FEDERAL KAILKOAD	ADMINISTRATION	١	KA	IL EQU	TEMENT	ACCIDE	WI/INCID	ENI KEPUI	ΛI			OIV	ть Approvai	No: 2130-0300	
1. Name of Reporting Ra	ilroad			•			1a. Alphabet	ic Code			1b. Railro	ad Accident/	Incident No.		
Norfolk Southern Railway Company [NS]							NS				128718				
2. Name of Other Railroad or Other Entity with Consist Involved							2a. Alphabetic Code				2b. Railroad Accident/Incident No.				
	•						1 1								
3 Name of Railroad or O	)ther Entity Responsi	ible for Track	Maintenance	(single enti	trv)		3a. Alphabet	ric Code			3h Railros	ad Accident/I	ncident No		
							Sa. Alphabetic Code				3b. Railroad Accident/Incident No.				
Norfolk Southern Railway Company [NS]							NS				128718 6. Time of Accident/Incident				
4. U. S. DOT Grade Cros	ssing Identification N	lumber					5. Date of A	Accident/Incident	Voor		6. Time of	Accident/In	cident		
								$\begin{bmatrix} 1 & 1 & 1 \\ 3 & 1 & 1 \end{bmatrix}$	year <b>201</b>	Q	3:15	I	AM	$_{\mathrm{PM}}$ X	
7. Type of Accident/	1. Der	ailment	4. S	ide collision		7. Hwy-rail			losion-detonat		13. Ot	her		Code	
**				aking collisio	n	8. RR grade	crossing	/violent ruptur	nt rupture (describ						
entry in code box) 3. Rear end collision 6. Broken t			roken train co	ollision	9. Obstruction		er impacts		n	narrative)		01			
8. Cars Carrying 9. HAZMAT Cars				10. Cars Rel	-	1			12. Subdivision						
HAZMAT Damaged/					HAZM	IAT	Evacuated								
N/A Derailed N/A			N/A		N/A	N/A			ILLINOIS						
13. Nearest				14. Milepos	st (to	15. State	16. County								
City/					nearest		Abbr.								
Town LOUISVILLE					Code 10	271.00	KY 21 JEFFERSO								
			, .	Code 19	Code 19. Weather (sin 1. Clear		5. Sleet	Code		20. Type of Track 1. Main 3. Siding		dina	Code		
(specify if minus)	<b>45</b> ° F	2. Day	4. Dark		2	2. Cloudy	3. Rain 4. Fog	6. Snow		2	2. Yard		dustry	2	
21. Track Name/	<b>4</b> 5 -			22.1	FRA Track	Coc						Table Directi		Code	
Number				(	Class (1-9, X)	ı					1. Nort	th 3.Ea	st	1	
DY12						1	in mil	0.00		2. South 4. West			3		
25. Type of Equipment	<ol> <li>Freight train</li> </ol>		Single car	9. Maint./ins	-	D. EMU		26. Was Equipmen	ıt		27. 7	Train Numbe	r/Symbol		
Consist	Passenger train-P	-	Cut of cars	A. Spec. Mo		E. DMU	Code	Attended?		G 1	le DVO	02			
(single entry)	3. Commuter train-	-			r Train-Pushing	-	7	1. Yes	2. No	Cod		J <u>2</u>			
20.0.1./.1.1	4. Work train		Light loco(s).		er Train-Pushing					Y		. 1 . 0 1	1 17		
						that apply)					30a. Remotely Controlled Locomotive?  0 = Not a remotely controlled operation				
if available)  R - Recorded  Signalization (Mandatory)  1. Signaled 2. Not Signaled							2				1 = Remote control portable transmitter				
E - Estimated	ndatory) 5					Remote contro	-								
	oss tonnage,	/Restricted Limits	;				3 = Remote control portable transmitter -								
excluding power uni	tory 5. Other	Other Than Main Track K-Restricted Speed or Equivalent					more than one remote								
	1		Supplemen	al/Adjunct C	Codes (Mandai	tory*)					contr	rol transmitte	г	Code	
		0	* Mandator	y to the exten	nt that all applic	able codes are	entered							0	
31. Principal Car/Unit		a. Initial and	Number	b. Position	n in Train	c. Loade	ed (yes/no)	32. If any railro			_	cohol use, en	er the number	er that	
(1) First involved							were posi		itive in the appropriate b		box.	Ald	cohol	Drugs	
(derailed, struck, etc)					001		N								
(2) Causing (if mechanical,		NS009943			001		N 33.Was this cor		nsist transporting passer		engers? (v/n)				
cause reported)				000			55. Was this consist transpo			No					
		a. Head	. Head Mid Train		Rear End		35. Cars			Load	Loaded E		npty		
(Exclude EMU, DMU, and Cab Car		End			d. Manual	e. Remote	(Include EMU,	, DMU, and Cab Ca	r a. Fı	reight	b. Pass.	c. Freight	d. Pass.	e. Caboose	
Locomotives.)							Locomotives.)								
(1) Total in Train		1	0	0	0	0	(1) Total in	Equipment Consist	(	0	0	0	0	0	
(2) Total Derailed		1	0	0	0	0	(2) Total De	erailed	<del>-   ,</del>	0	0	0	0	0	
36. Equipment Damage			37. Track, Signal, Way,				38. Primary Cau				9. Contributi		U	U	
This Consist		37.	& Structure D			0	Code Code	se .		35	Code	ing Cause			
This Consist	\$ 70,023			illage .	\$	0	Code		H017						
,		Number of Cr					<u> </u>		Length		e on Duty				
40. Engineers/	41. Firemen	42.	. Conductors	4	43. Brakemen		44. Engineer/Op	erator		45	5. Conductor	r			
Operators 1			1				Hrs:	07 Mins:	31		Hrs:	07	Mins:	30	
Casualties to:	46. Railroad Emplo	vees 47	. Train Passenger	re	48. Others		49a. Special Stud			49h Si	pecial Study				
Casuaties to.	7/ Hain Lusseligets		, ,	+o. Outers		49a. Special Study Block A			470. 5	peciai Study	DIOCK D				
Fatal	0 0			0	)										
Nonfatal	0				0		ОТН			000-000-000					
U			0												
50. Latitude			38.2635	35			51. Longitude				-85.801	1414			
52. Narrative Description	1 (Be specific,	and continue	on separate she	et if necessar	y)										
DV02 DERAILED L3-	-L6 AND R3-R6 W	HEELS ON	NS 9943.												
DV02 DERAILED L3-	·L6 AND R3-R6 W	HEELS ON	NS 9943.												
DV02 DERAILED L3-	L6 AND R3-R6 W	HEELS ON	'NS 9943.												
DV02 DERAILED L3-	-L6 AND R3-R6 W	HEELS ON	NS 9943.												
DV02 DERAILED L3-	-L6 AND R3-R6 W	HEELS ON	NS 9943.												
		THEELS ON	NS 9943.		<del></del>						55 F				
53. Typed/Printed Name Title of Preparer		HEELS ON	NS 9943.		54	. Signature					55. E	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 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.