

1. Name of Reporting Railroad <b>NORTHEAST ILLINOIS REGIONAL COMMUTER RAIL CORP. -- METRA [NIRC]</b>				1a. Alphabetic Code <b>NIRC</b>		1b. Railroad Accident/Incident No. <b>2019071297</b>																	
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) <b>NORTHEAST ILLINOIS REGIONAL COMMUTER RAIL CORP. -- METRA [NIRC]</b>				3a. Alphabetic Code <b>NIRC</b>		3b. Railroad Accident/Incident No. <b>2019071297</b>																	
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month   day   year <b>0</b>   <b>3</b>   <b>0</b>   <b>9</b>   <b>2019</b>		6. Time of Accident/Incident <b>4:00</b> 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 <b>13</b>											
8. Cars Carrying HAZMAT  <b>N/A</b>		9. HAZMAT Cars Damaged/ Derailed  <b>N/A</b>		10. Cars Releasing HAZMAT  <b>N/A</b>		11. People Evacuated  <b>N/A</b>		12. Subdivision <b>UNIVERSITY PARK</b>															
13. Nearest City/ Town <b>HARVEY</b>		14. Milepost (to nearest tenth) <b>20.12</b>		15. State Abbr. <b>IL</b>		Code <b>17</b>		16. County <b>COOK</b>															
17. Temperature (F) (specify if minus) <b>33</b> ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code <b>2</b>		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code <b>3</b>		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code <b>1</b>																	
21. Track Name/ Number <b>MAIN TRACK #1</b>		22. FRA Track Class (1-9, X) <b>4</b>		23. Annual Track Density (gross tons in millions) <b>3</b>		24. Time Table Direction 1. North 3. East 2. South 4. West Code <b>2</b>																	
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 <b>D</b>		26. Was Equipment Attended? 1. Yes 2. No Code <b>Y</b>		27. Train Number/Symbol <b>821</b>											
28. Speed (recorded speed if available) R - Recorded E - Estimated <b>010</b> MPH		Code <b>E</b>		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*) <b>Q-Traffic Control System/CTC L-Special Instructions</b> * 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 <b>0</b>																	
29. Trailing Tons (gross tonnage, excluding power units) <b>0</b>		31. Principal Car/Unit (1) First involved (derailed, struck, etc) <b>METX001311</b>		a. Initial and Number <b>003</b>		b. Position in Train <b>000</b>		c. Loaded (yes/no) <b>Y</b>		32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol Drugs													
(2) Causing (if mechanical, cause reported)										33. Was this consist transporting passengers? (y/n) <b>Yes</b>													
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		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		(1) Total in Equipment Consist		<b>0</b>		<b>6</b>		<b>0</b>		<b>0</b>		<b>0</b>	
(2) Total Derailed		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		(2) Total Derailed		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>	
36. Equipment Damage This Consist		\$ <b>33,791</b>		37. Track, Signal, Way, & Structure Damage		\$ <b>1,046</b>		38. Primary Cause Code <b>T404</b>		39. Contributing Cause Code													
Number of Crew Members				Length of Time on Duty																			
40. Engineers/ Operators <b>1</b>		41. Firemen		42. Conductors <b>1</b>		43. Brakemen		44. Engineer/Operator Hrs: <b>03</b> Mins: <b>50</b>		45. Conductor Hrs: <b>03</b> Mins: <b>50</b>													
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A		49b. Special Study Block B													
Fatal		<b>0</b>		<b>0</b>		<b>0</b>		CWR		000-000-000													
Nonfatal		<b>0</b>		<b>0</b>		<b>0</b>																	
50. Latitude <b>41.610308</b>				51. Longitude <b>-87.64805</b>																			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>TRAIN 821 STRUCK AN AC WIRE THAT WAS HANGING WHICH CAUSED DAMAGE TO THE PANTOGRAPHS ON HIGHLINER #1311 AND #1364.</b>																							
53. Typed/Printed Name & Title of Preparer				54. Signature				55. Date															
<b>NOTE:</b> 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.																							