

1. Name of Reporting Railroad Long Island Rail Road [LI]			1a. Alphabetic Code LI			1b. Railroad Accident/Incident No. EQ960905		
2. Name of other Railroad Involved in Train Accident/Incident			2a. Alphabetic Code			2b. Railroad Accident/Incident No.		
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]			3a. Alphabetic Code LI			3b. Railroad Accident/Incident No. EQ960905		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: 0 day: 9 year: 1996			6. Time of Accident/Incident 4:10 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			13. Other Code 09		
8. Cars Carrying HAZMAT N/A			9. HAZMAT Cars Damaged/ Derailed N/A			10. Cars Releasing HAZMAT N/A		
13. Nearest City/Town FLATBUSH AVENUE			14. Milepost (to nearest tenth) 0.1			15. State Abbr. Code NY 36		
17. Temperature (F) (specify if minus) 77 ° F			18. Visibility (single entry) Code 4			19. Weather (single entry) Code 1		
21. Track Name/ Number 4 TRACK			22. FRA Track Class (1-9, X) 1			23. Annual Track Density (gross tons in millions) 4		
25. Type of Equipment Consist (single entry)			26. Was Equipment Attended? Code Y			27. Train Number/Symbol 2805		
28. Speed (recorded speed if available) 005 MPH E			30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking			31. Special instructions m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) Code(s) F D I M B		
29. Trailing Tons (gross tonnage, excluding power units) 0			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.			33. Was this consist transporting passengers? (y/n) Yes		
34. Locomotive Units			35. Cars			36. Equipment Damage		
(1) Total in Train			(1) Total in Equipment Consist			This Consist \$ 58,791		
(2) Total Derailed			(2) Total Derailed			37. Track, Signal, Way, & Structure Damage \$ 30,344		
40. Engineers/ Operators			41. Firemen			38. Primary Cause Code H104		
42. Conductors			43. Brakemen			39. Contributing Cause Code		
44. Engineer/Operator			45. Conductor			40. Engineers/ Operators		
46. Railroad Employees			47. Train Passengers			41. Firemen		
48. Others			49. Special Study Block			42. Conductors		
50. Latitude (optional)			51. Longitude (optional)			43. Brakemen		
52. Narrative Description (Be specific, and continue on separate sheet if necessary)			53. Typed/Printed Name & Title of Preparer			44. Engineer/Operator		
ENGINEER OF TRAIN NUMBER 2805 FELL ASLEEP AT THE CONTROLS AND STRUCK THE BUMPER BLOCK, RESULTING IN OBSTRUCTION ACCIDENT AND SUBSEQUENT DERAILMENT.			54. Signature			45. Conductor		
			55. Date			46. Railroad Employees		
NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports status and, as such shall not "be admitted as evidence See 49 C.F.R. 225.7 (b).								

1. Name of Reporting Railroad Long Island Rail Road [LI]					1a. Alphabetic Code LI					1b. Railroad Accident/Incident No. EQ980303									
2. Name of other Railroad Involved in Train Accident/Incident					2a. Alphabetic Code					2b. Railroad Accident/Incident No.									
