

Rail Accident Inspection Form

Docket No: **TR-111434**

Current Date: **12/29/2011**

Railroad Owning Track: **BNSF**

Railroad Operating on Track: **UP**

FRA Investigation: Yes No

Inspector: **Jeremy Johnson**

I. Type of Accident

Public Crossing Private Crossing Trestle Pedestrian at Crossing

Pedestrian Not at Crossing Other (explain)

II. Time and Location of Accident

Date **8/6/2011**

Time **1155**

USDOT Crossing No. **085755E**

WUTC Crossing No. **1K15.70**

Railroad Milepost **15.7**

GPS Identifier: Lat: **47.1722** Long: **-122.60315**

Number of Tracks: **2**

City: **Steilacoom**

Road name, yard name, bridge identifier: **Union Ave**

County: **Pierce**

Company responsible for track maintenance: **BNSF**

Other railroad involved in train accident/incident: **UP**

III. Conditions Surrounding the Accident

Weather: Clear to cloudy Fog Rain Snow

Road Condition: Dry Wet Snow Ice **Not reported**

Visibility Due to Weather: Daylight Darkness Unknown

Adequate Sight Distance: Yes No N/A Train Speed: **posted at 45mph**

Describe: **N/A**

Train Type: Freight Passenger Locomotive only Cars only Tilt train

Remote Control: Yes No N/A Haz-Mat on Train: Yes No N/A

Type of Haz-Mat: **N/A**

IV. Pedestrian, Driver, or Passenger Fatalities Does this section apply? Yes No

Number of people killed **1**

If a vehicle accident, number of passengers **N/A**

Name: **Mark E. Drummond**

Driver: Passenger Pedestrian

Age **56** Gender: Male Female

Pedestrian trying to get on/off train? Yes No

Suicide: Yes No Undetermined

Alcohol: Yes No Undetermined

Information supplied by: **Pierce County Medical Examiner's Record**

Drugs: Yes No Undetermined

Information supplied by: **Pierce County Medical Examiner's Record**

Names of additional fatalities: **N/A**

Redacted per RCW 68.50.105

V. Pedestrian, Driver, or Passenger Injuries Does this section apply? Yes No

Number of people injured _____ If a vehicle accident, number of passengers _____

Name: _____

Driver: Passenger Pedestrian Age _____ Gender: Male Female

Pedestrian trying to get on/off train? Yes No Drugs: Yes No Undetermined

Suicide: Yes No Undetermined Alcohol: Yes No Undetermined

Names of additional injured persons:

VI. Pedestrian Access Does this section apply? Yes No

Obvious signs of consistent pedestrian trespass? Yes No

If yes, describe: N/A

Pedestrian (not at a crossing) information: Accessing public area? Yes No

If yes, describe: N/A

Deterrents at site, e.g. fence, signs, etc? Yes No

If yes, describe: fencing, flashing lights and gates.

VII. Crossing History Does this section apply? Yes No

Prior accidents at this crossing? Yes No How many? **1**

Dates of prior accidents: **1985**

Description of prior accidents (e.g., fatalities, injuries, property damage)
Pedestrian at crossing. 1 person was injured.

Last inspection date? **12/18/2009**

Defects? Yes No

If yes, describe: N/A

Required to attach most current inventory? Yes No

VIII. Attachments

Railroad incident report? Yes No Local law enforcement report? Yes No

Coroner/medical examiner report? Yes No Pictures? Yes No

Other (describe): N/A

IX. Comments

Staff has no recommendations.