	ADMINISTRATIO	N	RA	IL EQU	IPMEN	NT ACCIDE	ENT/INCI	DENT	repoi	RT			OM	IB Approval	No: 2130-0500	
1. Name of Reporting Rai	,	1a. Alphabetic Code					1b. Railroad Accident/Incident No.									
Southern California Regional Rail Authority [SCAX]							SCAX	SCAX					091120			
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)							3a. Alphabetic Code					3b. Railroad Accident/Incident No.				
Southern California Regional Rail Authority [SCAX]							SCAX	SCAX					091120			
4. U. S. DOT Grade Crossing Identification Number						5. Date of Accident/Incident					6. Time of Accident/Incident					
4. U. S. DOI Grade Cross	sing Identification i	Number	1					onth	day	year					РМ 🗶	
= = 64 14/	1 D.		4.6			7	0	9	1 1	20	_	8:35		AM L		
7. Type of Accident/ 1. Derailment 4. Side collision Incident (single 2. Head on collision 5. Raking collision						7. Hwy-rail 8. RR grad	-					13. Ot	ther describe in)		Code	
entry in code box) 3. Rear end collision 6. Broken train collision						Obstruct	-	12. Other impacts				narrative)			01	
8. Cars Carrying 9. HAZMAT Cars 10. Ca						s Releasing	11. People				12. Subdivision					
HAZMAT Damaged/				HA	AZMAT		Evacuated									
N/A		Derailed		N/A		N/A			N	/A		SHORTWAY				
13. Nearest 14. M					14. Mile	•	15. State	'								
•						arest	Abi					PPRIO				
Town COLTON 17. Temperature (F) 18. Visibility			y (single entry	υ).	Code	tenth) 1.20 Code 19. Weather (single		CA 06		SAN BERNAR Code			RDINO 20. Type of Track			
(specify if minus)			1. Dawn 3. Dusk			1. Clear		3. Rain 5. Sleet		I		1. Main 3. Siding		ding	Code	
	72 ° F	2. Day	4. Dark		4	2. Cloudy	4. Fog		6. Snow		1	2. Yard		dustry	2	
21. Track Name/					FRA Track			23. Annual Track				24. Time Table Direction Code				
Number					Class (1-9,	X)	Density (gross tons in millions)					1. North 3.East				
S&I 2 25. Type of Equipment	Freight train	5.	Single car	9. Maint./in	enect car	D. EMU	In r	nillions)	Vas Equipmen	ıt		2. South 4. West 4 27. Train Number/Symbol				
	Passenger train-		Cut of cars	A. Spec. M	-	E. DMU			Attended?	ıı				1/3ymoo.		
(single entry)	3. Commuter train-	_	Yard/switching	B. Passenge			Code		1. Yes	2. No		ode ML	.33			
	4. Work train		Light loco(s).	C. Commut			C				7					
28. Speed (recorded spe	eed	Code	30. Type of			les that apply)						30a. Remotely Controlled Locomotive?				
if available) R - Recorded			Signalizati 1. Signale	ion (Manda	ntory) Signaled	2								y controlled of portable tr	-	
E - Estimated	004 MPH	R	_		-	Movement (Ma	ndatory) 5							ol tower oper		
	oss tonnage,	1		-		in Control 3. Yard/Restricted Limits							3 = Remote control portable transmitter -			
excluding power uni	ts)			-	•	Other Than Main Track K-Restricted Speed or Equivalent							more than one remote			
	1	516	1	ntal/Adjunct	Codes (Ma	ındatory*)						conti	rol transmitte	r	Code	
					2.00	22 - 13 - 14 4 14 14 14										
-:	l	_		_		pplicable codes are		1 22	70			10 1 /-1			0	
31. Principal Car/Unit		a. Initial ar		_	nt that all ap on in Train	c. Load		32				ed for drug/ald		ter the numbe	0 er that	
31. Principal Car/Unit (1) First involved (derailed, struck, etc.)	_		_				32		ad employee		_			0	
(1) First involved)	a. Initial ar		_					were positi	ve in the app	propriat	e box.	Ale	ter the numbe	0 er that	
(1) First involved (derailed, struck, etc (2) Causing (if me	chanical,	a. Initial ar	d Number	_	on in Train		led (yes/no)			ve in the app	propriat	e box.	Ale	ter the number	Oer that Drugs 00	
(1) First involved (derailed, struck, etc (2) Causing (if me cause reported)	•	a. Initial ar	M Number	b. Positio	005 000	c. Load	ed (yes/no)		were positi	ve in the app	propriate	e box.	Ale	ter the number cohol 00	er that Drugs	
(1) First involved (derailed, struck, etc (2) Causing (if me cause reported) 34. Locomotive Units	chanical,	a. Initial ar	Mid Number	b. Positio	005 000	c. Load	N 35. Cars	33.	were positi	ve in the app	ting pas	e box. ssengers ? (y/n) En	ter the number cohol 00	Oer that Drugs OO No	
(1) First involved (derailed, struck, etc (2) Causing (if me cause reported)	chanical,	a. Initial ar	M Number	b. Positio	005 000	c. Load	N 35. Cars	33. IU, DMU	were positi	ve in the app	propriate	e box.	Ale	ter the number cohol 00	Oer that Drugs 00	
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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.