FEDERAL RAILROAD ADMINISTRATION RAIL EQUIPMENT ACCIDE: 1. Name of Reporting Railroad							1a. Alphabetic Code						OMB Approval No: 2130-0500 1b. Railroad Accident/Incident No.						
Norfolk Southern Railway Company [NS]							NS						129228						
2. Name of Other Railroad or Other Entity with Consist Involved							2a. Alphabetic Code								ent/Incident No				
3. Name of Railroad or C	Other Entity Respon	sible for Ti	rack N	Iaintenance	(single er	ntry)			3a. Alphabetic Code						3b. Railroad Accident/Incident No.				
Norfolk Southern Railway Company [NS]								NS							129228				
4. U. S. DOT Grade Cros	ssing Identification	Number								Accid	dent/Incident day	, ,	year	6	. Time of	Accident	/Incident	_	
									0	4	2 2		2018		11:30		AM 📙	PM X	
7. Type of Accident/		erailment			de collision				crossing		_	losion-de			13. Oth		,	Code	
Incident (single 2. Head on collision entry in code box) 3. Rear end collision				king collis oken train		8. RR grade cros ion 9. Obstruction			-		 Fire/violent rupture Other impacts 			(describe in) narrative)			01		
8. Cars Carrying 9. HAZMAT Car						10. Cars Releasing			11. People		-			12. Subdivision			1 01		
HAZMAT Damaged/ Derailed					HA	HAZMAT			Evacuated										
N/A		Derane	:u		N/A	14.363		N/A	15.0			N/A			LAKE				
13. Nearest City/						14. Mile		0	15. State Ab		Code	16. Cou	inty						
	NGTON					tent		A079.8			21	FAY	ETTE						
17. Temperature (F)		18. Visibi	-	(single entry))	Code	19. Weath				5 Cl		Code	e 2	0. Type o		G: 4:	Code	
(specify if minus)	59 ° F	1. Da 2. Da		 Dusk Dark 		4	1. Cl 2. Cl	lear loudy	3. Rain 4. Fog		SleetSnow		1		 Main Yard 		Siding Industry	2	
21. Track Name/					22.	FRA Track		Coc		ıal Tra				2	4. Time T			Code	
Number						Class (1-9, X	X)	١.	Dei	nsity	(gross tons	0	00		1. Nortl		East	.	
LY04 LEAD 25. Type of Equipment	Freight train		5. Sir	igle car	9. Maint./ii	nspect. car	D.	. EMU	ini	26	. Was Equipmen		00		2. Soutl		West hber/Symbol	1	
Consist	2. Passenger train-	_		t of cars		NoW Equip.	E.	DMU	C. I.		Attended?				T/7	т			
(single entry)	Commuter train Work train	-Pulling		-	U	er Train-Push ter Train-Pus	-		Code 1		1. Yes	2. N	0	Code Y	T67	1			
28. Speed (recorded sp		Coc		30. Type of			les that app	ply)	1 -						0a. Remo	tely Cont	trolled Locomo	tive?	
if available) Signalization (Mandatory)							0 = Not a remotely controlled oper							operation					
R - Recorded E - Estimated 003 MPH E 1. Signaled 2. Not Signaled Method of Operation/Authority for Movement (Man													1 = Remote control portable transmitter 2 = Remote control tower operation						
	oss tonnage,		'	-	-				Restricted Lin								ntrol portable t		
excluding power un	its)			4. Block Re	-	•	ther Than l	Main Tr	ack K	-Rest	ricted Speed or	r Equival	lent			than one		1	
		1,042				Codes (Mar ent that all ap		ides are i	entered						contro	ol transm	itter	Code	
31. Principal Car/Unit		a. Initial	and N			on in Train		c. Loade			32. If any railro	oad emplo	ovee(s) to	ested for	drug/alc	ohol use.	enter the numb	er that	
(1) First involved											were posit	_			-		Alcohol	Drugs	
(derailed, struck, etc)				050100	001		3 7						00			00			
(2) Causing (if me	echanical,	<u> </u>	LF A	050108		001			Y		33.Was this cor	nsist tran	sporting	passeng	ers? (y	/n)	00	00	
cause reported)						000												No	
34. Locomotive Units	ed Cob Con	a. Head		Mid T			Rear End		35. Cars (Include EM	U. DN	MU, and Cab Ca	ır	a. Freig	Loaded	Pass.	c. Freig	Empty ht d. Pass.	e. Caboose	
(Exclude EMU, DMU, ar Locomotives.)	id Cab Cai	End		b. Manual	c. Remote	d. Manua	aı e. K	emote	Locomotives				u. r reig	ni 0.	. I uss.	c. r reig	d. 1 ass.	c. Caboose	
(1) Total in Train		1		0	0	0		0	(1) Total	in Equ	ipment Consist		7		0	4	0	0	
(2) Total Derailed				0	0	0		0	(2) Total	Derail	led		4		0	0	0	0	
36. Equipment Damage			37. T	rack, Signal, V	Vay,				38. Primary C	ause				39. C	ontributi	ng Cause	<u> </u>		
This Consist	\$ 41,48	3 5		& Structure Da	mage	\$	320		Code			H020		C	ode				
	ı	Number o	_	v Members								L	ength of						
40. Engineers/ Operators	41. Firemen		42. C	onductors		43. Brakeme	en		44. Engineer/	Operat	or			45. C	onductor				
1				1					Hrs:	06	Mins:	3	6		Hrs:	06	Mins:	36	
Casualties to:	46. Railroad Empl	ployees 47. Trai		rain Passenger	in Passengers 4		48. Others		49a. Special S	tudy E	ock A		49	b. Spec	b. Special Study Block B				
Fatal	0			0			0								20.000.000				
Nonfatal	0			0			0			ОТН			0	000-000-000					
50. Latitude	U U				27		51. Longitude	. Longitude					04.516	020					
52. Narrative Description	(D :: C	1		38.06582					o T. Bongitado						<u>-84.516</u>	929			
AFTER SHOVING 5	,			n separate shee IGNMENT 1	-		IONAL C	ARS IN	TO THE SAI	ие т	RACK, THEC	ARS RO	OLLED	OUT O	F THE	TRACK	AND OVER	THE DERAII	
AT THE NORTH ENI																			

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.