

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad NORTHEAST ILLINOIS REGIONAL COMMUTER RAIL CORP. -- METRA [NIRC]				1a. Alphabetic Code NIRC		1b. Railroad Accident/Incident No. 2019071757																			
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) NORTHEAST ILLINOIS REGIONAL COMMUTER RAIL CORP. -- METRA [NIRC]				3a. Alphabetic Code NIRC		3b. Railroad Accident/Incident No. 2019071757																			
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month 1 day 2 year 0 5 2019		6. Time of Accident/Incident 5:02 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) 13															
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 ELECTRIC																	
13. Nearest City/ Town CHICAGO		14. Milepost (to nearest tenth) 14.92		15. State Abbr. IL		Code 17		16. County COOK																	
17. Temperature (F) (specify if minus) 38 ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 3		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code 2		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code 1																			
21. Track Name/ Number 1		22. FRA Track Class (1-9, X) 4		23. Annual Track Density (gross tons in millions) 3.89		24. Time Table Direction 1. North 3. East 2. South 4. West Code 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 D		26. Was Equipment Attended? 1. Yes 2. No Code Y		27. Train Number/Symbol 751													
28. Speed (recorded speed if available) R - Recorded E - Estimated 050 MPH		Code E		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signalized 2. Not Signalized 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*) L-Special Instructions Q-Traffic Control System/CTC * 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) ME001272		a. Initial and Number ME001272		b. Position in Train 004		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 <input type="checkbox"/> Drugs <input type="checkbox"/>																	
(2) Causing (if mechanical, cause reported) ME001272		ME001272		004		Y		33. Was this consist transporting passengers? (y/n) Yes																	
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		0		0		0		0		0		(1) Total in Equipment Consist		0		6		0		0		0			
(2) Total Derailed		0		0		0		0		0		(2) Total Derailed		0		0		0		0		0			
36. Equipment Damage This Consist \$ 23,644		37. Track, Signal, Way, & Structure Damage \$ 2,601						38. Primary Cause Code E78L				39. Contributing Cause Code T404													
Number of Crew Members												Length of Time on Duty													
40. Engineers/ Operators 1		41. Firemen		42. Conductors 2		43. Brakemen		44. Engineer/Operator Hrs: 02 Mins:				45. Conductor Hrs: 02 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 41.682232												51. Longitude -87.612899													
52. Narrative Description (Be specific, and continue on separate sheet if necessary) SOUTHBOUND TRAIN #751 STOPPED ON TRACK #1 AT MP 14.92, SOUTH OF THE KENSINGTON STATION PLATFORM DUE TO THE PANTOGRAPH ON THE 4TH CAR FROM THE SOUTH END, CAR #1272, HAVING A STRUCTURAL ISSUE (SPLIT IN HALF). THE CREW ISOLATED THE CAR AND CONTINUED MOVING AFTER A 21-MINUTE DELAY. APPROXIMATELY FIVE MINUTES LATER AT 5:28 PM, THE ENGINEER OF SOUTHBOUND TRAIN #735, HEARD A POP AROUND MP 11.99, 95TH STREET STATION. CREWS OBSERVED CATENARY WIRES TANGLED IN THIS LOCATION; THE WIRE HAD BROKEN AT THE SECTION AIR GAP. CARS #1303, 1272, 1366 FROM TRAIN #751 SUSTAINED PANTOGRAPH DAMAGE; CAR #1260 FROM TRAIN #735 HAD A BROKEN SHEER PIN.																									
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.																									