DEPARTMENT O FEDERAL RAILROAD			N	R.A	AIL EO	UIPME	NT A	CCID	ENT/II	NCID	ENT REPO	ORT				OM	B Approval	No: 2130-0500
1. Name of Reporting Ra									-	lphabetic				1b. R	ailroad		ncident No.	
Utah Transit Autl	nority [UTAX]								UT	ΆX				110	05201	3		
2. Name of Other Railro		vith Consis	t Invol	lved						lphabetic	Code						ncident No.	
3. Name of Railroad or C	ther Entity Respons	sible for Tr	ack Ma	aintenance	(single er	ıtry)			3a. A	lphabetic	Code			3b. R	ailroad	Accident/I	ncident No.	
Utah Transit Autl	nority [UTAX]								UT	ΆX				110	05201	3		
4. U. S. DOT Grade Cros	-	Number									cident/Incident					ccident/Inc	cident	
									1	month 1	0 5		013	8:4			м	PM X
7. Type of Accident/ Incident (single		railment ad on colli	cion		de collision aking collis			Hwy-rail	crossing e crossing			losion-deto violent ruj		13	3. Othe	r cribe in)		Code
entry in code box)		ar end coll			oken train			Obstructi	-			er impacts	лиге			rative)		12
8. Cars Carrying		9. HAZM	AT Cai	rs		10. Car	s Releasir	ng		11.	People			12. S	ubdivis	ion		
HAZMAT N/A		Damag Deraile			N/A	H	AZMAT	N/A			Evacuated	N/A		SV	STEN	Л		
13. Nearest	'				14/11	14. Mil	epost	(to	15.	State	Code	16. Coun	ty	1 01	<u> </u>	•		
City/ Town MIDV	ALE					ter	arest nth)			Abbr. UT	49	SALT						
17. Temperature (F)		18. Visibi 1. Da		(single entry 3. Dusk)	Code			ngle entry)		5. Sleet		Code		ype of		lim a	Code
(specify if minus)	37 ° F	1. Da 2. Da		Dusk A. Dark		4		Clear Cloudy	 Rai Fog 		6. Snow		2		Main Yard	3. Sic 4. Inc	nng lustry	1
21. Track Name/	31				22	FRA Track		Co		Annual 7		I				ble Direction		Code
Number						Class (1-9,	X)	1 -		Density	(gross tons ons)				North	3.Eas		I .
NORTHBOUND 25. Type of Equipment	MAIN 1. Freight train		5 Sin	gle car	9. Maint./ii	isnect car		D. EMU			ons) 26. Was Equipme	nf		2.	South 27 Tra	4. We		11
Consist	Passenger train-			of cars		loW Equip.		E. DMU			Attended?						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(single entry)	Commuter train Work train	-Pulling		rd/switching ht loco(s).		er Train-Pus ter Train-Pu					1. Yes	2. No		Code N	51			
28. Speed (recorded sp	eed	Cod	le	30. Type of	•		des that a	ipply)								•	ed Locomot	
<i>if available)</i> R - Recorded				Signalization 1. Signaled	,	atory) Signaled				1							controlled of co	-
E - Estimated	000 MPH	R		_		Authority for	Moveme	ent (Ma	ndatory)	1							l tower oper	
	oss tonnage,	•				. Direct Tra											l portable tra	ansmitter -
excluding power un	its)			4. Block R	-	•		n Main Ti	rack	D-Au	tomatic Block Si	ignals Syste	em			an one ren		l c. 1.
