DEPARTMENT OF				ii EUI	TDATES	TT A	CCIDE	NIT /INI	TOP	AIT DE	ים∧םי	T			OV	4D Approva	1 Nia - 2120_0500	
FEDERAL RAILROAD ADMINISTRATION RAIL EQUIPMENT ACCIDES 1. Name of Reporting Railroad						1a. Alphabetic Code						OMB Approval No: 2130-0500 1b. Railroad Accident/Incident No.						
. •								1										
WATCO SWITCHING [WATX] 2. Name of Other Railroad or Other Entity with Consist Involved								WATX 2a. Alphabetic Code						201108003 2b. Railroad Accident/Incident No.				
2. Ivalie of Other Runs.	ad or Other Linery	IIII Consist 2	IIVOIVCU					20. 1 xip	lauciic	Juc				40. Mainoa	u Accident	Illeittem 146.		
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry)							3a. Alphabetic Code						3b. Railroad Accident/Incident No.					
WATCO SWITCI	HING [WATX]]						WATX						201108003				
4. U. S. DOT Grade Cros	ssing Identification 1	Number							5. Date of Accident/Incident					6. Time of Accident/Incident				
								1	month 1	0	day 8	year 2020	,	9:00	Į.	ам 🗌	$_{\mathrm{PM}}$ X	
7. Type of Accident/	1. De	erailment	4. Si	ide collision		7.	'. Hwy-rail o					sion-detonation		13. Oth	ier		Code	
Incident (single		ead on collision		aking collisio			RR grade	_				olent rupture	;		lescribe in)			
entry in code box)		ar end collision		roken train co			Obstruction	nc	111 T		. Other i	mpacts			irrative)		12	
8. Cars Carrying HAZMAT				10. Cars Re					11. Peopl Evacu		opie acuated			12. Subdivision				
		Derailed		3										HOUSE	POM			
2 13. Nearest				2	14. Mile	N/A 14. Milepost (to			N/A 15. State Code 16. Cou			A. County		HOUST	ION			
City/						nearest			Abbr.			,						
	PARK					tenth) 0.1					HARRIS					Code		
17. Temperature (F)		18. Visibility)	Code	, ,			, ,,			Co	ode		20. Type of Track			
(specify if minus)	72 ° F	1. Dawr 2. Day	n 3. Dusk 4. Dark		4	1. Clear 2. Cloudy			3. Rain 5. Sleet 4. Fog 6. Snow				.	1. Main 2. Yard		2		
21. Track Name/	12 1	2. Day	7. Daix	22.	FRA Track								L	٠,	2. Yard 4. Industry 24. Time Table Direction			
Number					Class (1-9, 2		1	1	Density					1. North			Code	
C-5							1	i	_	(gross ton. ns)				2. South			3	
** * *	1. Freight train			9. Maint./ins			D. EMU		26	6. Was Equ	•			27. Tı	rain Number	r/Symbol		
Consist (single entry)	Passenger train-I Commuter train-	_		A. Spec. Mo B. Passenge	IoW Equip. er Train-Pusl		E. DMU	Code	,	Attende 1. Yes	d?	2. No	Code	e 102				
(single c)	4. Work train	_	_	U	ter Train-Pus	_		7		**		2	Y					
28. Speed (recorded spe	reed	Code	30. Type of	Territory	(enter cod	des that a	apply)							30a. Remor	tely Control	lled Locomot	tive?	
