.East 2. South 4. West 3							
BC11 25. Type of Equipment 1.	. Freight train	5.	. Single car	9. Maint./ins	spect. car	D	. EMU	in	millions 26.	s) . Was Equipmen	ıt			Train Number		3	
	2. Passenger train-P	Pulling 6.	. Cut of cars	A. Spec. Mo	W Equip.	E.	. DMU	6.1		Attended?			IZD	42	•		
. 0 37	Commuter train-l Work train			B. Passenger C. Commute				Code 6		1. Yes	2. No	Co		13			
28. Speed (recorded speed	d	Code	1 **		(enter code	s that app	oly)						1	otely Control			
if available) R - Recorded Signalization (Mandatory) 1. Signaled 2. Not Signaled							0 = Not a remotely controlled operation 1 = Remote control portable transmitter										
R - Recorded E - Estimated 002 MPH R 1. Signaled 2. Not Signaled Method of Operation/Authority for Movement (Ma)						t (Man	ndatory) 5 2 = Remote control tower operation										
-	s tonnage,		1					/Restricted Lin	nits					Remote contro		ansmitter -	
excluding power units)	,			egister Territo al/Adjunct Co	•	her Than I datory*)	Main 1ra	аск						than one ren		Code	
		2,709	* Mandatory	to the exten	it that all app	olicable co	odes are	entered								0	
31. Principal Car/Unit		a. Initial an	nd Number	b. Position	ı in Train		c. Loade	ed (yes/no)		32. If any railroa			_	ohol use, ent	er the number	er that	
(1) First involved (derailed, struck, etc)										were positi	ve in the a	ppropriate	e box.	Alc	cohol	Drugs	
		CX010320		040			N								00		
(2) Causing (if mechanical,							33.Was this consist transporti			orting pas				1			
cause reported) 4. Locomotive Units		77. 1	7617	<u></u>	000		_	35, Cars	ı			Los	aded	Em	entv	No	
Exclude EMU, DMU, and (ocomotives.)	Cab Car	a. Head End	b. Manual	c. Remote	d. Manual	Rear End	emote			ИU, and Cab Car	· a	. Freight	b. Pass.	c. Freight	d. Pass.	e. Caboose	
(1) Total in Train		0	0	0	0		0	(1) Total	in Equ	ipment Consist		5	0	38	0	0	
(2) Total Derailed		0	0	0	0		0	(2) Total	Deraile	ed		2	0	2	0	0	
36. Equipment Damage		3*	7. Track, Signal, W	-				38. Primary C	Cause			:	39. Contributi	ng Cause			
This Consist \$	21,816	5	& Structure Da	ımage \$	\$	1,157		Code			S016		Code				
			Crew Members								Len		ne on Duty				
40. Engineers/ Operators	41. Firemen	42	2. Conductors	4	43. Brakemer	a		44. Engineer/	•	or		4	45. Conductor	î			
1		\longrightarrow	2	\longrightarrow				Hrs:	09	Mins:	15		Hrs:	09	Mins:	15	
Casualties to: 40	6. Railroad Emplo	pad Employees 47. Train Passengers		, 4	48. Others			49a. Special Study Block A 49b.				Special Study Block B					
Fatal	<u> </u>		0		0			OTH 0000				000-000					
Nonfatal 0 0				0				000									
50. Latitude 41.639261						51. Longitude -87.652638											
52. Narrative Description FHE KB43 (534) WAS H RESULTED IN DERAIL	IUMPING A CU	T OF CAR	ue on separate sheet RS FROM TRACI	K BNY9 TO	O TRACK I	BC11. V	VHILE	HUMPING	NTO T	TRACK BC11	AN OVI	ER FILL	ED CAR IM	IPACT ON	A CURVE	WHICH	

3. Typed/Printed Name &		55. Date
Title of Preparer	54. Signature	

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 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.