		0		* Mandator	y to the exte	ent that all a		codes are								transmitter		Code
31. Principal Car/Unit (1) First involved		a. Initial	and N	umber	b. Positi	on in Train		c. Load	ed (yes/n	0)	32. If any railro	oad employ tive in the a			ıg/alcoh		ohol	Drugs
(derailed, struck, etc	:)										were posi	iive iii iiie a	ppropri	ne box.		Aic	onor	Drugs
(2) Causing (if me	echanical,	7	<u>ΓR00</u>	1001		001			N		33.Was this co	nsist transp	orting p	assengers	? (y/n	_	00	00
cause reported)						000												No
34. Locomotive Units (Exclude EMU, DMU, ar	nd Cab Car	a. Head End	ı	Mid 7 b. Manual	Гrain c. Remote	d. Manı	Rear End	d Remote	35. Cars (Include Locomo	e EMU, I	DMU, and Cab Ca	ar a	Le Freigh	oaded t b. Pa	ss.	Em c. Freight	d. Pass.	e. Caboose
Locomotives.) (1) Total in Train		0		0	0	0		0	t		Equipment Consist	:	0	0		0	1	0
(2) Total Derailed		0		0	0	0		0	(2) T	Total Der	ailed		0	0		0	0	0
36. Equipment Damage			37. Tı	rack, Signal, V	Vay,				38. Prima	ary Cause	2	L		39. Cont	ributing	Cause	-	
This Consist	\$ 1,000.0	100	8	& Structure Da	amage	\$	0		Code		1	H499		Code	,	1		
	1,000,0		f Crew	Members									gth of T	ime on Du	ıty			
40. Engineers/ Operators	41. Firemen		42. Co	onductors 0		43. Braken	nen		44. Engir	•	rator Mins:			45. Cond			Mins:	
Casualties to:	46. Railroad Empl	ovees	47 Tr		·s	48. Others			_				101	. Special		lock R	111110.	
Fatal	0	oyees -	47. Train Passengers 4			0				49a. Special Study Block A			470	. speciai i	otudy D	IOCK D		
Nonfatal	0			0			0		CWR									
50. Latitude	U U			40.6030	65		U		51. Long	itude				11	1.8866	56		
52. Narrative Description TRAIN 15 (1025-1020- PIONEER 2. TRAIN WAS ISSUED A RED GCI ASPECTS FOR T INTOEMERGENCY I TO A LOCAL HOSPI SCENE.	OPERATOR 556. 15 (1025-1020) ST SIGNAL BYPAS: THE 8120 SOUTH BRAKE MODE.	5) AFTER OPPED F S ACCOR I AND 800 CONTAC	R LEA PRIOR RDING 00 SOU T WA	a separate shee LVING HIST R TO PIONE G TO RULE UTHGRADE AS MADE TI	et if necessa ORIC SAI ER 2 ANI 11.09 TO I CCROSSI RAVELLI	NDY STAT CONTAC PROCEED NGS WHE NG AT 31.	TED CO PAST S N HE SA 9 MPH.	ONTROI SIGNAL I AW CAR TRAIN	L AT 20:44 PIONEER 1001 (DA 15 WAS C	4HRS. A R 2. OPI RK, NC CARRYI	AFTER A BRIE ERATOR 5565 LIGHTS ON) ING A TOTAL	F HOLDI WHILE P ON THE A OF 6PASS	NG PEI ROCEI ALIGNI ENGEI	751 AND RIOD (A EDING N MENT A RS- 2 PA	A REI PPROZ ORTH ND PL	ASPECT CIMATEI BOUND V ACED THE EERS WE	LY 2 MIN) WAS CHEO IE TRAIN RE TRANS	TRAIN 15 CKING THE SPORTED
53. Typed/Printed Name	&						54. Sign	nature							55. Dat	е		

53. Typed/Printed Name &	54. Signature	55. Date
Title of Preparer		

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report...." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).

This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 2 hours per response, including the ime for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.

FEDERAL RAILROAD ADMINISTRATION

D.	AII FOIII	DMENT A	ACCIDENT/INCIDENT REPORT
K	411. B.OU.I	PIVIPINI	AUUIIJENI/INUIIJENI KEPUKI

	OMINISTRATION	1	RA	IL EQ	JIPMEN?	Γ ACCID	ENT/INCI	DEN	T REPORT	.`		OM	B Approval l	No: 2130-0500	
1. Name of Reporting Railro	oad						1a. Alphabe	etic Cod	de		1b. Railro	oad Accident/I	ncident No.		
Utah Transit Author	ritv [UTAX]						UTAX			110520	11052013				
2. Name of Other Railroad of		th Consist I	ínvolved				2a. Alphabe	etic Cod	de			oad Accident/I	ncident No.		
3. Name of Railroad or Othe	er Entity Responsi	ble for Trac	k Maintenance	(single en	try)		3a. Alphabe	etic Cod	de		3b. Railro	ad Accident/I	ncident No.		
