

1. Name of Reporting Railroad Tazewell & Peoria Railroad, Inc. [TZPR]				1a. Alphabetic Code TZPR				1b. Railroad Accident/Incident No. TZP0217190																			
2. Name of Other Railroad or Other Entity with Consist Involved Iowa Interstate Railroad [IAIS]				2a. Alphabetic Code IAIS				2b. Railroad Accident/Incident No. 2019019																			
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) Tazewell & Peoria Railroad, Inc. [TZPR]				3a. Alphabetic Code TZPR				3b. Railroad Accident/Incident No. TZP0217190																			
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month: 0 day: 4 year: 2019				6. Time of Accident/Incident 5:25 AM <input checked="" type="checkbox"/> PM <input 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) 01							
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 NICKEL PLATE											
13. Nearest City/Town CREVE COEUR				14. Milepost (to nearest tenth) 1.2				15. State Abbr. IL				16. County TAZEWELL															
17. Temperature (F) (specify if minus) 42 °F				18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 1				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 A36				22. FRA Track Class (1-9, X) 1				23. Annual Track Density (gross tons in millions) 3				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				D. EMU E. DMU Code 5				26. Was Equipment Attended? 1. Yes 2. No Code 5				27. Train Number/Symbol							
28. Speed (recorded speed if available) R - Recorded E - Estimated 000 MPH				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 a. Initial and Number b. Position in Train c. Loaded (yes/no) (1) First involved (derailed, struck, etc) 000 (2) Causing (if mechanical, cause reported) 000				32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol Drugs 000				33. Was this consist transporting passengers? (y/n) 000															
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)				a. Head End b. Manual c. Remote Mid Train d. Manual e. Remote Rear End 35. Cars (Include EMU, DMU, and Cab Car Locomotives.)				a. Freight b. Pass. c. Freight d. Pass. e. Caboose Loaded Empty				36. Equipment Damage This Consist \$ 0				37. Track, Signal, Way, & Structure Damage \$ 40,710				38. Primary Cause Code T111				39. Contributing Cause Code			
40. Engineers/ Operators				41. Firemen				42. Conductors				43. Brakemen				44. Engineer/Operator Hrs: Mins:				45. Conductor Hrs: 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 40.661102																51. Longitude -89.595535											
52. Narrative Description (Be specific, and continue on separate sheet if necessary) THE IAIS CREW WAS SWITCHING INSIDE OF THE YARD. AS THEY WERE TYING ONTO A CUT OF 41 CARS, THEY DERAILED 6 CARS.																											
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.																											