

1. Name of Reporting Railroad Texas City Terminal Railway Company [TCT]				1a. Alphabetic Code TCT				1b. Railroad Accident/Incident No. 580301			
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) Texas City Terminal Railway Company [TCT]				3a. Alphabetic Code TCT				3b. Railroad Accident/Incident No. 580301			
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month day year 1 1 9 2020				6. Time of Accident/Incident 4:30 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) 05	
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 TERMINAL			
13. Nearest City/ Town TEXAS CITY		14. Milepost (to nearest tenth) 4		15. State Abbr. TX		Code 48		16. County GALVESTON			
17. Temperature (F) (specify if minus) 70 ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 2		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 403		22. FRA Track Class (1-9, X) 1		23. Annual Track Density (gross tons in millions) 11.00		24. Time Table Direction 1. North 3. East 2. South 4. West Code 3					
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 Code 7		26. Was Equipment Attended? 1. Yes 2. No Code Y		27. Train Number/Symbol TC04	
28. Speed (recorded speed if available) R - Recorded E - Estimated 005 MPH Code E		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled 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) 3,000		31. Principal Car/Unit (1) First involved (derailed, struck, etc) UTLX002608		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 00 Drugs 00	
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End 1		Mid Train b. Manual 0 c. Remote 0		Rear End d. Manual 0 e. Remote 0		35. Cars (Include EMU, DMU, and Cab Car Locomotives.) (1) Total in Equipment Consist 0 (2) Total Derailed 0		Loaded a. Freight 0 b. Pass. 0 Empty c. Freight 5 d. Pass. 0 e. Caboose 0	
36. Equipment Damage This Consist \$ 50,000		37. Track, Signal, Way, & Structure Damage \$ 0		38. Primary Cause Code H018		39. Contributing Cause Code					
Number of Crew Members				Length of Time on Duty							
40. Engineers/ Operators 1		41. Firemen		42. Conductors 1		43. Brakemen		44. Engineer/Operator Hrs: 02 Mins:		45. Conductor Hrs: 02 Mins:	
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A		49b. Special Study Block B 000-000-000	
Fatal		0		0		0					
Nonfatal		0		0		0					
50. Latitude 29.355408				51. Longitude -94.931848							
52. Narrative Description (Be specific, and continue on separate sheet if necessary) CREW FAILED TO SECURE CAR IN TRACK 403, CAR ROLLED OUT AND STRUCK CARS ON WEST LEAD											
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.