Utah Transit Author	rity [UTAX]						UTAX				110520	013			
4. U. S. DOT Grade Crossing		umher					5. Date of	Accider	nt/Incident			f Accident/Inc	cident		
4. 0. 5. DOI GIAGO CICAMI	ig fucinification	umoci					mor		day	year		Δ	м	PM X	
7. Type of Accident/	1. Dera	ailment	4 Si	de collision		7. Hwy-rail	crossing	1	0 5 10. Explosion	2013	8:46 13. Ot		IVI	Code	
Incident (single		d on collisio		aking collisio	on	8. RR grade	-		11. Fire/viole			describe in)		Code	
entry in code box)		r end collisi		oken train c		9. Obstruction	-		12. Other imp	-	n	arrative)		12	
8. Cars Carrying	9	HAZMAT			10. Cars Re	-		11. Peo	-		12. Subdi	vision			
HAZMAT		Damaged Derailed	i/		HAZM	1AT		Evac	cuated						
N/A		Duance		N/A	1	N/A	1.5 0		N/A		SYST	EM			
13. Nearest City/					14. Milepos		15. State Abbi		Code 16.	County					
Town MIDVAL	LE				tenth)	1	IIT	1.	49 SA	ALT LAK	F.				
17. Temperature (F)		8. Visibilit	ty (single entry))		9. Weather (sin			12 ~-	Code	20. Type	of Track		Code	
(specify if minus)	o _	1. Dawı		1		1. Clear	3. Rain		5. Sleet	1	1. Mai		-		
21. Track Name/	37 ° F	2. Day	4. Dark	22	FRA Track	2. Cloudy Coo	4. Fog de 23. Annua	~l Track	6. Snow	2	2. Yar	d 4. Inc	-	Code	
Number					Class (1-9, X)	ı	D	-54			24. 11me 1. Nor			Code	
NORTH BOUND M	IAIN					3	in m	illions)	ross tons		2. Sou			1	
** * *	. Freight train		-	9. Maint./in	-	D. EMU			Was Equipment		27.	Train Number	/Symbol		
	 Passenger train-P Commuter train-I 	-		A. Spec. Mo		E. DMU	Code		Attended? 1. Yes 2	Ma i (Code T-1	5			
. 0 37	. Commuter train-1 . Work train	-		_	r Train-Pushing er Train-Pushin	_	D		1. res 2		Y	J			
28. Speed (recorded speed		Code			(enter codes t		ı	-		<u>'</u>		otely Controll	ed Locomoti	ive?	
if available)	,	I		on (Manda		*	1				1	Not a remotely			
R - Recorded	031 MPH	ъ	1. Signaled		Signaled		1				1	Remote contro			
	tonnage,	R		•	•	ovement (Mar.	ndatory) 1 /Restricted Limit	+0				Remote contro Remote contro			
excluding power units)			"	egister Territ		r Than Main Tr			atic Block Signals	System		than one rem	-	IllSimuci -	
	1		I	-	Codes (Manda				Instructions	0,		rol transmitter		Code	
		0	1								1			Code	
			* Mandatory	to the exter	nt that all applic	cable codes are	entered		_					0	
31. Principal Car/Unit		a. Initial ar	·	b. Position	**	c. Loade		32	2. If any railroad en		ted for drug/alo	cohol use, ent		O er that	
(1) First involved	-		·	_	**			32	2. If any railroad en were positive in		ted for drug/alo	cohol use, ent	er the number	0	
	'	a. Initial ar	nd Number	_	n in Train		ed (yes/no)	32			ted for drug/alo	cohol use, ent	ohol	or that Drugs	
(1) First involved	anical,	a. Initial ar	·	_	n in Train					the appropria	ted for drug/alo	cohol use, ent		O er that	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported)	vanical,	a. Initial ar	nd Number	_	n in Train		ed (yes/no)		were positive in	the appropria	ate box.	Alc	ohol 00	or that Drugs	
(1) First involved (derailed, struck, etc) (2) Causing (if meche cause reported) 34. Locomotive Units		a. Initial ar	nd Number R001025	b. Positio	001 000 Rea	c. Loade	Y 35. Cars	33	were positive in 3.Was this consist t	the appropria	ate box.	Alc y/n) Em	ohol 00 pty	Or that Drugs OO Yes	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported)		a. Initial ar	nd Number R001025	b. Position	001 000	c. Loade	Y 35. Cars	J, DMU	were positive in	the appropria	ate box.	Alc	ohol 00	Or that Drugs 00	