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]					3a. Alphabetic Code LI					3b. Railroad Accident/Incident No. EQ980303									
4. U. S. DOT Grade Crossing Identification Number					5. Date of Accident/Incident month: 0 day: 3 year: 1998					6. Time of Accident/Incident 5:30 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)				
Code 09																			
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. Division SYSTEM																			
13. Nearest City/Town HEMPSTEAD					14. Milepost (to nearest tenth) 19.8					15. State Abbr. Code NY 36					16. County NASSAU				
17. Temperature (F) (specify if minus) 33 ° F					18. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 4					19. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1					20. Type of Track Code 1. Main 2. Yard 3. Siding 4. Industry 2				
21. Track Name/ Number YARD TRACK 4					22. FRA Track Class (1-9, X) Code 1					23. Annual Track Density (gross tons in millions) Code 3					24. Time Table Direction Code 1. North 2. South 3. East 4. West 3				
25. Type of Equipment Consist (single entry)					1. Freight train					2. Passenger train					3. Commuter train				
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. Code 7					26. Was Equipment Attended? Code 1. Yes 2. No Y				
27. Train Number/Symbol 713					28. Speed (recorded speed if available) Code R - Recorded 005 MPH E - Estimated E														
29. Trailing Tons (gross tonnage, excluding power units) 0					30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) Code(s): A D I M N														
31. Principal Car/Unit (1) First involved (derailed, struck, etc) L1009438					a. Initial and Number					b. Position in Train 008					c. Loaded (yes/no) N				
(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: 0 Drugs: 0														
33. Was this consist transporting passengers? (y/n) No																			
34. Locomotive Units					a. Head End					Mid Train					Rear End				
(1) Total in Train					1					0					0				
(2) Total Derailed					0					0					0				
35. Cars					a. Freight					b. Pass.					c. Freight				
(1) Total in Equipment Consist					0					0					7				
(2) Total Derailed					0					0					0				
36. Equipment Damage This Consist \$ 13.265					37. Track, Signal, Way, & Structure Damage \$ 448					38. Primary Cause Code M599					39. Contributing Cause Code				
Number of Crew Members																			
40. Engineers/ Operators 1					41. Firemen					42. Conductors 1					43. Brakemen				
Length of Time on Duty																			
44. Engineer/Operator Hrs: 05 Mins: 05					45. Conductor Hrs: 05 Mins: 05														
Casualties to:					46. Railroad Employees					47. Train Passengers					48. Others				
Fatal					0					0					0				
Nonfatal					0					0					0				
50. Latitude (optional)																			
51. Longitude (optional)																			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) THE TRAIN CREW OF RUN NUMBER 86 WAS INSTRUCTED TO MOVE TWO MU CARS 8 TRACK TO NUMBER 4 TRACK IN HEMPSTEAD YARD. THE EQUIPMENT RECEIVING THE ADD ON OF CARS, WAS STANDING ON 4 TRACK WITH THE BRAKE PIPEFULLY CHARGED ON THE 6 CAR CONSIST. AS THE TWO CONSISTS WERE COUPLED (2 CARS TO 6) THE AIR BRAKE SYSTEM OF THE ENTIRE CONSIST REMAINED FULLY CHARGED. THIS RESULTED IN AN AUTOMATIC RELEASE OF THE TRAIN BRAKES, WHICH ENABLED THE TRAIN TO ACCEPTED TRACTION POWER AND SUDDENLY MOVED EASTWARD STRIKING THE BUMPER BLOCK. AS A RESULT OF THIS ACCIDENT, A LIRR EQUIPMENT MAINTENANCE DEPARTMENT PROCEDURE NOTICE HAS BEEN DISTRIBUTED TO ALL RESPONSIBLE EMPLOYEES, INCLUDING THE FOLLOWING: ALL CAR INSPECTORS ARE REMINDED THAT FOLLOWING ALL BRAKE TESTS, TRAIN CONSISTS LEFT STANDING UNATTENDED MUST HAVE HAND BRAKES PROPERLY APPLIED. THIS EMPLOYEE NOTICE WAS DISTRIBUTED ON 4/2/98.																			
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 status and, as such shall not " be admitted as evidence See 49 C.F.R. 225.7 (b).																			

1. Name of Reporting Railroad Long Island Rail Road [LI]					1a. Alphabetic Code LI					1b. Railroad Accident/Incident No. EQ990201																						
2. Name of other Railroad Involved in Train Accident/Incident					2a. Alphabetic Code					2b. Railroad Accident/Incident No.																						
