

429-The Lehigh and Hudson River Railway Company-429

FREIGHT WAYBILL

To be used for Single Consignments, Carload and Less Carload

| | | | | | | | | |
|---------------------------------------|------------|----------------|------|-----|---------------|-----------|------------------------|-----------|
| CAR INITIALS AND NUMBER AGFX 63578 | KIND CH | WEIGHT IN TONS | | | LENGTH OF CAR | | MARKED CAPACITY OF CAR | |
| | | GROSS | TARE | NET | ORDERED | FURNISHED | ORDERED | FURNISHED |

| | | | |
|---------------|--|------------------|---------------------|
| STOP THIS CAR | C. L. TRANSFERRED TO OR L.C.L. LOADING No. | DATE 11/12/73 | WAYBILL No. 4467 |
|---------------|--|------------------|---------------------|

CONSIGNEE AND ADDRESS AT STOP

AT _____

AT _____

AT _____

| | | | | | |
|--------|-------------------|----------------|------------------|---------------------------------------|----------------|
| TO No. | STATION | STATE OR PROV. | FROM No. | STATION | STATE OR PROV. |
| () | GREIGSVILLE, N.Y. | | (41) B/A 49 | WOODRUFF'S GAP, N.J. ANDOVER, N.J. | |

| | | | |
|---|----------------|---|----------|
| ROUTE (SHOW EACH JUNCTION AND CARRIER IN ROUTE ORDER TO DESTINATION OF WAYBILL) | ROUTE CODE No. | FULL NAME OF SHIPPER, AND, FOR C. O. D. SHIPMENTS, STREET, POST OFFICE ADDRESS, AND INVOICE NUMBER. | CODE No. |
| LHR GREYCOURT EL | | THE FRT AGT LHR | |

| | | | | |
|--|----------------|---------|----------------|--|
| SHOW "A" IF AGENT'S ROUTING OR "S" IF SHIPPER'S ROUTING. | RECONSIGNED TO | STATION | STATE OR PROV. | ORIGIN AND DATE, ORIGINAL CAR, TRANSFER FREIGHT BILL AND PREVIOUS WAYBILL REFERENCE AND ROUTING WHEN REBILLED. |
| | | | | |

| | | | | |
|-----------|-----------------------|----------|--------|-----------------|
| AUTHORITY | CONSIGNEE AND ADDRESS | CODE No. | AMOUNT | WEIGHED |
| | THE FRT AGT EL RY. | | G. \$ | AT _____ |
| | | | O. \$ | GROSS _____ |
| | | | D. \$ | TARE _____ |
| | | | | ALLOWANCE _____ |
| | | | | NET _____ |

| | |
|--|----------------|
| FINAL DESTINATION AND ADDITIONAL ROUTING | PICKUP SERVICE |
| GREIGSVILLE, N.Y. | Yes No |

| | | |
|---|----------------------------|--|
| ON C. L. TRAFFIC—INSTRUCTIONS (REGARDING ICING, VENTILATION, MILLING, WEIGHING, ETC. IF ICED, SPECIFY TO WHOM ICING SHOULD BE CHARGED.) | DELIVERY SERVICE REQUESTED | IF CHARGES ARE TO BE PREPAID, WRITE OR STAMP HERE, "TO BE PREPAID" |
| | Yes No | |

WHEN SHIPPER IN THE UNITED STATES EXECUTES THE NO-RECOURSE CLAUSE OF SECTION 7 OF THE BILL OF LADING, INSERT "YES".