(1) First involved (derailed, struck, etc) (2) Causing (if meche cause reported) 34. Locomotive Units (Exclude EMU, DMU, and C Locomotives.)		a. Initial ar TH a. Head End	R001025 Mid 7 b. Manual	b. Positio	001 000 Rea d. Manual	ar End e. Remote	Y 35. Cars (Include EMU Locomotives.)	33 U, DMU	were positive in 3. Was this consist t J, and Cab Car	ransporting p L a. Freigh	assengers ? ()	y/n) Em c. Freight	pty d. Pass.	or that Drugs 00 Yes e. Caboose	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train		a. Initial ar TH a. Head End	R001025 Mid 7 b. Manual 0	b. Position	n in Train 001 000 Rea d. Manual 0	ar End e. Remote	Y 35. Cars (Include EMU Locomotives.)	J, DMU)	were positive in 3. Was this consist t J, and Cab Car ment Consist	ransporting p L a. Freigh	ted for drug/ald the box. assengers? (b. Pass.	cohol use, enter Alc	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed		a. Initial ar	R001025 Mid T b. Manual 0 0	b. Positio	001 000 Rea d. Manual	ar End e. Remote	Y 35. Cars (Include EML Locomotives.) (1) Total in (2) Total I	J, DMU) n Equip Derailed	were positive in 3. Was this consist t J, and Cab Car ment Consist	ransporting p L a. Freigh	ted for drug/ald the box. assengers? (b. Pass. 2 0	cohol use, ent Alc y/n) Em c. Freight 0	pty d. Pass.	or that Drugs 00 Yes e. Caboose	
(1) First involved (derailed, struck, etc) (2) Causing (if mecha- cause reported) 34. Locomotive Units (Exclude EMU, DMU, and C Locomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage		a. Initial ar	Mid T b. Manual 0 0 7. Track, Signal, W	b. Positio	n in Train 001 000 Rea d. Manual 0	ar End e. Remote 0	Y 35. Cars (Include EMU Locomotives.) (1) Total in (2) Total I	J, DMU) n Equip Derailed	were positive in 3. Was this consist t J, and Cab Car ment Consist	ransporting p L a. Freigh	ted for drug/ald the box. assengers? (b. Pass. 2 0 39. Contribut	cohol use, ent Alc y/n) Em c. Freight 0	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed	Cab Car 2,000,00	a. Initial ar TH a. Head End 0 0 3	Mid 7 b. Manual 0 0 7. Track, Signal, W & Structure Da	b. Positio	n in Train 001 000 Rea d. Manual 0	ar End e. Remote	Y 35. Cars (Include EML Locomotives.) (1) Total in (2) Total I	J, DMU) n Equip Derailed	were positive in 3. Was this consist t J, and Cab Car ment Consist	ransporting p L a. Freigh 0 0	assengers? (b. Pass. 2 0 39. Contribut Code	cohol use, ent Alc y/n) Em c. Freight 0	pty d. Pass.	or that Drugs 00 Yes e. Caboose	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist \$	Cab Car 2,000,00	a. Head End O O Number of O	Mid 7 b. Manual 0 0 7. Track, Signal, W & Structure Da Crew Members	D. Positio	001 000 Rea d. Manual 0 0	ar End e. Remote 0	Y 35. Cars (Include EMI Locomotives.) (1) Total ii (2) Total I. 38. Primary Ca	J, DMU) n Equip Derailed	were positive in 3. Was this consist t J, and Cab Car ment Consist	ransporting p L a. Freigh 0 0	paded t b. Pass. 2 0 39. Contribut Code ime on Duty	cohol use, enti Alc y/n) Em c. Freight 0 ing Cause	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist \$	Cab Car 2,000,00	a. Head End O O Number of O	Mid 7 b. Manual 0 0 7. Track, Signal, W & Structure Da	D. Positio	n in Train 001 000 Rea d. Manual 0	ar End e. Remote 0	Y 35. Cars (Include EMU Locomotives.) (1) Total in (2) Total I	J, DMU) n Equip Derailed	were positive in 3. Was this consist t J, and Cab Car ment Consist	ransporting p L a. Freigh 0 0	assengers? (b. Pass. 2 0 39. Contribut Code	cohol use, enti Alc y/n) Em c. Freight 0 ing Cause	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist \$	Cab Car 2,000,00	a. Head End O O Number of O	Mid 7 b. Manual 0 0 7. Track, Signal, W & Structure Da Crew Members	D. Positio	001 000 Rea d. Manual 0 0	ar End e. Remote 0	Y 35. Cars (Include EMI Locomotives.) (1) Total ii (2) Total I. 38. Primary Ca	J, DMU) n Equip Derailed	were positive in 3. Was this consist t J, and Cab Car