DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No: 2130-0500

1. Name of Reporting Railroad **NORTHEAST ILLINOIS REGIONAL COMMUTER RAIL CORP. -- METRA [NIRC]**	1a. Alphabetic Code **NIRC**	1b. Railroad Accident/Incident No. **2019071782**
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. **2019071782**
4. U. S. DOT Grade Crossing Identification Number	5. Date of Accident/Incident month **1 2** day **0 7** year **2019**	6. Time of Accident/Incident **5:15** AM ☐ PM ☒

7. Type of Accident/ Incident *(single entry in code box)*						13. Other *(describe in narrative)*	Code
	1. Derailment	4. Side collision	7. Hwy-rail crossing	10. Explosion-detonation			
	2. Head on collision	5. Raking collision	8. RR grade crossing	11. Fire/violent rupture			**11**
	3. Rear end collision	6. Broken train collision	9. Obstruction	12. Other impacts			

8. Cars Carrying HAZMAT	9. HAZMAT Cars Damaged/ Derailed	10. Cars Releasing HAZMAT	11. People Evacuated	12. Subdivision
N/A	**N/A**	**N/A**	**N/A**	**RID**

13. Nearest City/ Town	14. Milepost *(to nearest tenth)*	15. State Abbr.	Code	16. County
JOLIET		**IL**	**17**	**WILL**

17. Temperature (F) *(specify if minus)*	18. Visibility (single entry)	Code	19. Weather *(single entry)*	Code	20. Type of Track	Code
40 °F	1. Dawn 3. Dusk 2. Day 4. Dark	**3**	1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow	**1**	1. Main 3. Siding 2. Yard 4. Industry	**2**

21. Track Name/ Number	22. FRA Track Class (1-9, X)	Code	23. Annual Track Density *(gross tons in millions)*	24. Time Table Direction	Code
YARD TRACK #5		**1**		1. North 3.East 2. South 4. West	**3**

25. Type of Equipment Consist *(single entry)*					Code	26. Was Equipment Attended?	Code	27. Train Number/Symbol
1. Freight train	5. Single car	9. Maint./inspect. car	D. EMU					
2. Passenger train-Pulling	6. Cut of cars	A. Spec. MoW Equip.	E. DMU					
3. Commuter train-Pulling	7. Yard/switching	B. Passenger Train-Pushing			**8**	1. Yes 2. No	**N**	**LOCO**
4. Work train	8. Light loco(s).	C. Commuter Train-Pushing						

28. Speed *(recorded speed if available)* R - Recorded E - Estimated		MPH	Code
	000	MPH	**E**

29. Trailing Tons (gross tonnage, excluding power units): **0**

30. Type of Territory *(enter codes that apply)*
Signalization *(Mandatory)* 1. Signaled 2. Not Signaled: **2**
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: **5**
Supplemental/Adjunct Codes *(Mandatory*)*: **K-Restricted Speed or Equivalent**
* 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**

31. Principal Car/Unit	a. Initial and Number	b. Position in Train	c. Loaded *(yes/no)*
(1) First involved *(derailed, struck, etc)*	**METX000118**	**001**	**N**
(2) Causing *(if mechanical, cause reported)*	**METX000118**	**001**	**N**

32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.

Alcohol	Drugs

33. Was this consist transporting passengers ? *(y/n)*: **No**

34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)	a. Head End	Mid Train b. Manual	Mid Train c. Remote	Rear End d. Manual	Rear End e. Remote
(1) Total in Train	**1**	**0**	**0**	**0**	**0**
(2) Total Derailed	**0**	**0**	**0**	**0**	**0**

35. Cars (Include EMU, DMU, and Cab Car Locomotives.)	Loaded a. Freight	Loaded b. Pass.	Empty c. Freight	Empty d. Pass.	e. Caboose
(1) Total in Equipment Consist	**0**	**0**	**0**	**0**	**0**
(2) Total Derailed	**0**	**0**	**0**	**0**	**0**

36. Equipment Damage This Consist	37. Track, Signal, Way, & Structure Damage	38. Primary Cause Code	39. Contributing Cause Code
$ **500,000**	$ **0**	**E74L**	

Number of Crew Members				Length of Time on Duty	
40. Engineers/ Operators	41. Firemen	42. Conductors	43. Brakemen	44. Engineer/Operator Hrs: Mins:	45. Conductor Hrs: 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	51. Longitude
41.52941	**-88.06969**

52. Narrative Description *(Be specific, and continue on separate sheet if necessary)*

LOCOMOTIVE #118 WAS SITTING ON TRACK #5 IN THE JOLIET YARD WHEN AN EMPLOYEE NOTICED BLACK SMOKE COMING OUT OF THE ENGINE. THE LOCO WAS RUNNING WHEN THE AUX GEN SQUIRREL CAGE CAME APART, SENDING SPARKSINTO THE AR10 AIR BOX. THE FILTERS WERE IGNITED AND A FIRE ENSUED. ELECTRICAL & HEAT DAMAGE FROM THE FIRE, AND WATER DAMAGE FROM EXTINGUISHING WERE SO SIGNIFICANT THAT THE LOCOMOTIVE, BUILT IN 1977,WAS RETIRED. DEPRECIATED VALUE ESTIMATED AT $500,000.

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 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 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.