

INSPECTION REPORT

Inspector's Name Wolfe, Nathan			Inspector's Signature				Inspector's ID No. [REDACTED]	Report No. 28	Date yy mm dd 2018 02 04				
Railroad/Company Name & Address CSX TRANSPORTATION 500 TAYLOR STREET CAYCE SC 29033					R/C R	Division FLOREN	RR/Co. Representative (Receipt Acknowledged) Name PHILIP LOGAN Title ROADMASTER Email [REDACTED] Signature _____						
RR/Co. Code CSX		Subdivision COLUMBIA											
From: City CAYCE	Codes 0370	Destination City & County				Codes	From Latitude						
State SC	45	City CAYCE				0370	From Longitude						
County LEXINGTON	C063	County LEXINGTON				C063	To Latitude						
Mile Post: From S0366.00 To S0368.00		Inspection Point SILICA SIDING / AMTRAK P091 DERAILMENT				To Longitude							
Activity Code:	MTW	TOM	RWP	TOY	DER	YTW	CWRP						
Units:	1	2	1	1	2	1	1						
Sub Units:	0	0	1	0	0	0	0						
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 **] ACCIDENT INVESTIGATION OF AMTRAK P091 HEAD ON COLLISION WITH CSX AUTORACK TRAIN TIED DOWN IN THE SIDING.													
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?		

**Attention: One or more violations have been cited on this report.
In addition, one or more Remedial Action reports are required.**

DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Wolfe, Nathan			Inspector's Signature				Inspector's ID No. [REDACTED]	Report No. 30	Date yy mm dd 2018 02 05				
Railroad/Company Name & Address CSX TRANSPORTATION 500 TAYLOR STREET CAYCE SC 29033					R/C R	Division FLOREN	RR/Co. Representative (Receipt Acknowledged) Name CHRIS Title BUMGARDNER Email [REDACTED] Signature _____						
From: City CAYCE		Codes 0370	Destination City & County				Codes	From Latitude					
State SC		45	City CAYCE				0370	From Longitude					
County LEXINGTON		C063	County LEXINGTON				C063	To Latitude					
Mile Post: From S0366.56 To S0367.10			Inspection Point MAIN LINE FROM S.E. OF DIXIANA TO N. AUTO RAMP SW				To Longitude						
Activity Code:	MTW	TOM	RWP										
Units:	1	1	1										
Sub Units:	0	0	5										
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1	S0367.00	MAIN	T	213	0137	C	60	3	NE SILICA SIDNG	N	N	1	TOM
Description TREAD PORTION OF FROG WORN IN EXCESS OF ALLOWABLE, 1/2". LOCATED AT THE NORTH END OF SILICA SIDING SWITCH.													
Seal Applied			Seal Removed			Hazard Class			UN/NA ID				
Violation Recommended				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Latitude:			Longitude:				
Written Notification to FRA of Remedial Action is:				<input checked="" type="checkbox"/> Required <input type="checkbox"/> Optional		Railroad Action Code		Date(mm/dd/yyyy):		Comments on back?			
Railroad Comments													

INSPECTION REPORT

Inspector's Name Wolfe, Nathan			Inspector's Signature				Inspector's ID No. [REDACTED]	Report No. 29	Date yy mm dd 2018 02 05				
Railroad/Company Name & Address CSX TRANSPORTATION 500 TAYLOR STREET CAYCE SC 29033					R/C R	Division FLOREN	RR/Co. Representative (Receipt Acknowledged) Name CHRIS Title BUMGARDNER Email [REDACTED] Signature _____						
From: City CAYCE		Codes 0370	Destination City & County				Codes	From Latitude					
State SC		45	City CAYCE				0370	From Longitude					
County LEXINGTON		C063	County LEXINGTON				C063	To Latitude					
Mile Post: From S0366.56		To S0367.10	Inspection Point MAIN LINE FROM S.E. OF DIXIANA TO N. AUTO RAMP SW				To Longitude						
Activity Code:	MTW	TOM	RWP	DER	YTW	CWRP							
Units:	1	2	1	1	1	1							
Sub Units:	0	0	5	0	0	0							
Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1	S0366.60	MAIN	M	213	0123	B	60	3		N	N	1	MTW
Description OBJECT BETWEEN BASE OF RAIL AND THE BEARING SURFACE OF THE TIE PLATE CAUSING CONCENTRATED LOAD. LOCATED ON THE WEST RAIL.													
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	S0366.65	MAIN	M	213	0123	B	60	3		N	N	1	MTW
Description OBJECT BETWEEN BASE OF RAIL AND THE BEARING SURFACE OF THE TIE PLATE CAUSING CONCENTRATED LOAD. LOCATED ON THE EAST RAIL.													
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?		

