

1. Name of Reporting Railroad Rail Logix Ameriport, LLC [RLAX]				1a. Alphabetic Code RLAX				1b. Railroad Accident/Incident No. RLAX111220																																							
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) Rail Logix Ameriport, LLC [RLAX]				3a. Alphabetic Code RLAX				3b. Railroad Accident/Incident No. RLAX111220																																							
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month 1 day 1 year 2020				6. Time of Accident/Incident 8:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>																																							
7. Type of Accident/ Incident (single entry in code box)				1. Derailment 2. Head on collision 3. Rear end collision				4. Side collision 5. Raking collision 6. Broken train collision				7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction				10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts				13. Other (describe in narrative) 04																											
8. Cars Carrying HAZMAT N/A				9. HAZMAT Cars Damaged/ Derailed N/A				10. Cars Releasing HAZMAT N/A				11. People Evacuated N/A				12. Subdivision SYSTEM																															
13. Nearest City/ Town BAYTOWN				14. Milepost (to nearest tenth)				15. State Abbr. TX				16. County CHAMBERS																																			
17. Temperature (F) (specify if minus) 50 ° F				18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark 4				19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1				20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry 2																																			
21. Track Name/ Number 20				22. FRA Track Class (1-9, X) 1				23. Annual Track Density (gross tons in millions) 1				24. Time Table Direction 1. North 3. East 2. South 4. West 2																																			
25. Type of Equipment Consist (single entry)				1. Freight train 2. Passenger train-Pulling 3. Commuter train-Pulling 4. Work train				5. Single car 6. Cut of cars 7. Yard/switching 8. Light loco(s)				9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing				D. EMU E. DMU Code 8				26. Was Equipment Attended? 1. Yes 2. No Code Y				27. Train Number/Symbol SWIT																							
28. Speed (recorded speed if available) R - Recorded E - Estimated 007 MPH Code E				30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signalized 2. Not Signalized Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track 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																																							
29. Trailing Tons (gross tonnage, excluding power units) 0				31. Principal Car/Unit (1) First involved (derailed, struck, etc) NREX000205				a. Initial and Number 001				b. Position in Train 000				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																											
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)				a. Head End				b. Manual				c. Remote				d. Manual				e. Remote				35. Cars (Include EMU, DMU, and Cab Car Locomotives.)				a. Freight				b. Pass.				c. Freight				d. Pass.				e. Caboose			
(1) Total in Train				2				0				0				0				0				(1) Total in Equipment Consist				0				0				0				0				0			
(2) Total Derailed				1				0				0				0				0				(2) Total Derailed				0				0				0				0				0			
36. Equipment Damage This Consist				\$ 16,260				37. Track, Signal, Way, & Structure Damage				\$ 21,924				38. Primary Cause Code H399				39. Contributing Cause Code H401																											
Number of Crew Members				Length of Time on Duty				40. Engineers/ Operators 1				41. Firemen				42. Conductors 1				43. Brakemen				44. Engineer/Operator Hrs: 01 Mins:				45. Conductor Hrs: 01 Mins:																			
Casualties to:				46. Railroad Employees				47. Train Passengers				48. Others				49a. Special Study Block A				49b. Special Study Block B																											
Fatal				0				0				0				OTH				000-000-000																											
Nonfatal				0				0				0																																			
50. Latitude 29.771792				51. Longitude -94.896563				52. Narrative Description (Be specific, and continue on separate sheet if necessary) SWITCHER 4 AND SWITCHER 5 WENT ON-DUTY AT THE SAME TIME. THEY DID NOT PERFORM A JOB BRIEFING BETWEENBOTH CREWS. BOTH CREWS MOUNTED THEIR LOCOMOTIVE CONSISTS AND BEGAN TO TRAVEL DOWN THEIR RESPECTIVETRACK TOWARD THE B YARD SWITCH. SWITCHER 4 HAD THE SWITCH LINED FOR THEIR MOVEMENT. SWITCHER 5 PULLED UP TO THE SWITCH IN THE FOUL TO LINE FOR THEIR MOVEMENT AND BOTH LOCOMOTIVES STRUCK EACH OTHER INTHE SIDE.				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.																																															

