

INSPECTION REPORT

Inspector's Name Clarke, Craig C.		Inspector's Signature			Inspector's ID No. [REDACTED]	Report No. 10	Date yy mm dd 2017 01 21						
Railroad/Company Name & Address BNSF RAILWAY COMPANY 107 West Gillette Ave. Gillette WY 82716				R/C R	Division POWDER	RR/Co. Representative (Receipt Acknowledged) Name John Bainter Title Division Engineer Email [REDACTED] Signature _____							
From: City EDGEMONT		Codes 0850	Destination City & County			Codes	From Latitude						
State SD		46	City EDGEMONT			0850	From Longitude						
County FALL RIVER		C047	County FALL RIVER			C047	To Latitude						
Mile Post: From		To	Inspection Point			To Longitude							
Activity Code:	TREC												
Units:	1												
Sub Units:	328												
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1										N	N	0	
Description - [** Comment to Railroad/Company **] Track Inspection records for the time frame of 7-2-2016 to 1-16-2017 were inspected for frequency on main track No.1 through the area of the fatality accident which occurred on 1-17-2017 at or near mp. 477.0 on the BNSF Black Hills Subdivision. No non-compliant conditions were noted.													
Seal Applied		Seal Removed			Hazard Class			UN/NA ID					
Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Latitude:			Longitude:						
Written Notification to FRA of Remedial Action is: <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional				Railroad Action Code		Date(mm/dd/yyyy):		Comments on back?					
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
2										N	N	0	
Description - [** Comment to Railroad/Company **] The inspection report was sent to BNSF Division Engineer John Bainer as an attachment to an email on 1-21-2017. A read receipt was requested to act as his signature of acceptance of having received the report.													
Seal Applied		Seal Removed			Hazard Class			UN/NA ID					
Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Latitude:			Longitude:						
Written Notification to FRA of Remedial Action is: <input type="checkbox"/> Required <input checked="" type="checkbox"/> Optional				Railroad Action Code		Date(mm/dd/yyyy):		Comments on back?					