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]					3a. Alphabetic Code LI					3b. Railroad Accident/Incident No. EQ990201																						
4. U. S. DOT Grade Crossing Identification Number					5. Date of Accident/Incident month: 0 2 day: 0 2 year: 1999					6. Time of Accident/Incident 5:11 AM <input type="checkbox"/> PM <input checked="" 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)													Code 09																			
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. Division SYSTEM																				
13. Nearest City/Town WEST HEMPSTEAD					14. Milepost (to nearest tenth) 20			15. State Abbr. NY		Code 36		16. County NASSAU																				
17. Temperature (F) (specify if minus) 28 ° F			18. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2			19. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			20. Type of Track Code 1. Main 2. Yard 3. Siding 4. Industry 2																							
21. Track Name/ Number MAIN STATION					22. FRA Track Class (1-9, X) Code 1			23. Annual Track Density (gross tons in millions) Code 3			24. Time Table Direction Code 1. North 2. South 3. East 4. West 3																					
25. Type of Equipment Consist (single entry)			1. Freight train			2. Passenger train			3. Commuter train			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. Code 2		
26. Was Equipment Attended? Code 1. Yes 2. No Y			27. Train Number/Symbol 956			28. Speed (recorded speed if available) Code R - Recorded 000 MPH E - Estimated E																										
29. Trailing Tons (gross tonnage, excluding power units) 0			30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits m. Special instructions n. Other than main track rules o. Other (specify in narrative) Code(s) I M N												30a. Remotely Controlled Locomotive? Code 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																	
31. Principal Car/Unit (1) First involved (derailed, struck, etc) LI009116			a. Initial and Number 001			b. Position in Train 000			c. Loaded (yes/no) Y			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/>																				
(2) Causing (if mechanical, cause reported)			33. Was this consist transporting passengers? (y/n) Yes																													
34. Locomotive Units			a. Head End			Mid Train			Rear End			35. Cars			Loaded		Empty															
(1) Total in Train			1			0			0			0			0		7															
(2) Total Derailed			0			0			0			0			0		0															
36. Equipment Damage This Consist \$ 20,527			37. Track, Signal, Way, & Structure Damage \$ 0			38. Primary Cause Code H605			39. Contributing Cause Code																							
40. Engineers/ Operators 1					41. Firemen					42. Conductors 1					43. Brakemen					44. Engineer/Operator Hrs: 01 Mins:					45. Conductor Hrs: 01 Mins:							
Casualties to:			46. Railroad Employees			47. Train Passengers			48. Others			49. Special Study Block																				
Fatal			0			0			0																							
Nonfatal			0			0			0																							
50. Latitude (optional)					51. Longitude (optional)																											
52. Narrative Description (Be specific, and continue on separate sheet if necessary) THE ENGINEER OF TRAIN NUMBER 956 FAILED TO CONTROL THE TRAIN MOVEMENT AND STRUCK THE BUMPER POST AT THE EAST END OF THE MAIN STATION TRACK AT WEST HEMPSTEAD TERMINAL RESULTING IN DAMAGE TO THE LEAD MUCAR NUMBER 9116. THE ENGINEER RECEIVED FIVE DAYS SUSPENSION WITHOUT PAY AS DISCIPLINE FOR RESPONSIBILITY OF THIS ACCIDENT.																																
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 status and, as such shall not "be admitted as evidence See 49 C.F.R. 225.7 (b).																																

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Long Island Rail Road [LI]				1a. Alphabetic Code LI		1b. Railroad Accident/Incident No. EQ20030202							
2. Name of other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.							
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]				3a. Alphabetic Code LI		3b. Railroad Accident/Incident No. EQ20030202							
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month: 0 2 day: 1 8 year: 2003		6. Time of Accident/Incident 11:17 AM <input type="checkbox"/> PM <input checked="" 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)	Code 09
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. Division SYSTEM					
13. Nearest City/Town PORTWASHINGTON			14. Milepost (to nearest tenth) 18.1		15. State Abbr. NY	Code 36	16. County NASSAU						
17. Temperature (F) (specify if minus) 24 ° F		18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 4		19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 6		20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry 2							
21. Track Name/ Number TRACK #2			22. FRA Track Class (1-9, X) Code 1		23. Annual Track Density (gross tons in millions) Code 3		24. Time Table Direction Code 1. North 3. East 2. South 4. West 3						
25. Type of Equipment Consist (single entry)	1. Freight train	2. Passenger train	3. Commuter train	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. Code 2	26. Was Equipment Attended? Code 1. Yes 2. No Y		27. Train Number/Symbol 6418
28. Speed (recorded speed if available) R - Recorded E - Estimated 005 MPH E		Code	30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking				31. Special instructions (m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative)) Code(s)			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			
29. Trailing Tons (gross tonnage, excluding power units) 0		Code	31. Principal Car/Unit (1) First involved (derailed, struck, etc) L1009420	a. Initial and Number	b. Position in Train 001	c. Loaded (yes/no) N	32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol 00 Drugs 00			33. Was this consist transporting passengers? (y/n) Yes			
34. Locomotive Units		a. Head End	b. Manual	c. Remote	d. Manual	e. Remote	35. Cars		a. Freight	b. Pass.	c. Freight	d. Pass.	e. Caboose
(1) Total in Train		1	0	0	0	0	(1) Total in Equipment Consist		0	7	0	0	0
(2) Total Derailed		1	0	0	0	0	(2) Total Derailed		0	0	0	0	0
36. Equipment Damage This Consist \$ 7.500		37. Track, Signal, Way, & Structure Damage \$ 400			38. Primary Cause Code H605		39. Contributing Cause Code						
40. Engineers/ Operators 1				41. Firemen		42. Conductors 1		43. Brakemen		44. Engineer/Operator Hrs: 01 Mins: 40		45. Conductor Hrs: 01 Mins: 40	
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49. Special Study Block					
Fatal		0		0		0							
Nonfatal		0		0		0							
50. Latitude (optional)						51. Longitude (optional)							
52. Narrative Description (Be specific, and continue on separate sheet if necessary) COMING INTO PORTWASHINGTON YARD #2 TRACK - HEAVY SNOW CONDITIONS, ENGINEER FAILED TO CONTROL MOVE VIA RESTRICTED SPEED. TRAIN FAILED TO STOP CLEAR OF BUMPER BLOCK STRIKING SAME.													
