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					134594						
2. Name of Other Railroad or Other Entity with Consist Involved								2a. Alphabetic Code					2b. Railroad Accident/Incident No.						
Name of Railroad or C	Other E	ntity Respons	ible for Tr	ack M	f aintenance	(single e	entry)			3a. Alphab	etic C	ode			3b. Railroa	nd Accident/	Incident No		
Norfolk Southern	Rail	way Comp	any [NS	5]						NS					134594				
4. U. S. DOT Grade Cros	ssing I	lentification N	Number								Accid onth	lent/Incident day	, year		6. Time of	f Accident/I	ncident	_	
										0	7	0 5	20		1:22		AM X	PM	
7. Type of Accident/			railment			de collisio			Hwy-rail	-			losion-detona		13. Ot			Code	
Incident (single			ad on collis			king collis			RR grade	-			/violent ruptu	ire		describe in)		01	
entry in code box) 8. Cars Carrying			ar end colli 9. HAZM			oken train		s Releasi	Obstructi ng	OII	11. Pe		er impacts		12. Subdiv	arrative) vision		01	
HAZMAT			Damage	ed/			H.	AZMAT				racuated							
N/A			Deraile	d		N/A			N/A			ľ	N/A		ILLIN	OIS			
13. Nearest							14. Mil	•	(to	15. State		Code	16. County		•				
City/ Town WEN T	г 73 /Т	116						rarest nth)	S043.3	Abl MC		29	ST CHA	DIE	C				
17. Temperature (F)	121		18. Visibi	lity	(single entry)	1	Code	 		igle entry)		29		Code	20. Type o	of Track		Code	
(specify if minus)		0	1. Da		3. Dusk	1			Clear	3. Rain		5. Sleet	1		1. Maii		iding	1	
21. Track Name/	72	F	2. Day	y	4. Dark	22	4 2. FRA Track		Cloudy Co	4. Fog de 23. Anni	al Tro	6. Snow		2	2. Yard	d 4. It Table Direct	idustry	Code	
Number						22	Class (1-9,		1						1. Nort			L	
EAST LEAD									1	in n		(gross tons s)	0.00		2. Sout	h 4. W	/est	3	
25. Type of Equipment Consist		ight train ssenger train-			-		inspect. car MoW Equip.		D. EMU E. DMU		26.	Was Equipmen	nt		27. 7	Frain Numbe	er/Symbol		
(single entry)		mmuter train-				-	viow Equip. ger Train-Pus		E. DMU	Code		Attended? 1. Yes	2. No 1	Co	de 285	D			
	4. W	ork train		8. Liş	ght loco(s).	C. Commi	uter Train-Pu	ıshing		1				Y	7				
28. Speed (recorded sp	peed		Cod	le	30. Type of			des that a	ipply)						1	otely Contro			
if available) R - Recorded					Signalization 1. Signaled		datory) ot Signaled			2					1	0 = Not a remotely controlled operation 1 = Remote control portable transmitter			
E - Estimated	0)5 MPH	R		_		Authority for	r Moveme	ent (Mar										
	oss tor	nage,			1					/Restricted Lim		d-4-4 C4	E				•	transmitter -	
excluding power un	its)					-	ritory 5. 0 Codes (Ma			ack K	-Kestr	ricted Speed or	Equivalent			than one re		Code	
			1,339			-	ent that all a			entered								0	
31. Principal Car/Unit			a. Initial	and N	Number	b. Posit	ion in Train		c. Loade	ed (yes/no)		32. If any railro	ad employee	(s) teste	d for drug/alc	cohol use, er	ter the num	ber that	
(1) First involved	. 1											were posit	ive in the app	propriate	e box.	Al	cohol	Drugs	
(derailed, struck, etc)			,	NS007695			001		N										
(2) Causing (if me	echani	cal,		1000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							33.Was this cor	nsist transpor	ting pas	sengers ? ()	v/n)			
cause reported)							000									-		No	
 Locomotive Units Exclude EMU, DMU, ar 	nd Cab	Car	a. Head End		Mid T b. Manual	rain c. Remote	d. Man	Rear En	d Remote	35. Cars (Include EM	U, DM	IU, and Cab Ca	r a. I	Loa reight	ded b. Pass.	c. Freight	npty d. Pass.	e. Caboose	
Locomotives.)	nu cuo	Cui	Liid		o. Manuar	c. Remote	d. Want	uai C.	Kemote	Locomotives	.)								
(1) Total in Train			2		0	0	0		0	(1) Total	in Equ	ipment Consist		20	0	0	0	0	
(2) Total Derailed			1		0	0	0		0	(2) Total	Deraile	ed		0	0	0	0	0	
36. Equipment Damage					rack, Signal, W					38. Primary C	ause			:	39. Contributi	ng Cause			
This Consist	\$	34,40	8		& Structure Da	mage	\$	2,125		Code			T309		Code				
	1		Number o		w Members								Lengt		ne on Duty				
40. Engineers/ Operators	41.	Firemen		42. C	Conductors		43. Braken	nen		44. Engineer/0	Operato	or		- 1	45. Conductor	r			
1					1					Hrs:	05	Mins:	07	\perp	Hrs:	05	Mins:	07	
Casualties to:	46. R	ailroad Emplo	ployees 47. Tra		ain Passengers 48		48. Others	48. Others		49a. Special Study Block A			49b.	Special Study	Block B				
Fatal	0		0			0		OTH 0			000	00-000-000							
	0			0			0		OTH			000	-000-000						
Nonfatal					38.81201	18				51. Longitude					-90.828	3953			
50. Latitude																			
50. Latitude 52. Narrative Description					n separate shee		ary)												
50. Latitude 52. Narrative Description NS TRAIN 285D704 P					n separate shee		ary)												
50. Latitude 52. Narrative Description					n separate shee		ary)												
50. Latitude 52. Narrative Description					n separate shee		ary)												

53. 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.