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Rail Logix Ameriport, LLC [RLAX]				1a. Alphabetic Code RLAX				1b. Railroad Accident/Incident No. RLAX111220							
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) Rail Logix Ameriport, LLC [RLAX]				3a. Alphabetic Code RLAX				3b. Railroad Accident/Incident No. RLAX111220							
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month 1 day 1 year 2020				6. Time of Accident/Incident 8:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>							
7. Type of Accident/ Incident (single entry in code box)		1. Derailment		4. Side collision		7. Hwy-rail crossing		10. Explosion-detonation		13. Other Code (describe in narrative)					
		2. Head on collision		5. Raking collision		8. RR grade crossing		11. Fire/violent rupture							
		3. Rear end collision		6. Broken train collision		9. Obstruction		12. Other impacts		04					
8. Cars Carrying HAZMAT N/A		9. HAZMAT Cars Damaged/ Derailed N/A		10. Cars Releasing HAZMAT N/A		11. People Evacuated N/A		12. Subdivision SYSTEM							
13. Nearest City/ Town BAYTOWN		14. Milepost (to nearest tenth)		15. State Abbr. TX		Code 48		16. County CHAMBERS							
17. Temperature (F) (specify if minus) 50 ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 4		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code 1		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code 2									
21. Track Name/ Number B LEAD		22. FRA Track Class (1-9, X) 1		23. Annual Track Density (gross tons in millions) 1		24. Time Table Direction 1. North 3. East 2. South 4. West Code 2									
25. Type of Equipment Consist (single entry)		1. Freight train		5. Single car		9. Maint./inspect. car		D. EMU E. DMU Code 8		26. Was Equipment Attended? 1. Yes 2. No Code Y					
		2. Passenger train-Pulling		6. Cut of cars		A. Spec. MoW Equip.				27. Train Number/Symbol SWIT					
		3. Commuter train-Pulling		7. Yard/switching		B. Passenger Train-Pushing									
		4. Work train		8. Light loco(s).		C. Commuter Train-Pushing									
28. Speed (recorded speed if available) R - Recorded E - Estimated 004 MPH		Code E		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signalized 2. Not Signalized Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered		2 5 K-Restricted Speed or Equivalent		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) 0															
31. Principal Car/Unit (1) First involved (derailed, struck, etc) NREX002472		a. Initial and Number		b. Position in Train 001		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					
(2) Causing (if mechanical, cause reported)				000				33. Was this consist transporting passengers? (y/n) No							
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		Mid Train b. Manual c. Remote		Rear End d. Manual e. Remote		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		Loaded a. Freight b. Pass.		Empty c. Freight d. Pass.		e. Caboose	
(1) Total in Train		2		0 0		0 0		(1) Total in Equipment Consist		0 0		0 0		0 0	
(2) Total Derailed		1		0 0		0 0		(2) Total Derailed		0 0		0 0		0 0	
36. Equipment Damage This Consist \$ 24.623		37. Track, Signal, Way, & Structure Damage \$ 0		38. Primary Cause Code H399		39. Contributing Cause Code H401									
Number of Crew Members				Length of Time on Duty											
40. Engineers/ Operators 1		41. Firemen		42. Conductors 1		43. Brakemen		44. Engineer/Operator Hrs: 01 Mins:		45. Conductor Hrs: 01 Mins:					
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A		49b. Special Study Block B					
Fatal		0		0		0		OTH		000-000-000					
Nonfatal		0		0		0									
50. Latitude 29.771792				51. Longitude -94.89563											
52. Narrative Description (Be specific, and continue on separate sheet if necessary) SWITCHER 4 AND SWITCHER 5 WENT ON-DUTY AT THE SAME TIME. THEY DID NOT PERFORM A JOB BRIEFING BETWEENBOTH CREWS. BOTH CREWS MOUNTED THEIR LOCOMOTIVE CONSISTS AND BEGAN TO TRAVEL DOWN THEIR RESPECTIVETRACK TOWARD THE B YARD SWITCH. SWITCHER 4 HAD THE SWITCH LINED FOR THEIR MOVEMENT. SWITCHER 5 PULLED UP TO THE SWITCH IN THE FOUL TO LINE FOR THEIR MOVEMENT AND BOTH LOCOMOTIVES STRUCK EACH OTHER INTHE SIDE.															
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.															