

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Norfolk Southern Railway Company [NS]			1a. Alphabetic Code NS			1b. Railroad Accident/Incident No. 132005		
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) Norfolk Southern Railway Company [NS]			3a. Alphabetic Code NS			3b. Railroad Accident/Incident No. 132005		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: 1 day: 0 year: 2018			6. Time of Accident/Incident 7:18 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			7. Hwy-rail crossing		
8. Cars Carrying HAZMAT N/A			9. HAZMAT Cars Damaged/ Derailed N/A			10. Cars Releasing HAZMAT N/A		
13. Nearest City/Town DANVILLE			14. Milepost (to nearest tenth) 114			15. State Code Abbr. KY		
17. Temperature (F) (specify if minus) 65 °F			18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 3			19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1		
21. Track Name/ Number WEST YARD 6			22. FRA Track Class (1-9, X) 1			23. Annual Track Density (gross tons in millions) 0.00		
25. Type of Equipment Consist (single entry)			5. Single car			26. Was Equipment Attended? 1. Yes 2. No Y		
28. Speed (recorded speed if available) R - Recorded 002 MPH E - Estimated R			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 5 4. Block Register Territory 5. Other Than Main Track K-Restricted Speed or Equivalent Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered			27. Train Number/Symbol T85T 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) 2,117			31. Principal Car/Unit a. Initial and Number GATX219922 b. Position in Train 014 c. Loaded (yes/no) 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			b. Mid Train		
(1) Total in Train			2			0		
(2) Total Derailed			0			0		
36. Equipment Damage This Consist \$ 13,894			37. Track, Signal, Way, & Structure Damage \$ 0			38. Primary Cause Code H302		
40. Engineers/ Operators 1			41. Firemen			42. Conductors 1		
43. Brakemen			44. Engineer/Operator Hrs: 03 Mins: 18			45. Conductor Hrs: 03 Mins: 18		
Casualties to:			46. Railroad Employees			47. Train Passengers		
Fatal			0			0		
Nonfatal			0			0		
50. Latitude 37.682407			51. Longitude -84.781725			52. Narrative Description (Be specific, and continue on separate sheet if necessary) SRM B.A. PERSON 1 WAS NOTIFIED BY A PERSON 2 THAT A CAR HAD BEEN PLACED ON THEIR REPAIR TRACKS WITH SIGNIFICANT DAMAGE. PERSON 2 STATED THE RAILCAR ARRIVED ON TRAIN 111TA28 THE DAY PRIOR.		
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.								