DEPARTMENT OF T				II. FOI	IIPMEN	JT A <i>(</i>	CIDE	NT/INCID	FNT	REPOI	<b>?</b> T			ON	IB Approval	No: 2130-0500	
FEDERAL RAILROAD ADMINISTRATION RAIL EQUIPMENT ACCIDEN  1. Name of Reporting Railroad								1a. Alphabetic Code					1b. Railroad Accident/Incident No.				
. •								NIRC						2019071296			
NORTHEAST ILLINOIS REGIONAL COMMUTER RAIL CORP METRA [NIRC]  2. Name of Other Railroad or Other Entity with Consist Involved									2a. Alphabetic Code				2b. Railroad Accident/Incident No.				
Name of Railroad or Other	Entity Responsi	ble for Tra	ack Maintenance	(single en	try)			3a. Alphabet	ic Code	e			3b. Railro	ad Accident/I	ncident No.		
NORTHEAST ILLINOIS REGIONAL COMMUTER RAIL CORP METRA [NIRC]									NIRC				2019071296				
4. U. S. DOT Grade Crossing Identification Number									Date of Accident/Incident				6. Time of Accident/Incident				
	,							nonti	<sup>h</sup> 3	0   7	1 -	ear 2019	6.00	A	ам 🗌	$_{\mathrm{PM}}$ X	
7. Type of Accident/	1. Dera	ailment	4. S	ide collision		7.	Hwy-rail		3	0 7 10. Expl			6:00 13. O	ther		Code	
Incident (single 2. Head on collision				5. Raking collision 8. RR grade cr				crossing 11. Fire/violent rupture				(describe in)					
entry in code box)  8. Cars Carrying	3. Rear end collision			6. Broken train collision 9. Obstruction 10. Cars Releasing				on 12. Other impacts 11. People					narrative) 12 12. Subdivision				
HAZMAT	9. HAZMAT Cars Damaged/					HAZMAT			Evacuated				12. Subdivision				
N/A		Derailed	i	N/A			N/A			N	/A		BLUE	ISLAND			
13. Nearest	I			14/21	14. Mil	epost	(to	15. State		Code	16. Cour	ity	BECE	ISE:II (D			
City/						arest	40.00	Abbr.			000						
Town BLUE ISI  17. Temperature (F)		8. Visibil	lity (single entry	/)	Code	19. We	18.79 ather (sin	IL IL		17	COO	Code	20. Type	of Track		Code	
(specify if minus)		1. Day		ı			Clear	3. Rain		5. Sleet	1		1. Mai		ding	1	
	6 ° F	2. Day	y 4. Dark		3	2.	Cloudy	4. Fog		6. Snow		1	2. Yar		dustry	2	
21. Track Name/ Number					FRA Track Class (1-9,	X)	Coc	Denci	tsz				24. Time 1. Nor	Table Directi th 3.Ea		Code	
K&K LUMBER LEA	AD				,		1	in mil	(gre lions)	oss tons			2. Sou			2	
• • • • •	Freight train		5. Single car	9. Maint./in	-		D. EMU			as Equipmen	t		27.	Train Numbe	r/Symbol		
	Passenger train-P Commuter train-I	-	6. Cut of cars 7. Yard/switching	A. Spec. M B. Passenge			E. DMU	Code		Attended? . Yes	2. No	1 0	code 505				
. 0	Work train	_	8. Light loco(s).	C. Commut		_		D					Y				
28. Speed (recorded speed Code 30. Type of Territory (enter codes that apply)							30a. Remotely Controlled Locomotive?										
if available)  Signalization (Mandatory)  1. Signaled 2. Not Signaled							2	2 0 = Not a remotely controlled operation 1 = Remote control portable transmitter									
R - Recorded E - Estimated  006 MPH E  1. Signaled 2. Not Signaled Method of Operation/Authority for Movement (Mandator)																	
	onnage,		-					Restricted Limits		·				Remote contr	-	ansmitter -	
excluding power units)				legister Terri tal/Adjunct (				ack L-S	pecial	Instructions				e than one rer rol transmitte		Code	
		0	1	ry to the exte				entered								0	
31. Principal Car/Unit		a. Initial a	and Number	b. Positio	on in Train		c. Loade	d (yes/no)	32.	. If any railro	ad emplo	/ee(s) tes	ted for drug/al	cohol use, en	ter the number	er that	
(1) First involved										were positi	ve in the	appropria	te box.	Ald	cohol	Drugs	
(derailed, struck, etc)		ETX001288	01288		001		N										
(2) Causing (if mecha	nical,	.,	3111001200		000				33.	.Was this con	sist transp	orting pa	assengers ? (	y/n)			
cause reported) 34. Locomotive Units		a. Head	Mid	Train	1	Rear En	4	35. Cars				L	oaded	Em	npty	No	
(Exclude EMU, DMU, and Ca Locomotives.)	ab Car	End	b. Manual	c. Remote	d. Manu		Remote	(Include EMU, Locomotives.)	, DMU	, and Cab Car	. :	a. Freight		c. Freight	d. Pass.	e. Caboose	
(1) Total in Train		0	0	0	0		0	(1) Total in	Equipr	nent Consist		0	0	0	4	0	
(2) Total Derailed		0	0	0	0		0	(2) Total De	erailed			0	0	0	0	0	
36. Equipment Damage			37. Track, Signal,	Way,				38. Primary Cau	se				39. Contribut	ing Cause			
This Consist \$	13,373	,	& Structure D	amage	\$	14,167	7	Code		1	H307		Code				
			f Crew Members							•	Lei	ngth of T	ime on Duty	•			
40. Engineers/ 4 Operators 1	41. Firemen 42. Conductors			43. Brakemen			44. Engineer/Operator  Hrs: 11 Mins: 50				)	45. Conductor  Hrs: 11 Mins: 50					
Casualties to: 46.	46. Railroad Employees 47. Trail		47. Train Passenge			48. Others			49a. Special Study Block A				49b. Special Study Block B				
Fatal	0		0		0			CW/D				00	000 000 000				
Nonfatal 0		0	0		0			CWR				000-000-000					
50. Latitude <b>41</b>			41.6561	1.656139				51. Longitude				-87.67	-87.675853				
52. Narrative Description WHILE SHOVING THE I BUMPING POST.			nue on separate she			E TRAI	N STRUC	CK THE BUMP	ING P	OST CAUS	INGSIG	NIFICA	NT DAMAG	E TO HIGH	ILINER 128	88 AND THE	

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.