## INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD

DEPARTMENT OF TRANSPORTATION

OMB No. 2130-0500

FEDERAL RAILROAD ADMINISTRATION (FRA)						<u>U</u>	IND NO.	<u> 2130</u>	<u>-0500</u>	
Date of Accident/Incident (YY/MM/DD)				2. Time of Accident/Inc	2. Time of Accident/Incident			AM		
Name of Railroad					4. Incident Number	or.		PM		
5. Name of Ramoad					4. Incident Number	<b>5</b> 1				
Other Railroad or Entity					6. Incident Number					
Railroad or Other Entity Responsible for Track Maintenance					8. Incident Number					
, ,										
Type of Accident/Incident (Dera	ailment. Collision	n. Obstruction. Othe	er)							
, , ,	,	,	,							
10. Number of Hazmat Cars Dama	11. Number of Hazmat Cars Releasing Product									
					· ·					
12. Subdivision	13. Nearest	Citv/Town		14. County		15. State				
151 164 551 519,71		- 7.								
16. Milepost (to nearest tenth) 17. Specific Site										
18. Speed Actual				19. Train/Job Number						
Estimated				1						
20. Type of Equipment (Freight, Passenger, Yard/Switching, etc.)				21. Type of Track (Main, Yard, Siding, Industry)						
22. Total Locomotive Units in Train 23. Total Locomotives Derailed				24. Total of Cars in Equipment Consist 25. Total Cars Derailed						
				20. Total Galo Bolanda						
26. Equipment Damage (in dollars)				27 Track Signal Way	27. Track, Signal, Way & Structure Damage (in dollars)					
1,	,			27. Track, Olgital, Way	a chactare Barriage	, iii dolla				
28. Primary Cause	29. Contributing Cause	9								
201 Timilary Gudoo				20. Commouning Cauch	9					
30. Casualties		Nonfatal	al Fatal				Nonfatal	F:	atal	
Worker on duty – railroad employee				Worker on duty - c	ontractor					
Railroad employees not on duty				Contractor - other						
Passengers on trains				Worker on duty - volunteer				$\perp$		
Nontrespassers/on railroad property				Volunteer - other						
Trespassers				Nontrespassers/off railroad property						
31. Narrative Description (Be spec	cific, and continu	ue on separate she	et if necessary)							
32 Was this accident/incident ren	orted to the ED/	12 V-:		. 🗖						
32. Was this accident/incident reported to the FRA?  Yes No.					35. Telephone Number 36. Date initially			<del></del>		
33. Name of Railroad Official		34. Signa	ture				Date initia ed/comple			
NOTE: This report is part of the re							as evidence			
or used for any purpose in See 49 C.F.R. 225.7 (b).	any suit or action	on for damages gro	wing out of any	matter mentioned in said rep	oort " 49 U.S.C. 2	20903.				
555 15 511 111 EE5.17 (b).										
This salls ation of informs -41	i		F amalia	hu FDA 4a mani4a4! -	wal wall and about Dod	hlia was	ووالمستوان والمساطون		41	

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 30 minutes 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.