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 status and, as such shall not " be admitted as evidence See 49 C.F.R. 225.7 (b).													

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Long Island Rail Road [LI]				1a. Alphabetic Code LI		1b. Railroad Accident/Incident No. EQ20051008	
2. Name of other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]				3a. Alphabetic Code LI		3b. Railroad Accident/Incident No. EQ20051008	
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month day year 1 0 3 1 2005		6. Time of Accident/Incident 9:42 AM <input type="checkbox"/> PM <input checked="" 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)		Code 09	
8. Cars Carrying HAZMAT N/A		9. HAZMAT Cars Damaged/ Derailed N/A		10. Cars Releasing HAZMAT N/A		11. People Evacuated N/A	
13. Nearest City/Town HEMPSTEAD		14. Milepost (to nearest tenth) 20		15. State Abbr. Code NY 36		16. County NASSAU	
17. Temperature (F) (specify if minus) 65 ° F		18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 2		19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1		20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry 2	
21. Track Name/ Number TRACK #7		22. FRA Track Class (1-9, X) Code 1		23. Annual Track Density (gross tons in millions) 3		24. Time Table Direction Code 1. North 3. East 2. South 4. West 3	
25. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train		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. Code 2	
28. Speed (recorded speed if available) R - Recorded E - Estimated 003 MPH E		30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking		19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1		26. Was Equipment Attended? Code 1. Yes 2. No Y	
29. Trailing Tons (gross tonnage, excluding power units) 0		30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking		m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) Code(s) M L		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) L1007350		a. Initial and Number 001		b. Position in Train 000		c. Loaded (yes/no) Y	
(2) Causing (if mechanical, cause reported)						32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol 00 Drugs 00	
						33. Was this consist transporting passengers? (y/n) No	
34. Locomotive Units		a. Head End		Mid Train		Rear End	
		b. Manual		c. Remote		d. Manual	
		e. Remote					
(1) Total in Train 1		0		0		0	
(2) Total Derailed 0		0		0		0	
35. Cars		a. Freight		b. Pass.		c. Freight	
		d. Pass.		e. Caboose			
(1) Total in Equipment Consist 0		0		0		7	
(2) Total Derailed 0		0		0		0	
36. Equipment Damage This Consist \$ 9,600		37. Track, Signal, Way, & Structure Damage \$ 2,000		38. Primary Cause Code H599		39. Contributing Cause Code	
Number of Crew Members				Length of Time on Duty			
40. Engineers/ Operators 1		41. Firemen		42. Conductors 1		43. Brakemen	
				44. Engineer/Operator Hrs: 03 Mins: 41		45. Conductor Hrs: 03 Mins: 41	
Casualties to:		46. Railroad Employees 0		47. Train Passengers 0		48. Others 0	
Fatal		0		0		0	
Nonfatal		0		0		0	
50. Latitude (optional) 0				51. Longitude (optional) 0			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) WHILE MAKING MOVE INTO #7 STATION TRACK AT HEMPSTEAD, ENGINEER FAILED TO CONTROL MOVE DURING SLIP SLIDE CONDITIONS - ALLOWING EQUIPMENT TO STRIKE BUMPER BLOCK, DAMAGING BUMPER BLOCK AND COUPLER PIN.							
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 status and, as such shall not " be admitted as evidence See 49 C.F.R. 225.7 (b).							

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Long Island Rail Road [LI]					1a. Alphabetic Code LI					1b. Railroad Accident/Incident No. EQ20051102																			
2. Name of other Railroad Involved in Train Accident/Incident					2a. Alphabetic Code					2b. Railroad Accident/Incident No.																			
