FEDERAL RAILROAD	ADMINISTRATIO	N		RA	L EQU	IPMEN	NT AC	CIDE	ENT/I	NCID	EN	T RE	POF	RT					OMB	Approval	No: 2130-0500		
1. Name of Reporting Ra			1a. Alphabetic Code									1b. Railroad Accident/Incident No.											
Norfolk Southern Railway Company [NS]								NS								13634	45						
Name of Other Railroad or Other Entity with Consist Involved								2a. Alphabetic Code								2b. Railroad Accident/Incident No.							
3. Name of Railroad or O	ther Entity Respons	ible for Tr	ack Ma	aintenance	(single en	try)			3a. Alphabetic Code								3b. Railroad Accident/Incident No.						
																		15					
Norfolk Southern Railway Company [NS]											NS 5. Date of Accident/Incident								136345 6. Time of Accident/Incident				
4. U. S. DOT Grade Cros							day	1	year														
										1	1	2	7		2019	)	11:35	5	AM	<b>X</b>	PM 📙		
7. Type of Accident/ 1. Derailment 4. Side collision					7. Hwy-rail cro				-			-		etonatio		13. Other				Code			
Incident (single 2. Head on collision 5. Raking collision entry in code box) 3. Rear end collision 6. Broken train collision									=				violent rupture			(describe in) narrative)				01			
							Obstruction     Cars Releasing			11	1 Per	12. Other impacts People					12. Subdivision				01		
HAZMAT Damaged/							HAZMAT					Evacuated					12. Subdivision						
N/A Derailed					N/A		N/A						N/A					ALTON					
13. Nearest		IN/A				14. Milepost (to			15. State Code				16. Co	unty		ALTON							
City/					nearest				Abbr.														
Town GRANITE CITY						tenth) AE011.							MA	DISO									
17. Temperature (F)	18. Visibility (single entry)				Code				ngle entry) 3. Rain			5.01			de	20. Typ		Code					
(specify if minus)	(specify if minus) 45 °F			1. Dawn 3. Dusk 2. Day 4. Dark			1. Clear 2. Cloudy			kain Fog		5. Sleet 6. Snow			1	.	1. Main 3. Siding 2. Yard 4. Industry				1		
21. Track Name/	43 -	2. 54	2. Day 4. Dark			2. FRA Track				23. Annual	l Trac					L	24. Time Table Direction				Code		
Number						Class (1-9,				Domoites							1. North 3.East				ı		
SINGLE MAIN TRACK								1		in millions) 3.00					.00		2. South 4. West						
25. Type of Equipment 1. Freight train 5. Single car 9. Maint./inspect.						-	D. EMU				26.			t			27. Train Number/Symbol						
Consist 2. Passenger train-Pulling 6. Cut of cars A. Spec. Mo (single entry) 3. Commuter train-Pulling 7. Yard/switching B. Passenger										Code		Attende 1. Yes	a?	2. N	lo I	Code	DA	<b>A08</b>					
(single entry) 3. Commuter train-Pulling 7. Yard/switching B. Passenger Train- 4. Work train 8. Light loco(s). C. Commuter Train							-	_				1. 103		2.1		Y							
28. Speed (recorded sp	(enter coe	des that ap	pply)	•							30a. Re	motely (	Controlled	Locomot	ive?								
28. Speed (recorded speed Code 30. Type of Territory (enter if available) Signalization (Mandatory)								1							0 = Not a remotely controlled operation								
R - Recorded 1. Signaled 2. Not Signaled F - Estimated 4. Method of Operation/Authority															1 = Remote control portable transmitter								
E - Estimated 004 MPH E Method of Operation/Authority for Movemer  29. Trailing Tons (gross tonnage, 1. Signal Indication 2. Direct Train Control																	2 = Remote control tower operation 3 = Remote control portable transmitter -						
excluding power units)  4. Block Register Territory  5. Other Than Main Track																		more than one remote					
Supplemental/Adjunct Codes (								ndatory*)									control transmitter Code						
0 * Mandatory to the extent that all							plicable codes are entered								0								
31. Principal Car/Unit	and Number b. Position in Train					c. Loaded (yes/no)			32. If any railroad employee(s) tested						for drug/alcohol use, enter the number that								
(1) First involved										were positive in				ve in th	e appro	priate b	ox.	L	Alcol	nol	Drugs		
(derailed, struck, etc	CONV002511				000			Y															
(2) Causing (if me	CONX002511				008			Y			33.Was this consist transporting passer					ngers ?	(v/n)						
cause reported)					000						1 01						1						
34. Locomotive Units	a. Head		Mid 7	`rain		Rear End			Cars						Loade	1 1			y				
(Exclude EMU, DMU, and Cab Car		End		b. Manual c. Remot		d. Manu	ıal e. l			ude EMU, motives.)	, DM	OMU, and Cab Car a			a. Fre	. Freight b		b. Pass. c. Freig		d. Pass.	e. Caboose		
Locomotives.)															12								
(1) Total in Train		1			0	0		0	(1	) Total in	Equi	Equipment Consist				,	0		7	0	0		
(2) Total Derailed	0		0	0	0		0	(2	2) Total De	railed 5				5		0		0	0	0			
36. Equipment Damage	ack, Signal, W	/ay,				1	imary Cau	use						Contrib	uting Ca	iuse							
This Consist   \$ 1.200 & Structure Damage   \$							14,874		Co	Code <b>T110</b>								Code					
Number of Crew Members															ength o	gth of Time on Duty							
40. Engineers/ 41. Firemen		42.		onductors		43. Brakemen			44. En	gineer/Op	erator					45. Conduct		tor					
Operators 1				1					Н	Irs:	03	N	Ains:	3	35		Hrs:	(	03	Mins:	35		
Casualties to:	46. Railroad Employees					48. Others			49a. S <sub>J</sub>	49a. Special Study Block A						49b. Special Study B			k B				
Fatal	0		0			0										000.000							
Nonfatal	0		0				ОТІ	OTH 000-00							JU-000								
50. Latitude <b>38.722763</b>								51. Longitude									-90.142584						
52. Narrative Description YARD ASSIGNMENT 8 OF THEIR CONSIS	, DA08, UTILIZI			separate shee			DIRECT	IION W	ттн а	CONSIS	ТОЕ	F 12 LO	ADS, 7	7 ЕМР	TIES,	1798 T	ONS AN	ND 1156	6 FEET V	WHEN L	INES 4 THRU		
53. Typed/Printed Name &								55. Date															
**								ature															

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.