if available)		1		on (Manda					2					1		y controlled	-	
R - Recorded	005 MPH	R	1. Signaled		Signaled	3.5		• • • • • • • • • • • • • • • • • • • •								ol portable tr		
E - Estimated 29. Trailing Tons (gro	oss tonnage,			-	Authority for 2. Direct Train				5 .imits					1		ol tower oper ol portable tr		
excluding power uni	-		_		itory 5. O					tricted Spe	eed or E	quivalent			than one ren		unomme:	
	1	2 200	Supplement	tal/Adjunct (Codes (Mar	ndatory;	*)							contro	ol transmitte	r	Code	
		2,300	* Mandator	y to the exter	ent that all ap	plicable	codes are e	entered									0	
31. Principal Car/Unit		a. Initial an	nd Number	Jumber b. Position in Train c. Loa										d for drug/alcohol use, enter the number			er that Drugs	
(1) First involved	. 4										were positive in the appropriate b				box. Alcohol			
(derailed, struck, etc	")	LIT	LX901609	301609				Y										
(2) Causing (if mechanical,			ANOIOUN	+	026				33.Was this consis			st transportin	g passe	ngers ? (y/	/n)			
cause reported)					000												No	
34. Locomotive Units		a. Head	Mid 7		1	Rear En		35. Cars		MU, and C	Sale Cor	- Eno	Loade	I		npty	C-b-sas	
(Exclude EMU, DMU, an Locomotives.)	ıd Cab Car	End	b. Manual	c. Remote	d. Manua	al e.	e. Remote	Locomotiv		MU, and C	ab Car	a. Fre	ight	b. Pass.	c. Freight	d. Pass.	e. Caboose	
(1) Total in Train		1	0	0	0		0	(1) To	tal in Eq	uipment Co	onsist	20	,	0	5	0	0	
(2) Total Derailed		0	0	0	0		0	(2) To	tal Derai	led		2		0	0	0	0	
36. Equipment Damage		3	37. Track, Signal, W	Nay,				38. Primary	Cause				39	. Contributin	ng Cause			
This Consist	\$ 12,000		& Structure Da	amage	\$	0	ļ	Code		1	п	1702		Code	Ī			
	12,000		Crew Members		<u> </u>								of Time	on Duty				
40. Engineers/	41. Firemen		12. Conductors		43. Brakeme	ien		44. Engine	er/Opera	tor				. Conductor		*		
Operators 1	1		1				ļ	Hrs:	01		Mins:			Hrs:	01	Mins:		
Casualties to:	46. Railroad Emplo	ovees 4	17. Train Passenger	re	48. Others		$\overline{}$	49a. Specia			VIIII3.		49b. Sr	pecial Study		1722207		
Fatal	_							a. opeciai study		470			470. S _F					
Nonfatal	- 0		0		0			OTH 00				000-0	0-000-000					
50. Latitude		0 0				51. Longitude						05 10210						
			29.72248					J1. Long	uc					-95.103	18			
52. Narrative Description AS JOB 102 WAS SWI MEMBER TO GO TO OF C-6,HE FAILED T INITIATED, THE LEA RAILCAR IN C-5. TH PROTECTING THE S	TTCHING IN THE O THE BOTTOM O TO CHECK THE O AD CAR OF THE IE CROSSOVERS	E C-YARD, OF C-6 TO CROSSOVI E SHOVE M SWITCH W	PROTECT THE ER SWITCH GO IOVEMENT EN WAS NOT LINEI	BUILDING E SHOVE N DING FROM TERED TH D FOR THI	THE OUT MOVEMEN OM C-6 TO HECROSSO IE INTEND	NT TO C-5 TO OVER S DED MO	THE END O ENSURE SWITCH OVEMENT	O OF C-6 T E IT WAS I AND TRA' T, LEADIN	RACK. LINED I VELED IG TO T	AS THE FOR HIS TOWAR THE INC	TEAM I INTEN RD C-5, I IDENT.	MEMBER Y DED PATH INSTEAD (THIS IS A	WAS N H. ONC OF CO	MAKING H CE THE SH ONTINUING	HIS WAY T IOVE MOV G DOWN (FOWARD T VEMENT F C-6, STRIK	THE BOTTON HAD BEEN ING THE	

53. Typed/Printed Name &		55. Date
Title of Preparer	54. Signature	
	1 11 11 1/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.0

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.