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]					3a. Alphabetic Code LI					3b. Railroad Accident/Incident No. EQ20051102																			
4. U. S. DOT Grade Crossing Identification Number					5. Date of Accident/Incident month day year 1 1 0 4 2005					6. Time of Accident/Incident 5:57 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>																			
7. Type of Accident/ Incident (single entry in code box)															13. Other Code (describe in narrative) 09														
7. Type of Accident/ Incident (single entry in code box)					1. Derailment					4. Side collision					7. Hwy-rail crossing					10. Explosion-detonation									
					2. Head on collision					5. Raking collision					8. RR grade crossing					11. Fire/violent rupture									
					3. Rear end collision					6. Broken train collision					9. Obstruction					12. Other impacts									
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. Division SYSTEM									
13. Nearest City/Town PORTWASHINGTON					14. Milepost (to nearest tenth) 10					15. State Abbr. Code NY 36					16. County NASSAU														
17. Temperature (F) (specify if minus) 57 ° F					18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 1					19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1					20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry 2														
21. Track Name/ Number #5 TRACK PW YARD					22. FRA Track Class (1-9, X) Code 1					23. Annual Track Density (gross tons in millions) Code 4					24. Time Table Direction Code 1. North 3. East 2. South 4. West 4														
25. Type of Equipment Consist (single entry)					1. Freight train					4. Work train					7. Yard/switching					A. Spec. MoW Equip. Code 2									
					2. Passenger train					5. Single car					8. Light loco(s).					26. Was Equipment Attended? Code 1. Yes 2. No Y									
					3. Commuter train					6. Cut of cars					9. Maint./inspect. car					27. Train Number/Symbol LI 3									
28. Speed (recorded speed if available) R - Recorded E - Estimated 005 MPH E					30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking					g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits					m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) Code(s)					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 (1) First involved (derailed, struck, etc) LI009512					b. Position in Train 001					c. Loaded (yes/no) N					32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol 00 Drugs 00									
					(2) Causing (if mechanical, cause reported) 000										33. Was this consist transporting passengers? (y/n) No														
34. Locomotive Units					a. Head End					Mid Train					Rear End					35. Cars									
					b. Manual					c. Remote					d. Manual					e. Remote					a. Freight				
					b. Pass.					c. Freight					d. Pass.					e. Caboose					(1) Total in Train 1 0 0 0 0				
					(2) Total Derailed 0 0 0 0 0																				(2) Total Derailed 0 0 0 0 0				
36. Equipment Damage This Consist \$ 3,800					37. Track, Signal, Way, & Structure Damage \$ 12,000					38. Primary Cause Code H599					39. Contributing Cause Code														
40. Engineers/ Operators 1					41. Firemen					42. Conductors 1					43. Brakemen					44. Engineer/Operator Hrs: 04 Mins: 27					45. Conductor Hrs: 04 Mins: 27				
Casualties to:					46. Railroad Employees					47. Train Passengers					48. Others					49. Special Study Block									
Fatal					0					0					0														
Nonfatal					0					0					0														
50. Latitude (optional) 0					51. Longitude (optional) 0																								
52. Narrative Description (Be specific, and continue on separate sheet if necessary) WHILE OPERATING INTO #5 TRACK AT PORTWASHINGTON - EQUIPMENT EXPERIENCED SLIP SLIDE AS ENGINEER PLACED TRAIN IN EMERGENCY DUE TO BIRD STRIKING WINDSCREEN DURING MOVE. STRUCK BUMPER BLOCK AND ADJACENT POWER CASE FOR STATION LIGHTING.																													
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 status and, as such shall not " be admitted as evidence See 49 C.F.R. 225.7 (b).																													

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Long Island Rail Road [LI]		1a. Alphabetic Code LI		1b. Railroad Accident/Incident No. EQ20080903	
