

1. Name of Reporting Railroad <b>TRINITY RAILWAY EXPRESS [TRE]</b>				1a. Alphabetic Code <b>TRE</b>				1b. Railroad Accident/Incident No. <b>20003</b>			
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) <b>TRINITY RAILWAY EXPRESS [TRE]</b>				3a. Alphabetic Code <b>TRE</b>				3b. Railroad Accident/Incident No. <b>20003</b>			
4. U. S. DOT Grade Crossing Identification Number <b>598359G</b>				5. Date of Accident/Incident month <b>0</b> day <b>2</b> year <b>2020</b>				6. Time of Accident/Incident <b>7:25</b> 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) <b>07</b>	
8. Cars Carrying HAZMAT <b>N/A</b>		9. HAZMAT Cars Damaged/ Derailed <b>N/A</b>		10. Cars Releasing HAZMAT <b>N/A</b>		11. People Evacuated <b>9</b>		12. Subdivision <b>SYSTEM</b>			
13. Nearest City/ Town <b>FORT WORTH</b>		14. Milepost (to nearest tenth) <b>MP625.</b>		15. State Abbr. <b>TX</b>		Code <b>48</b>		16. County <b>TARRANT</b>			
17. Temperature (F) (specify if minus) <b>49</b> ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code <b>4</b>		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code <b>1</b>		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code <b>1</b>					
21. Track Name/ Number <b>MAIN 1</b>		22. FRA Track Class (1-9, X) <b>5</b>		23. Annual Track Density (gross tons in millions) <b>3</b>		24. Time Table Direction 1. North 3. East 2. South 4. West Code <b>3</b>					
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 <b>C</b>		26. Was Equipment Attended? 1. Yes 2. No Code <b>Y</b>	
27. Train Number/Symbol <b>TRE2</b>		28. Speed (recorded speed if available) R - Recorded <b>062</b> MPH E - Estimated Code <b>R</b>									
29. Trailing Tons (gross tonnage, excluding power units) <b>0</b>		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*) <b>Q-Traffic Control System/CTC</b> * Mandatory to the extent that all applicable codes are entered									
31. Principal Car/Unit (1) First involved (derailed, struck, etc) <b>TRE001006</b>		a. Initial and Number <b>001</b>		b. Position in Train <b>000</b>		c. Loaded (yes/no) <b>Y</b>		32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol <b>0</b> Drugs <b>0</b>			
(2) Causing (if mechanical, cause reported) <b>000</b>		33. Was this consist transporting passengers? (y/n) <b>Yes</b>									
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End <b>1</b>		Mid Train b. Manual <b>0</b> c. Remote <b>0</b>		Rear End d. Manual <b>0</b> e. Remote <b>0</b>		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		Loaded a. Freight <b>0</b> b. Pass. <b>3</b>	
(1) Total in Train <b>1</b>		<b>0</b>		<b>0</b>		<b>0</b>		(1) Total in Equipment Consist <b>0</b>		<b>3</b>	
(2) Total Derailed <b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		(2) Total Derailed <b>0</b>		<b>0</b>	
36. Equipment Damage This Consist \$ <b>50,000</b>		37. Track, Signal, Way, & Structure Damage \$ <b>0</b>		38. Primary Cause Code <b>M303</b>		39. Contributing Cause Code <b>M599</b>					
Number of Crew Members				Length of Time on Duty							
40. Engineers/ Operators <b>1</b>		41. Firemen		42. Conductors <b>1</b>		43. Brakemen		44. Engineer/Operator Hrs: <b>03</b> Mins: <b>50</b>		45. Conductor Hrs: <b>03</b> Mins: <b>50</b>	
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A <b>CWR</b>		49b. Special Study Block B <b>000-000-000</b>	
Fatal <b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>					
Nonfatal <b>0</b>		<b>0</b>		<b>1</b>		<b>0</b>					
50. Latitude <b>32.807755</b>				51. Longitude <b>-97.103807</b>							
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>ON TUESDAY, FEBRUARY 25, 2020 AT APPROXIMATELY 1925HRS TRE TRAIN #2156 WAS TRAVELING EASTBOUND AND STRUCK AN UNOCCUPIED VEHICLE IN FORT WORTH, TEXAS. THE VEHICLE APPARENTLY DROVE ONTO THE TRACKS AT THE MOSIER VALLEY ROAD GRADE CROSSING DUE TO POOR LIGHTING IN GENERAL AREA. THE DRIVER BECAME DISORIENTED OF HER LOCATION, AND EXITED THE VEHICLE THAT SHE HAD DROVE ONTO THE TRACKS AND BECAME STUCK. THE VEHICLE WAS STRUCK BY A EASTBOUND PASSENGER TRAIN. A PASSENGER ON THE TRAIN COMPLAINED OF NECK/BACKPAIN AND WAS TRANSPORTED TO THE HOSPITAL FOR MEDICAL TREATMENT (EXTENT OF INJURIES UNKNOWN), NO OTHER INJURIES WERE REPORTED DUE TO THE INCIDENT. THE VEHICLE HAD TO BE REMOVED FROM THE FRONT OF THE CAB CAR WHICH SUSTAINED DAMAGE.</b>											
53. Typed/Printed Name & Title of Preparer				54. Signature				55. Date			
<b>NOTE:</b> 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.											