

# INSPECTION REPORT

OMB Approval No.: 2130-0509

Inspector's Name Jackson, Dave				Inspector's Signature				Inspector's ID No. M3003		Report No. 187		Date yy mm dd 2023 11 16		
Railroad/Company Name & Address BNSF RAILWAY COMPANY						R/C R	Division SYSTEM		RR/Co. Representative (Receipt Acknowledged) Name Matthew Krick Title Mechanical Foreman Email matthew.krick@bnsf.com Signature _____					
						RR/Co. Code BNSF	Subdivision SYSTEM							
From: City WORDEN			Codes 1302		Destination City & County				Codes		From Latitude			
State MT			30		City						From Longitude			
County YELLOWSTONE			C111		County						To Latitude			
Mile Post: From To				Inspection Point POMPEYS PILLAR YELLOWSTONE CO						To Longitude				
Activity Code:	215	224	229D	231	232	SAX						CARS		
Units:	25	26	1	26	25	1						25		
Sub Units:	0	0	0	0	0	1						0		

Item	Initials/Milepost	Equipment/Track #	Type/Kind	49 CFR/ USC	Defect	Subrule	Speed	Class	Train #/Site	SNFR*	RCL**	# of Occ.***	Activity Code
1	BNSF	5755	EMF	229	0045	B5			POMPEYS PILLAR	N	N	1	229D
Description Toilet drain leaking product onto L-1 Brake cylinder & rigging.													
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	BNSF	5755	EMF	229	0067	A1			POMPEYS PILLAR	N	N	1	229D
Description Left / Rear Horizontal shock leaking hydraulic oil.													
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?			

**DEPARTMENT OF TRANSPORTATION**  
FEDERAL RAILROAD ADMINISTRATION (FRA)

# INSPECTION REPORT

(Continuation)

OMB Approval No.: 2130-0509

Inspector's ID No. M3003	Report No. 187	Report Date 11/16/2023
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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	BN	535015	H	215	0103	A1			POMPEYS PILLAR	N	N	1	215

Description  
R-2 Flange @ FRA limits 7/8 inch.

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	BN	534924	H	215	0301	A1			POMPEYS PILLAR	N	N	1	215

Description  
Right side car ID partly covered / obstructed by reflective sheeting.

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									POMPEYS PILLAR	N	N	0	SAX

Description - [\*\* Comment to Railroad/Company \*\*]  
E/B Coal train set blocking DOT Crossing #087331E. Controlling locomotive BNSF-6404. I observed the crossing blocked from 06:17 AM to 07:05 AM which is in violation of Montana Code Annotated (MCA 69-14-626).

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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