2. Name of other Railroad Involved in Train Accident/Incident		2a. Alphabetic Code		2b. Railroad Accident/Incident No.	
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]		3a. Alphabetic Code LI		3b. Railroad Accident/Incident No. EQ20080903	
4. U. S. DOT Grade Crossing Identification Number		5. Date of Accident/Incident month: 0 day: 9 year: 2008		6. Time of Accident/Incident 8:38 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
7. Type of Accident/ Incident (single entry in code box)		1. Derailment		4. Side collision	
		2. Head on collision		5. Raking collision	
		3. Rear end 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)	
				Code 09	
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. Division SYSTEM	
13. Nearest City/Town HEMPSTEAD		14. Milepost (to nearest tenth) 20.0		15. State Abbr. Code NY 36	
				16. County NASSAU	
17. Temperature (F) (specify if minus) 70 ° F		18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 2		19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1	
				20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry 2	
21. Track Name/ Number 7 TRACK HEMPSTEAD YD		22. FRA Track Class (1-9, X) Code 1		23. Annual Track Density (gross tons in millions) Code 0.00	
				24. Time Table Direction Code 1. North 3. East 2. South 4. West 3	
25. Type of Equipment Consist (single entry) 1. Freight train 2. Passenger train 3. Commuter train		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. Code 2	
28. Speed (recorded speed if available) R - Recorded E - Estimated 012 MPH R		30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking		19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1	
				m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) Code(s)	
29. Trailing Tons (gross tonnage, excluding power units) 0				26. Was Equipment Attended? Code 1. Yes 2. No Y	
				27. Train Number/Symbol 3706	
31. Principal Car/Unit (1) First involved (derailed, struck, etc) LI009812		a. Initial and Number 001		b. Position in Train 000	
(2) Causing (if mechanical, cause reported)				c. Loaded (yes/no) N	
				32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol 00 Drugs 00	
				33. Was this consist transporting passengers? (y/n) No	
34. Locomotive Units		a. Head End		Mid Train	
		b. Manual		c. Remote	
		d. Manual		e. Remote	
(1) Total in Train 1		0		0	
(2) Total Derailed 1		0		0	
				35. Cars	
				Loaded	
				Empty	
				a. Freight	
				b. Pass.	
				c. Freight	
				d. Pass.	
				e. Caboose	
				(1) Total in Equipment Consist 0	
				(2) Total Derailed 0	
				0	
				0	
				0	
				0	
36. Equipment Damage This Consist \$ 250,000		37. Track, Signal, Way, & Structure Damage \$ 75,000		38. Primary Cause Code H607	
				39. Contributing Cause Code	
40. Engineers/ Operators 1		41. Firemen		42. Conductors 1	
				43. Brakemen	
				44. Engineer/Operator Hrs: 02 Mins: 20	
				45. Conductor Hrs: 02 Mins: 20	
Casualties to:		46. Railroad Employees 0		47. Train Passengers 0	
Fatal		0		0	
Nonfatal		1		0	
50. Latitude (optional) 0				51. Longitude (optional) 0	
52. Narrative Description (Be specific, and continue on separate sheet if necessary) EQUIPMENT TRAIN PULLING INTO 7 TRACK - HEMPSTEAD YARD, ENGINEER CLAIMS TO HAVE BEEN DISTRACTED, FAILED TO CONTROL MOVE INTO THE YARD, FAILED TO OBSERVE REQUIREMENTS OF RESTRICTIVE SPEED - IMPACTING THE BUMPER BLOCK AND SUBSEQUENTLY DERAILING THE HEAD CAR. HEAVY DAMAGE TO LEAD CAR.					
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 status and, as such shall not " be admitted as evidence See 49 C.F.R. 225.7 (b).					

1. Name of Reporting Railroad Long Island Rail Road [LI]				1a. Alphabetic Code LI		1b. Railroad Accident/Incident No. EQ20100602															