ON L.C.L. TRAFFIC TRANSFER STAMPS TO BE SHOWN IN THIS SPACE.

| NO. PRGS. | DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS | COMMODITY CODE No. | ★ | | | | | |
|-----------|---|--------------------|--------|------|---------|----------|---------|--|
| | | | WEIGHT | RATE | FREIGHT | ADVANCES | PREPAID | |
| 1 | MTY CH RETURNED VIA REV RTE. LAST CONTENTS ROCK SALT | | | FREE | | | | |

| | | | | | | | | | |
|--|-----------------|----------------|-----------------|---|--|--|--|--|--|
| Outbound Junction Agent Will Show Junction Stamps In Space and Order Provided. | | | | Additional Junction Stamps and all Yard Stamps to be Placed on Back Hereof. | | | | DESTINATION AGENT WILL STAMP HEREIN STATION NAME AND DATE REPORTED | |
| FIRST JUNCTION | SECOND JUNCTION | THIRD JUNCTION | FOURTH JUNCTION | | | | | | |

PLACE SPECIAL SERVICE PASTERS HERE

(5M Sets 7-58 JJC)

J. G. TROIANO, TRUSTEE

(A. A. R. Standard Form AD-98)

429-The Lehigh and Hudson River Railway Company-429

FREIGHT WAYBILL

To be used for Single Consignments, Carload and Less Carload

| CAR INITIALS AND NUMBER | KIND | WEIGHT IN TONS | | | LENGTH OF CAR | | MARKED CAPACITY OF CAR | |
|-------------------------|------|----------------|------|-----|---------------|-----------|------------------------|-----------|
| | | GROSS | TARE | NET | ORDERED | FURNISHED | ORDERED | FURNISHED |
| ACFX 64071 | CH | | | | | | | |

| | | | |
|----------------------|--|----------|-------------|
| STOP THIS CAR | C. L. TRANSFERRED TO OR L.C.L. LOADING NO. | DATE | WAYBILL No. |
| | | 11/12/73 | 4468 |

AT _____
 AT _____
 AT _____

| TO No. | STATION | STATE OR PROV. | FROM No. | STATION | STATE OR PROV. |
|--------|-------------------|----------------|------------------|---------------------------------------|----------------|
| () | GREIGSVILLE, N.Y. | | (41) B/A 49 | WOODRUFF'S GAP, N.J. ANDOVER, N.J. | |

| | | | |
|---|----------------|---|----------|
| ROUTE (SHOW EACH JUNCTION AND CARRIER IN ROUTE ORDER TO DESTINATION OF WAYBILL) | ROUTE CODE No. | FULL NAME OF SHIPPER, AND, FOR C. O. D. SHIPMENTS, STREET, POST OFFICE ADDRESS, AND INVOICE NUMBER. | CODE No. |
| LHR GREYCOURT EL | | THE FRT AGT LHR | |

| | | | |
|--|----------------------|----------------|--|
| SHOW "A" IF AGENT'S ROUTING OR "S" IF SHIPPER'S ROUTING. | RECONSIGN TO STATION | STATE OR PROV. | ORIGIN AND DATE, ORIGINAL CAR, TRANSFER FREIGHT BILL AND PREVIOUS WAYBILL REFERENCE AND ROUTING WHEN REBILLED. |
| | | | |

| | | | | |
|-----------|-----------------------|----------|--------|-----------------|
| AUTHORITY | CONSIGNEE AND ADDRESS | CODE No. | AMOUNT | WEIGHED |
| | THE FRT AGT EL RY. | | G. \$ | AT _____ |
| | | | O. \$ | GROSS _____ |
| | | | D. \$ | TARE _____ |
| | | | | ALLOWANCE _____ |
| | | | | NET _____ |

| | | | |
|--|----------------|----------------------------|---|
| FINAL DESTINATION AND ADDITIONAL ROUTING | PICKUP SERVICE | DELIVERY SERVICE REQUESTED | IF CHARGES ARE TO BE PRE-PAID, WRITE OR STAMP HERE, "TO BE PREPAID" |
| GREIGSVILLE, N.Y. | YES No | YES No | |

ON C. L. TRAFFIC—INSTRUCTIONS (REGARDING ICING, VENTILATION, MILLING, WEIGHING, ETC. IF ICED, SPECIFY TO WHOM ICING SHOULD BE CHARGED.)

WHEN SHIPPER IN THE UNITED STATES EXECUTES THE NO-RECOURSE CLAUSE OF SECTION 7 OF THE BILL OF LADING, INSERT "YES".