INSPECTION REPORT

(Continuation)

Inspector's ID No. <div style="background-color: black; width: 20px; height: 10px; margin: 2px;"></div>	Report No. 29	Report Date 2/5/2018
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
3	S0366.70	MAIN	M	213	0119	B	60	3		N	N	1	CWRP

Description
FAILURE TO COMPLY WITH WRITTEN CWR PROCEDURES - ANCHORING OR FASTENING REQUIREMENTS. MULTIPLE ANCHORS MISSING ON THE THE EAST RAIL FOR APPROXIMATELY 150 TIES.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
4	S0366.75	MAIN	M	213	0123	B	60	3		N	N	1	MTW

Description
OBJECT BETWEEN BASE OF RAIL AND THE BEARING SURFACE OF THE TIE PLATE CAUSING CONCENTRATED LOAD. LOCATED ON THE EAST RAIL.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
5	S0366.80	MAIN	M	213	0123	B	60	3		N	N	1	MTW

Description
OBJECT BETWEEN BASE OF RAIL AND THE BEARING SURFACE OF THE TIE PLATE CAUSING CONCENTRATED LOAD. LOCATED ON THE EAST RAIL.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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INSPECTION REPORT

(Continuation)

Inspector's ID No. █ —	Report No. 29	Report Date 2/5/2018
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
6	S0366.90	MAIN	M	213	0123	B	60	3		N	N	1	MTW

Description
OBJECT BETWEEN BASE OF RAIL AND THE BEARING SURFACE OF THE TIE PLATE CAUSING CONCENTRATED LOAD. LOCATED ON THE EAST RAIL.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
7	S0367.00	SIDING	S	213	0113	D16	10	1	SILICA SIDING	N	N	1	YTW

Description
VERTICAL SPLIT HEAD, 6". LOCATED ON TH EAST RAIL ON THE FIELD SIDE OF THE RAIL IN THE RETURN CURVE AT THE NORTH END OF SILICA SIDING SWITCH.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
8	S0367.00	MAIN	T	213	0143	A1	60	3	NE SILICA SIDNG	N	N	1	TOM

Description
GUARD CHECK GAGE LESS THAN ALLOWABLE., 54-5/16". LOCATED AT THE NORTH END OF SILICA SIDING SWITCH ON THE MAIN LINE SIDE.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
9	S0367.05	MAIN	T	213	0133	A9	60	3	NE AUTO RAMP	N	N	1	TOM

Description
LOOSE OR MISSING ADJUSTABLE RAIL BRACES. LOCATED AT THE NORTH END OF AUTO RAMP STORAGE TRACK.

Seal Applied	Seal Removed	Hazard Class	UN/NA ID
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Violation Recommended <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Latitude:	Longitude:
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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?
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INSPECTION REPORT

Inspector's Name Wolfe, Nathan			Inspector's Signature				Inspector's ID No. [REDACTED]	Report No. 31	Date yy mm dd 2018 02 06				
Railroad/Company Name & Address CSX TRANSPORTATION 500 TAYLOR STREET CAYCE SC 29033					R/C R	Division FLOREN	RR/Co. Representative (Receipt Acknowledged) Name CHRIS Title BUMGARDNER Email [REDACTED] Signature _____						
From: City CAYCE		Codes 0370	Destination City & County				Codes	From Latitude					
State SC		45	City CAYCE				0370	From Longitude					
County LEXINGTON		C063	County LEXINGTON				C063	To Latitude					
Mile Post: From S0366.90 To S0367.10			Inspection Point MAIN LINE, SILICA SIDING, & AUTO RAMP STORAGE				To Longitude						
Activity Code:	MTW	TOM	RWP	DER	YTW	CWRP							
Units:	1	2	1	1	1	1							
Sub Units:	0	0	5	0	0	0							
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 **] Completed derailment investigation in the Silica siding after the Amtrak equipment had been removed. Completed derailment track notes.													
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?			