2. Name of other Railroad Involved in Train Accident/Incident				2a. Alphabetic Code		2b. Railroad Accident/Incident No.															
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]				3a. Alphabetic Code LI		3b. Railroad Accident/Incident No. EQ20100602															
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month day year 0 6 2 7 2010		6. Time of Accident/Incident 10:19 AM <input type="checkbox"/> PM <input checked="" 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)	Code 09								
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. Division SYSTEM													
13. Nearest City/Town PORT WASHINGTON			14. Milepost (to nearest tenth) N/A		15. State Abbr. NY	Code 36	16. County NASSAU														
17. Temperature (F) (specify if minus) 80 ° F		18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 4		19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1		20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry 2															
21. Track Name/ Number PW STATION 5			22. FRA Track Class (1-9, X) Code 1		23. Annual Track Density (gross tons in millions) Code 3		24. Time Table Direction Code 1. North 3. East 2. South 4. West 3														
25. Type of Equipment Consist (single entry)	1. Freight train	2. Passenger train	3. Commuter train	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. Code 2	26. Was Equipment Attended? Code 1. Yes 2. No Y	27. Train Number/Symbol 6486									
28. Speed (recorded speed if available) Code R - Recorded E - Estimated 000 MPH		30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking		g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits		m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) Code(s) L M		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 (1) First involved (derailed, struck, etc) L1007560 (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) 000														
34. Locomotive Units		a. Head End	Mid Train		Rear End		35. Cars			Loaded		Empty									
(1) Total in Train	1	b. Manual	0	c. Remote	0	d. Manual	0	e. Remote	0	(1) Total in Equipment Consist	0	a. Freight	9	b. Pass.	0	c. Freight	0	d. Pass.	0	e. Caboose	0
(2) Total Derailed	0	0	0	0	0	0	0	0	0	(2) Total Derailed	0	0	0	0	0	0	0	0	0	0	
36. Equipment Damage This Consist \$ 10.500		37. Track, Signal, Way, & Structure Damage \$ 0		38. Primary Cause Code M599		39. Contributing Cause Code															
40. Engineers/ Operators 1				41. Firemen		42. Conductors 1		43. Brakemen		44. Engineer/Operator Hrs: 03 Mins: 09		45. Conductor Hrs: 03 Mins: 09									
Casualties to:		46. Railroad Employees 0		47. Train Passengers 0		48. Others 0		49. Special Study Block													
Fatal		0		0		0															
Nonfatal		0		0		0															
50. Latitude (optional) 0				51. Longitude (optional) 0																	
52. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN EXPERIENCED SLIP/SLIDE COMING INTO STATION AND STRUCK BUMPER BLOCK.																					
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 status and, as such shall not " be admitted as evidence See 49 C.F.R. 225.7 (b).																					

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Long Island Rail Road [LI]					1a. Alphabetic Code LI					1b. Railroad Accident/Incident No. EQ20100603									
2. Name of other Railroad Involved in Train Accident/Incident					2a. Alphabetic Code					2b. Railroad Accident/Incident No.									
3. Name of Railroad Responsible for Track Maintenance (single entry) Long Island Rail Road [LI]					3a. Alphabetic Code LI					3b. Railroad Accident/Incident No. EQ20100603									
4. U. S. DOT Grade Crossing Identification Number					5. Date of Accident/Incident month: 0 day: 6 year: 2 8 2010					6. Time of Accident/Incident 12:33 AM <input type="checkbox"/> PM <input checked="" 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)													Code						
09																			
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. Division SYSTEM							
13. Nearest City/Town PORT WASHINGTON					14. Milepost (to nearest tenth) 18			15. State Abbr. NY		Code 36		16. County NASSAU							
17. Temperature (F) (specify if minus) 92 ° F			18. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2			19. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1			20. Type of Track Code 1. Main 2. Yard 3. Siding 4. Industry 2										
21. Track Name/ Number PW STATION 2					22. FRA Track Class (1-9, X) Code 1			23. Annual Track Density (gross tons in millions) Code 3			24. Time Table Direction Code 1. North 2. South 3. East 4. West 3								
25. Type of Equipment Consist (single entry)			1. Freight train			2. Passenger train			3. Commuter train			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. Code 2			26. Was Equipment Attended? Code 1. Yes 2. No Y				
27. Train Number/Symbol 426			28. Speed (recorded speed if available) Code R - Recorded 011 MPH E - Estimated R																
29. Trailing Tons (gross tonnage, excluding power units) 0			30. Method(s) of Operation (enter codes that apply) a. ATCS b. Auto train control c. Auto train stop d. Cab signals e. Traffic control f. Interlocking			g. Automatic block h. Current of traffic i. Time table/train orders j. Track warrant control k. Direct traffic control l. Yard limits			m. Special instructions n. Other than main track rules p. Positive train control o. Other (specify in narrative) Code(s) L M			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) LI007314			a. Initial and Number 001			b. Position in Train 000			c. Loaded (yes/no) Y			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol: <input type="checkbox"/> Drugs: <input type="checkbox"/>							
(2) Causing (if mechanical, cause reported)			33. Was this consist transporting passengers? (y/n) Yes																
34. Locomotive Units			a. Head End			Mid Train		Rear End			35. Cars			Loaded		Empty			
(1) Total in Train			b. Manual	c. Remote	d. Manual	e. Remote		(1) Total in Equipment Consist			a. Freight	b. Pass.	c. Freight	d. Pass.	e. Caboose				
(2) Total Derailed			1	0	0	0	0		(2) Total Derailed			0	1	0	0	0			
36. Equipment Damage This Consist \$ 26.831			37. Track, Signal, Way, & Structure Damage \$ 0			38. Primary Cause Code M599			39. Contributing Cause Code										
40. Engineers/ Operators 1					41. Firemen					42. Conductors 1					43. Brakemen				
44. Engineer/Operator Hrs: 05 Mins: 05					45. Conductor Hrs: 05 Mins: 05														
Casualties to:			46. Railroad Employees			47. Train Passengers			48. Others			49. Special Study Block							
Fatal			0			0			0										
Nonfatal			0			0			0										
50. Latitude (optional) 0					51. Longitude (optional) 0														
52. Narrative Description (Be specific, and continue on separate sheet if necessary) CAUSE UNDETERMINED DUE TO A COMBINATION OF GREASE ON TRACK AND OPERATION OF THE TRAIN.																			
