

Kentucky Transportation Cabinet Division of Planning KENTUCKY RAILROAD ANNUAL REPORT

RAILROAD INFORMATION YEAR: Jan. 1 - Dec. 31	2018				
NAME OF RAILROAD				AAR REPORT CODE	
MAILING ADDRESS					
CITY		STATE	ZIP CODE		
Contact for Public Relations (Na	ame, Email, Phone #)				
Contact for Rail Infrastructure Planning (Na	ıme, Email, Phone #)				
Contact for Accounting/Reporting (Na	ame, Email, Phone #)				
Total miles of track owne	ed and/or operated on at close of year within KY	Railway	operating revenue earned within	n KY this year (dollars)	
Changes in mileage this	year in KY due to ownership/operation changes	F	Railway expenses incurred withir	n KY this year (dollars)	
Total	I miles of track railbanked at close of year in KY		Revenue freight hauled within	KY this year (tonnage)	
Total miles of track on	which service was discontinued this year in KY	Pul	olic Highway-Rail Grade Crossin	gs within KY (number)	
Total miles of track in proce	ess of abandonment (documents filed with STB)	Priv	ate Highway-Rail Grade Crossing	gs within KY (number)	

Total Miles of Track by Class:	Miles
Class V	
Class IV	
Class III	
Class II	
Class I	
Excepted Track	

Total miles of track abandoned with STB case complete

Information about the commodities hauled by a railroad will be used in the analysis of freight movements in Kentucky and as supporting data for highway freight planning activities. It will not be shared with the general public without specific written consent from the railroad.					
Top 5		# 0 l l -			
commodities		# Carloads			
by carload	Type of Commodity	this year			
Commodity 1					
Commodity 2					
Commodity 3					
Commodity 4					
Commodity 5					

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OTHER REQUESTED INFORMATION FOR USE IN RAILROAD REPORTING AND PLANNING:

OTHER REQUESTED INFORMATION FOR US		AND PLANNII	NG:				
1. Affiliated railroad companies such as partnerships,	consortiums, subsidiaries, etc.						
		<u>Station</u>	Track MP				
Affilliated Railroad	<u>Track name</u>	Name(s)	<u>Beginning</u>	Track MP End	Total Mileage	Percent Ownership	Current Status
2. Lines operated through lease agreements (either as	lessor or as lessee.)						
		<u>Station</u>	Track MP			Mainline/Siding	
Lessor/Lessee Railroad	<u>Track name</u>	Name(s)	<u>Beginning</u>	Track MP End	Total Mileage	/Spur/Other	Current Status
3. Lines over which you operate through trackage agre	ements.						
		Station	Track MP			Mainline/Siding	
Railroad Trackage Agreements	<u>Track name</u>	Name(s)	<u>Beginning</u>	Track MP End	Total Mileage	/Spur/Other	Current Status
4. Construction projects over \$500,000 completed duri	ng 2018, in process, or anticipated	to take place du	ring 2019.				
		Station	Track MP		Length of	Mainline/Siding	
Railroad Construction Project Scope	<u>Track name</u>	Name(s)	Beginning	Track MP End	<u>Project</u>	/Spur/Other	Current Status
5. Areas in Kentucky in which your trains experience s	ignificant congestion or other infra	structure issues					
		Station	Track MP			Mainline/Siding	
Railroad Congestion/Delay Segments	Track name	Name(s)	Beginning	Track MP End	Total Mileage		Current Status
, ,							
6. Actions to discontinue service filed with STB.			7 Actions to ah	l andon service filed	l with STR		
Railroad Discontinuance Action - STB Docket Numbers				onment Action - S		re	
Namous Discontinuance Action - 310 Docket Number	•		Namoau Abanu	Omnent Action - 3	D DOCKEL NUMBE	13	



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	RAILROAD ROUTES								
603 KAR 7:090 Section 3 requires the submission of a map of all active routes in Kentucky.									
	There have been <u>no</u>	There have been <u>no</u> changes to active rail routes since my last annual report submission Initials							
	Maps/GIS shapefiles of my active rail routes will be mailed or emailed as part of my annual report submission GIS shapefiles should be sent via email to KYTC.ModalPrograms@ky.gov but are the responsibility of								
	the railroad to ensure delivery.								
	REPORT CERTIFICATION								
I hereby certify, subject to the provisions of KRS 523.100 (unsworn falsification to authorities), that the above information is true and correct to the best of my knowledge.									
	Printed Name:	Title:							
	Email Address:	Phone #:							
	Signature:	Date:							