

1. Name of Reporting Railroad Trans-Global Solutions, INC [XTGS]				1a. Alphabetic Code XTGS				1b. Railroad Accident/Incident No. F032020															
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) Trans-Global Solutions, INC [XTGS]				3a. Alphabetic Code XTGS				3b. Railroad Accident/Incident No. F032020															
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month: 0 day: 2 year: 2020				6. Time of Accident/Incident 12:45 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 3				9. HAZMAT Cars Damaged/ Derailed 2				10. Cars Releasing HAZMAT N/A				11. People Evacuated N/A				12. Subdivision SYSTEM							
13. Nearest City/ Town ANAHUAC				14. Milepost (to nearest tenth)				15. State Abbr. TX				16. County CHAMBERS				17. Temperature (F) (specify if minus) 70 ° F							
18. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark 4				19. Weather (single entry) 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 4				20. Type of Track 1. Main 2. Yard 3. Siding 4. Industry 2				21. Track Name/ Number Z40											
22. FRA Track Class (1-9, X) 1				23. Annual Track Density (gross tons in millions) 1				24. Time Table Direction 1. North 2. South 3. East 4. West 1				25. Type of Equipment 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 1											
26. Was Equipment Attended? 1. Yes 2. No Code Y				27. Train Number/Symbol 309				28. Speed (recorded speed if available) R - Recorded E - Estimated 005 MPH Code E				29. Trailing Tons (gross tonnage, excluding power units) 0											
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				31. Principal Car/Unit (1) First involved (derailed, struck, etc) GATX036968 (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 Y				33. Was this consist transporting passengers? (y/n) No				34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.) a. Head End b. Manual c. Remote d. Manual e. Remote (1) Total in Train 2 (2) Total Derailed 0															
35. Cars (Include EMU, DMU, and Cab Car Locomotives.) a. Freight b. Pass. c. Freight d. Pass. e. Caboose (1) Total in Equipment Consist 13 (2) Total Derailed 2				36. Equipment Damage This Consist \$ 45,000				37. Track, Signal, Way, & Structure Damage \$ 0				38. Primary Cause Code H306											
39. Contributing Cause Code				40. Engineers/ Operators 1				41. Firemen 1				42. Conductors 1											
43. Brakemen 1				44. Engineer/Operator Hrs: 06 Mins: 15				45. Conductor Hrs: 06 Mins: 15				46. Railroad Employees 0											
47. Train Passengers 0				48. Others 0				49a. Special Study Block A OTH				49b. Special Study Block B 000-000-000											
50. Latitude 29.699088				51. Longitude -94.897499				52. Narrative Description (Be specific, and continue on separate sheet if necessary) CREW THOUGHT THEY WERE ON Z41, BUT WERE SHOVING ON Z40. THERE WAS A MISCOMMUNICATION BETWEEN CONDUCTOR AND BRAKEMAN				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.											