

Rail Accident Inspection Form

*Reviewed
 OK to close
 LHM
 12-5-16*

Docket No: TR-160884

Current Date: 10-19-2016

Railroad Owning Track: BNSF

Railroad Operating on Track: BNSF

FRA Investigation: Yes No

Inspector: Cory Caron

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 2-20-2016 Time 7:00am
 USDOT Crossing No. _____ WUTC Crossing No. _____
 Railroad Milepost 27.3 GPS Identifier: Lat: 45.579944 Long: -122.349712
 Number of Tracks: 1 City: Washougal
 Road name, yard name, bridge identifier: _____ County: Clark
 Company responsible for track maintenance: BNSF
 Other railroad involved in train accident/incident: _____

III. Conditions Surrounding the Accident

Weather: Clear to cloudy Fog Rain Snow
 Road Condition: Dry Wet Snow Ice
 Visibility Due to Weather: Daylight Darkness Unknown
 Adequate Sight Distance: Yes No N/A Train Speed: 60 MPH
 Describe: Accident happened on a slight curve allowing at least 1500 feet sight distance each direction.
 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: _____

IV. Pedestrian, Driver, or Passenger Fatalities

Does this section apply? Yes No

Number of people killed 1 If a vehicle accident, number of passengers _____
 Name: Jacob Ronald Kearns
 Driver: Passenger Pedestrian Age 24 Gender: Male Female
 Pedestrian trying to get on/off train? Yes No Suicide: Yes No Undetermined
 Alcohol: Yes No Undetermined Information supplied by: Police report
 Drugs: Yes No Undetermined Information supplied by: _____
 Names of additional fatalities:

V. Pedestrian, Driver, or Passenger InjuriesDoes 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 AccessDoes this section apply? Yes No Obvious signs of consistent pedestrian trespass? Yes No

If yes, describe: _____

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

If yes, describe: _____

Deterrents at site, e.g. fence, signs, etc? Yes No If yes, describe: No trespassing signs posted at edge of roadway leading to RR right of way.Previous collisions at or near site? Yes No

If yes, describe: _____

VII. Crossing HistoryDoes this section apply? Yes No Prior accidents at this crossing? Yes No

How many?

Dates of prior accidents: _____

Description of prior accidents (e.g., fatalities, injuries, property damage) _____

Last inspection date? _____

Defects? Yes No

If yes, describe: _____

Required to attach most current inventory? Yes No **VIII. Comments**

Additional comments:

Under the influence of alcohol, the victim was struck by a train while crossing the tracks. This accident occurred approximately 200 feet East of the the crossing at 20th, in a quiet zone.**IX. Attachments**Railroad incident report? Yes No Local law enforcement report? Yes No Coroner/medical examiner report? Yes No Pictures? Yes No

Other (describe):



Looking East