ment Consist	ransporting p L a. Freigh 0 0	paded t b. Pass. 2 0 39. Contribut Code ime on Duty	cohol use, enti Alc y/n) Em c. Freight 0 ing Cause	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist 40. Engineers/ Operators 1	Cab Car 2,000,00	a. Initial ar TI a. Head End 0 0 Number of O	Mid 7 b. Manual 0 0 7. Track, Signal, W & Structure Da Crew Members 12. Conductors	b. Positio	001 000 Rea d. Manual 0 0	ar End e. Remote 0	Y 35. Cars (Include EMU Locomotives.) (1) Total ii (2) Total I 38. Primary Ca Code	J, DMU) n Equip Derailed nuse	were positive in 3. Was this consist t J, and Cab Car ment Consist H49 Mins:	ransporting p L a. Freigh 0 0 Length of T	assengers? () assengers? () added b. Pass. 2 0 39. Contribut Code ime on Duty 45. Conducto	cohol use, entr	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist 40. Engineers/ Operators 1	2.000.00 2.1 41. Firemen 6. Railroad Employ	a. Initial ar TI a. Head End 0 0 Number of O	Mid 7 b. Manual 0 0 7. Track, Signal, W & Structure Da Crew Members 2. Conductors 0 7. Train Passenger	b. Positio	001 000 Rea d. Manual 0 0 \$ 43. Brakemen	ar End e. Remote 0 0	Y 35. Cars (Include EMU Locomotives.) (1) Total in (2) Total I 38. Primary Ca Code 44. Engineer/O Hrs:	J, DMU) n Equip Derailed nuse	were positive in 3. Was this consist t J, and Cab Car ment Consist H49 Mins:	ransporting p L a. Freigh 0 0 Length of T	ted for drug/ald the box. assengers? (b. Pass. 2 0 39. Contribut Code time on Duty 45. Conducto Hrs:	cohol use, entr	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacuse reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist 40. Engineers/Operators 1 Casualties to: 46 Fatal	2.000.00 2.000.00 41. Firemen 6. Railroad Emplo	a. Initial ar TI a. Head End 0 0 Number of O	Mid 7 b. Manual b. Manual o o i7. Track, Signal, W & Structure Da Crew Members i2. Conductors o i7. Train Passenger	b. Positio	n in Train 001 000 Rea d. Manual 0 0 \$ 43. Brakemen 48. Others	c. Loade ar End e. Remote 0 0	Y 35. Cars (Include EMU Locomotives.) (1) Total in (2) Total I 38. Primary Ca Code 44. Engineer/O Hrs:	J, DMU) n Equip Derailed nuse	were positive in 3. Was this consist t J, and Cab Car ment Consist H49 Mins:	ransporting p L a. Freigh 0 0 Length of T	ted for drug/ald the box. assengers? (b. Pass. 2 0 39. Contribut Code time on Duty 45. Conducto Hrs:	cohol use, entr	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
(1) First involved (derailed, struck, etc) (2) Causing (if mechacause reported) 34. Locomotive Units (Exclude EMU, DMU, and CLocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist \$ 40. Engineers/Operators Casualties to: 46 Fatal Nonfatal	2.000.00 2.1 41. Firemen 6. Railroad Employ	a. Initial ar TI a. Head End 0 0 Number of O	Mid 7 b. Manual 0 0 7. Track, Signal, W & Structure Da Crew Members 2. Conductors 0 7. Train Passenger	b. Positio	001 000 Rea d. Manual 0 0 \$ 43. Brakemen	c. Loade ar End e. Remote 0 0	Y 35. Cars (Include EMI Locomotives.) (1) Total in (2) Total I 38. Primary Ca Code 44. Engineer/O Hrs: 49a. Special Str	J, DMU) n Equip Derailed nuse	were positive in 3. Was this consist t J, and Cab Car ment Consist H49 Mins:	ransporting p L a. Freigh 0 0 Length of T	ted for drug/ald the box. assengers? (b. Pass. 2 0 39. Contribut Code time on Duty 45. Conducto Hrs:	cohol use, entr	pty d. Pass.	Oer that Drugs OO Yes e. Caboose O	
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This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 2 hours per response, including the ime for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a natter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.