

1. Name of Reporting Railroad Illinois Railway, LLC. [IR]				1a. Alphabetic Code IR		1b. Railroad Accident/Incident No. 192563																	
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) Illinois Railway, LLC. [IR]				3a. Alphabetic Code IR		3b. Railroad Accident/Incident No. 192563																	
4. U. S. DOT Grade Crossing Identification Number 065029D				5. Date of Accident/Incident month 0 day 8 year 2019		6. Time of Accident/Incident 2:00 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 07											
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. Subdivision OTTAWA															
13. Nearest City/ Town YORKVILLE		14. Milepost (to nearest tenth) 48		15. State Abbr. IL		Code 17		16. County KENDALL															
17. Temperature (F) (specify if minus) 90 ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 2		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code 1		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code 1																	
21. Track Name/ Number OTTAWA SUB MAIN		22. FRA Track Class (1-9, X) 1		23. Annual Track Density (gross tons in millions) 1		24. Time Table Direction 1. North 3. East 2. South 4. West Code 4																	
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 8		26. Was Equipment Attended? 1. Yes 2. No Code Y		27. Train Number/Symbol JOB											
28. Speed (recorded speed if available) R - Recorded E - Estimated 025 MPH Code E		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled 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		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) 0		31. Principal Car/Unit (1) First involved (derailed, struck, etc) BNSF007691		a. Initial and Number 001		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 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		3		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 \$ 0		38. Primary Cause Code M302		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: 08 Mins:		45. Conductor Hrs: 08 Mins:													
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		000-000-000													
Nonfatal		0		0		0																	
50. Latitude 41.646388				51. Longitude -88.409722																			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) RUNNING LIGHT POWER WESTBOUND WITH LIGHTS AND BELL ON, SOUNDING HORN, A MOTORIST FAILED TO YIELD AND WAS STRUCK IN THE PASSENGER REAR CORNER OF THEIR VEHICLE.																							
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.																							