DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION

RAIL EQUIPMENT ACCIDEN	Γ/INCIDENT REPORT

OMB Approval No: 2130-0500

1. Name of Reporting Rai	ilroad								1a. Alpha	betic	Code		1b. Railı	1b. Railroad Accident/Incident No.							
Norfolk Southern Railway Company [NS]													13241	.3							
2. Name of Other Railroad or Other Entity with Consist Involved									2a. Alpha	2a. Alphabetic Code 2							t/Incident No.				
	Union Pacific Railroad Company [UP]														01190	GL018					
3. Name of Railroad or O	ther Entity Respons	ible for Tr	ack Main	ntenance	(single er	ntry)			3a. Alpha	betic	Code				3b. Railr	oad Acciden	/Incident No.				
Norfolk Southern	Railway Comp	any [NS	5]						NS						13241	-					
4. U. S. DOT Grade Cros	sing Identification N	Number									ident/Inciden			_	6. Time	of Accident/	Incident				
									0	onth 1	1 da	4)19	7:06		AM X	PM			
7. Type of Accident/	1. Der	railment		4. Side	collision	I	7. I	Iwy-rail	crossing		-	-	ion-detor		13. 0	Other		Code			
Incident (single		ad on colli			ing collis			R grade	-				olent rup	ure		(describe in)				
entry in code box) 8. Cars Carrying		ar end coll 9. HAZM		6. Brol	ken train (9. C s Releasing	Obstructio	on	11		Other i	mpacts		_	narrative)		13	_		
HAZMAT		Damag					AZMAT		11. People Evacuated					12. Subdivision							
N/A		Deraile	d		N/A		N/A			N/A					CR&I I.T.						
13. Nearest				1	V/A	14. Mile	14. Milepost (to			e	Code		6. County	,		1 1.1.			_		
City/						neo	arest		Ab	br.	1										
Town CHICA		10 17:-11:	Lie (ten		JW002		-	17		COOK	Colo	20 7	ef Tree els		Cell			
17. Temperature (F) (specify if minus)		 18. Visibi 1. Da 		single entry) 3. Dusk		Code	19. weat		gle entry) 3. Rain		5. Sleet			Code	20. Type 1. Ma	of Track	Siding	Code			
(24 °F	2. Da		4. Dark		1		loudy	4. Fog		6. Snow			1	2. Ya		Industry	2			
21. Track Name/					22.	. FRA Track		Cod			rack					e Table Dire		Code			
Number						Class (1-9,	X)	1		Density (gross tons in millions) 0.00							last West				
CT22 25. Type of Equipment	1. Freight train		5. Single	e car 9	. Maint./ii	nspect. car	D	. EMU	in	_	6. Was Equip	ment	0.00		2. So 27.	Train Numl			-		
Consist	2. Passenger train-l		6. Cut of			foW Equip.		. DMU			Attended										
(single entry)	3. Commuter train-	Pulling		-	Ų	er Train-Pus	U		Code		1. Yes		2. No	Co	de						
29. Sand (4. Work train	0.1	8. Light			ter Train-Pu	-	1)							20. D.		. 11	d9			
28. Speed (recorded specific available)	eea	Cod		 Type of Te Signalization 			des that ap	piy)									olled Locomo ely controlled				
R - Recorded				1. Signaled		t Signaled			2	2							trol portable t	-			
E - Estimated	000 MPH	E		Method of Op		•											trol tower ope				
	oss tonnage,			-					Restricted Lin		tuisted Enco	d on F					trol portable ti	ransmitter -			
excluding power uni	ts)			 Block Reg Supplemental 		•		Main 1ra	іск г	x-res	stricted Spee	u or E	Juivalen			re than one r trol transmit		Code			
	0 Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered																				
31. Principal Car/Unit		a. Initial	and Nurr	nber	b. Positi	on in Train		c. Loade	d (yes/no)		32. If any ra	ailroad	employe	e(s) teste	d for drug/a	lcohol use, e	nter the numb	er that			
(1) First involved											were p	ositive	in the ap	propriate	box.	A	lcohol	Drugs			
(derailed, struck, etc	•)					000															
(2) Causing (if me					33.Was this	consis	sengers ?	(v/n)			-										
cause reported)	-				000									No							
34. Locomotive Units		a. Head		Mid Tra	ain		Rear End		35. Cars						Loaded Empty						
(Exclude EMU, DMU, an Locomotives.)	d Cab Car	End	b. 1	Manual c	. Remote	d. Manu	al e. Remote		(Include EMU, DMU, and Cab Car Locomotives.)			a.	Freight	b. Pass. c. Freight d. Pa			e. Caboos	e			
(1) Total in Train		0	0 0		0	0		0	(1) Total	in Ec	n Equipment Consist			0	0	0	0	0	_		
						-				_			_	-	-				-		
(2) Total Derailed		0	27	0	0	0		0	(2) Total		lied			0							
36. Equipment Damage This Consist				k, Signal, Wa Structure Dan		•		 Primary C Code 	ause				-	39. Contributing Cause Code							
\$ 0						\$				Н	702	d. of The									
Number of Crew Membra 40. Engineers/ 41. Firemen 42. Conductor										44. Engineer/Operator 45.							. Conductor				
40. Engineers/ Operators		72. CUII						-	open				[
0			0						Hrs: Mins:						Hrs: Mins:						
Casualties to:	46. Railroad Emplo	ployees 47. Train Passengers				48. Others			49a. Special Study Block A						49b. Special Study Block B						
Fatal	0	0 0						0				ОТН									
Nonfatal	afatal o o						0														
50. Latitude									51. Longitude	1 Longitude											
41.820805									51. Longitude -87.673669												
52. Narrative Description	(eparate sheet				LOWN	CONSIST		(004 · 411)	T C 2	¥ 1 4 4	22 TON	G 5 500 F						
**** UNION PACIFIC OUT THE EAST END																		IWARDS			
INTERMODALEQUII NS CREWS INVOLVE		51503, DI	FTX 750	745, DTTX	658410, I	DTTX 7496	51 AND A	A-END (ON DTTX 74	5134	UP TRAIN	&CR	EW, UP	WILL	TILE THE	HUMAN I	FACTOR FO	RM 81. NO)		
NS CREWS INVOLVI																					
53. Typed/Printed Name &													55	55. Date							
5							54. Signa	54. Signature								55. Date					
Title of Preparer																					
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 _ "40 U.S.C. 20003. See 49 C.F.P. 225.7 (b).																					
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										he											
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																					
	and no confiden	ntiality is	promise	ad to only not	monden	t. Please no	ate that or			1		1		n is not	roquirad t	1		an of			
nformation unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.												or, and	a perso	II IS HOL	iequiieu i	o respond	to a collection				