DEPARTMENT OF TRANSPORTATION
FEDERAL RAILROAD ADMINISTRATION (FRA)

HIGHWAY-RAIL GRADE CROSSING ACCIDENT/INCIDENT REPORT

OMB Approval No. 2130-0500

Name Of		Alphabetic Code	RR Accident/Incident No.
1. Reporting Railroad	Chicago And North Western Railway Company	1a. CNW	1b. Y6005
2. Other Railroad Involved in Train Accident/Incident		2a.	2b.
3. Railroad Responsible for Track Maintenance	Chicago And North Western Railway Company	3a. CNW	3b. Y6005

4. U.S. DOT-AAR Grade Crossing ID No.	5. Date of Accident/Incident	6. Time of Accident/Incident
192730C	01/15/78	12:05 PM

7. Nearest Railroad Station	8. Division	9. County	10. State Abbr.	Code
MELBOURNE		MARSHALL	19	IA

11. City *(if in a city)*	12. Highway Name or No.	
MELBOURNE	N E FIFTH STREET	☑ Public ☐ Private

Highway User Involved

13. Type — A. Auto, B. Truck, C. Truck-trailer, D. Pick-up truck, E. Van, F. Bus, G. School Bus, H. Motorcycle, J. Other Motor Vehicle, K. Pedestrian, M. Other *(specify)* — Code: **A**

14. Vehicle Speed *(est. mph at impact)*

15. Direction *(geographical)* — 1. North 2. South 3. East 4. West — Code: **3**

16. Position — 1. Stalled on crossing, 2. Stopped on Crossing, 3. Moving over crossing, 4. Trapped — Code: **3**

20a. Was the highway user and/or rail equipment involved in the impact transporting hazardous materials? — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code: **4**

Rail Equipment Involved

17. Equipment — 1. Train *(units pulling)*, 2. Train *(units pushing)*, 3. Train *(standing)*, 4. Car(s) *(moving)*, 5. Car(s) *(standing)*, 6. Light loco(s) *(moving)*, 7. Light loco(s) *(standing)*, 8. Other *(specify)*, A. Train pulling- RCL, B. Train pushing- RCL, C. Train standing- RCL — Code: **1**

18. Position of Car Unit in Train: **1**

19. Circumstance — 1. Rail equipment struck highway user, 2. Rail equipment struck by highway user — Code: **1**

20b. Was there a hazardous materials release by — 1. Highway User 2. Rail Equipment 3. Both 4. Neither — Code:

20c. State the name and quantity of the hazardous material released, if any

21. Temperature *(specify if minus)*: **5** °F

22. Visibility *(single entry)* — 1. Dawn 2. Day 3. Dusk 4. Dark — Code: **2**

23. Weather *(single entry)* — 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow — Code: **1**

24. 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. Main./inspect. car, A. Spec. MoW Equip. — Code: **1**

25. Track Type Used by Rail Equipment Involved — 1. Main 2. Yard 3. Siding 4. Industry — Code: **1**

26. Track Number or Name: **DES MOINES SUBD MAIN**

27. FRA Track Class	28. Number of Locomotive Units	29. Number of Cars	30. Consist Speed *(Recorded if available)* — R. Recorded, E. Estimated	Code	31. Time Table Direction — 1. North 2. South 3. East 4. West	Code
1	2	14	E. Estimated 40 mph	E	2	2

32. Type of Crossing Warning — 1. Gates, 2. Cantilever FLS, 3. Standard FLS, 4. Wig wags, 5. Hwy. traffic signals, 6. Audible, 7. Crossbucks, 8. Stop signs, 9. Watchman, 10. Flagged by crew, 11. Other *(specify)*, 12. None — Code(s): **07**

33. Signaled Crossing Warning

34. Whistle Ban — 1. Yes 2. No 3. Unknown — Code:

35. Location of Warning — 1. Both Sides, 2. Side of Vehicle Approach, 3. Opposite Side of Vehicle Approach — Code: **1**

36. Crossing Warning Interconnected with Highway Signals — 1. Yes 2. No 3. Unknown — Code: **2**

37. Crossing Illuminated by Street Lights or Special Lights — 1. Yes 2. No 3. Unknown — Code: **2**

38. Driver's Age

39. Driver's Gender — 1. Male, 2. Female — Code:

40. Driver Drove Behind or in Front of Train and Struck or was Struck by Second Train — 1. Yes 2. No 3. Unknown — Code: **2**

41. Driver — 1. Drove around or thru the gate, 2. Stopped and then proceeded, 3. Did not stop, 4. Stopped on crossing, 5. Other *(specify)* — Code: **3**

42. Driver Passed Standing Highway Vehicle — 1. Yes 2. No 3. Unknown — Code: **2**

43. View of Track Obscured by *(primary obstruction)* — 1. Permanent Structure, 2. Standing railroad equipment, 3. Passing Train, 4. Topography, 5. Vegetation, 6. Highway Vehicles, 7. Other *(specify)*, 8. Not Obstructed — Code: **8**

Casualties to:	Killed	Injured
46. Highway-Rail Crossing Users	0	1
49. Railroad Employees	0	0
52. Passengers on Train	0	0

44. Driver was — 1. Killed 2. Injured 3. Uninjured — Code: **2**

45. Was Driver in the Vehicle? — 1. Yes 2. No — Code: **1**

47. Highway Vehicle Property Damage *(est. dollar damage)*: **$1,800**

48. Total Number of Highway-Rail Crossing Users *(include driver)*: **1**

50. Total Number of People on Train *(include passengers and crew)*

51. Is a Rail Equipment Accident / Incident Report Being Filed — 1. Yes 2. No — Code: **2**

53a. Special Study Block

53b. Special Study Block

54. Narrative Description

55. Typed Name and Title

56. Signature

57. Date

FORM FRA F 6180.57

* NOTE THAT ALL CASUALTIES MUST BE REPORTED ON FORM FRA F 6180.55A