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 status and, as such shall not "be admitted as evidence See 49 C.F.R. 225.7 (b).																			

1. Name of Reporting Railroad Long Island Rail Road		1a. Alphabetic Code LI		1b. Railroad Accident/Incident No. EQ20170103	
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) LONG ISLAND RAIL ROAD		3a. Alphabetic Code LI		3b. Railroad Accident/Incident No. EQ20170103	
4. U. S. DOT Grade Crossing Identification Number Not assigned		5. Date of Accident/Incident month day year 0 1 0 4 2017		6. Time of Accident/Incident 08:18 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	
8. Cars Carrying HAZMAT		9. HAZMAT Cars Damaged/ Derailed		10. Cars Releasing HAZMAT	
		11. People Evacuated		12. Subdivision SYSTEM	
13. Nearest City/Town BROOKLYN		14. Milepost (to nearest tenth) 0		15. State Code Abbr. NY	
		16. County KINGS			
17. Temperature (F) (specify if minus) 44 °F		18. Visibility (single entry) Code 1. Dawn 2. Day 3. Dusk 4. Dark 2		19. Weather (single entry) Code 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow 1	
21. Track Name/ Number ATLANTIC TERMINAL 6		22. FRA Track Class (1-9, X) 1		23. Annual Track Density (gross tons in millions)	
		24. Time Table Direction Code 1. North 2. South 3. East 4. West 4			
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 D	
28. Speed (recorded speed if available) R - Recorded E - Estimated 12 MPH		Code R		26. Was Equipment Attended? 1. Yes 2. No 1	
29. Trailing Tons (gross tonnage, excluding power units)		30. Type of Territory (enter code(s) that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled 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 A		27. Train Number/Symbol 2817	
31. Principal Car/Unit (1) First involved (derailed, struck, etc)		a. Initial and Number LI 007553		b. Position in Train 1	
		c. Loaded (yes/no) Y		32. If railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.	
(2) Causing (if mechanical, cause reported)		N/A		Alcohol 00	
				Drugs 00	
				33. Was this consist transporting passengers? (y/n) Y	
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		b. Manual	
		c. Remote		d. Manual	
		e. Remote		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)	
(1) Total in Train		1		(1) Total in Equipment Consist	
(2) Total Derailed		1		(2) Total Derailed	
				a. Freight	
				b. Pass.	
				c. Freight	
				d. Pass.	
				e. Caboose	
36. Equipment Damage This Consist \$ 500000		37. Track, Signal, Way, & Structure Damage \$ 947329		38. Primary Cause Code H605	
				39. Contributing Cause Code	
40. Engineers/ Operators 1		41. Firemen		42. Conductors 1	
		43. Brakemen 1		44. Engineer/Operator Hrs: 8 Mins: 2	
45. Conductor Hrs: 8 Mins: 2					
Casualties to:		46. Railroad Employees		47. Train Passengers	
Fatal				48. Others	
Nonfatal		9		105	
50. Latitude +40.684593		51. Longitude -073.977523			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) TRAIN 2817 COLLIDED WITH THE BUMPER BLOCK ON ATLANTIC TERMINAL TRACK 6 DERAILING LEAD MOTOR NUMBER 7553 AND TRAILING CARS 7554 AND 7068.					
53. Typed/Printed Name & Title of Preparer ARMANDO BAEZ REPORTING OFFICER		54. Signature		55. Date 2/27/2017	
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.					