

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

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| 1. Name of Reporting Railroad Norfolk Southern Railway Company [NS] | | | 1a. Alphabetic Code NS | | | 1b. Railroad Accident/Incident No. 133421 | | |
| 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. 133421 | | |
| 4. U. S. DOT Grade Crossing Identification Number | | | 5. Date of Accident/Incident month: 0 day: 4 year: 2019 | | | 6. Time of Accident/Incident 11:45 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 WENTZVILLE | | | 14. Milepost (to nearest tenth) S043.7 | | | 15. State Code Abbr. MO | | |
| 17. Temperature (F) (specify if minus) 72 °F | | | 18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 4 | | | 19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1 | | |
| 21. Track Name/ Number 8 OUTBOUND RAMP | | | 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 006 MPH E - Estimated | | | 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 | | | 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 (1) First involved (derailed, struck, etc) TTGX987940 | | | a. Initial and Number 021 | | | b. Position in Train 000 | | |
| 34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.) | | | a. Head End | | | b. Manual | | |
| (1) Total in Train | | | 1 | | | 0 | | |
| (2) Total Derailed | | | 0 | | | 0 | | |
| 36. Equipment Damage This Consist \$ 300 | | | 37. Track, Signal, Way, & Structure Damage \$ 12,361 | | | 38. Primary Cause Code H303 | | |
| 40. Engineers/ Operators 1 | | | 41. Firemen | | | 42. Conductors 1 | | |
| 43. Brakemen | | | 44. Engineer/Operator Hrs: 02 Mins: 15 | | | 45. Conductor Hrs: 02 Mins: 15 | | |
| Casualties to: | | | 46. Railroad Employees | | | 47. Train Passengers | | |
| Fatal | | | 0 | | | 0 | | |
| Nonfatal | | | 0 | | | 0 | | |
| 50. Latitude 38.812783 | | | 51. Longitude -90.836192 | | | 52. Narrative Description (Be specific, and continue on separate sheet if necessary) DW26 SHOVING 21 LOADED AUTO RACKS, DERAILED THE R1, R2, L1 AND L2 WHEELS ON TTX987940. | | |
| 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.