INDICATE BY SYMBOL IN COLUMN PROVIDED HOW WEIGHTS WERE OBTAINED FOR L.C.L. SHIPMENTS ONLY. R—RAILROAD SCALE. S—SHIPPER'S TESTED WEIGHTS. E—ESTIMATED—WEIGH AND CORRECT. T—TARIFF CLASSIFICATION OR MINIMUM.

| No. PKGS. | DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS | COMMODITY CODE No. | ★ | | | | | |
|-----------|---|--------------------|--------|------|---------|----------|---------|--|
| | | | WEIGHT | RATE | FREIGHT | ADVANCES | PREPAID | |
| 1 | MTY CH RETURNED VIA REV RTE. LAST CONTENTS ROCK SALT | | | FREE | | | | |

| | | | | | | | | |
|--|-----------------|----------------|-----------------|---|--|--|--|--|
| Outbound Junction Agent Will Show Junction Stamps in Space and Order Provided. | | | | Additional Junction Stamps and all Yard Stamps to be Placed on Back Hereof. | | | | DESTINATION AGENT WILL STAMP HEREIN STATION NAME AND DATE REPORTED |
| FIRST JUNCTION | SECOND JUNCTION | THIRD JUNCTION | FOURTH JUNCTION | | | | | |

240-ERIE LACKAWANNA RAILWAY COMPANY-240

THOMAS F. PATTON and RALPH S. TYLER, JR., Trustees

CAR MOVEMENT WAYBILL—STATION RECORD

TO BE USED FOR SINGLE CONSIGNMENTS, CARLOAD, LESS CARLOAD, AND T.O.F.C.



| | | | | | | | | |
|--|--------------------|----------------|-------------|-----|----------------------------------|-----------|------------------------|-----------|
| TRANSFERRED TO CAR | KIND | WEIGHT IN TONS | | | LENGTH OF CAR | | MARKED CAPACITY OF CAR | |
| | | GROSS | TARE | NET | ORDERED | FURNISHED | ORDERED | FURNISHED |
| CAR INITIALS AND NUMBER <i>GNW 710016</i> | KIND C/H | | | | DATE OF SHIPMENT <i>11/14</i> | | WAYBILL NUMBER | |
| T. TRAILER INITIAL AND NUMBER | | LENGTH | PLAN NUMBER | | CONSIGNEE AND ADDRESS AT STOP | | | |
| O. | | LENGTH | PLAN NUMBER | | | | | |
| F. TRAILER INITIAL AND NUMBER | | LENGTH | PLAN NUMBER | | | | | |
| C. | | | | | | | | |

STOP THIS CAR
At _____
At _____
At _____

| | | | | | |
|-------|----------------------|----------------|------------------|----------------------------------|----------------|
| TO NO | STATION | STATE OR PROV. | FROM NO. | STATION | STATE OR PROV. |
| | GREIGVILLE NY | | 2035 2780 | NIAGARA FALLS NM BUFFALO, | N. Y. |

| | | | |
|--|----------------|---|----------|
| ROUTE (Show each Junction and Carrier in Route order to destination of waybill.) | ROUTE CODE NO. | FULL NAME OF SHIPPER, AND, FOR C. O. D. SHIPMENTS, STREET, POST OFFICE ADDRESS, AND INVOICE NUMBER. | CODE NO. |
| EL GNW GG | | AGENT EL RWY OLIN | |

| | | | |
|--------------|---------|----------------|--|
| RECONSIGN TO | STATION | STATE OR PROV. | ORIGIN AND DATE, ORIGINAL CAR, TRANSFER FREIGHT BILL AND PREVIOUS WAYBILL REFERENCE AND ROUTING WHEN REBILLED. |
| | | | |

| | |
|---------------------------|----------|
| CONSIGNEE AND ADDRESS | CODE NO. |
| INTERNATIONAL SALT | |

| |
|--|
| FINAL DESTINATION AND ADDITIONAL ROUTING |
| RETSDF NY |

| |
|--|
| INSTRUCTIONS—Protective Service, Marking, Weighing, Etc. |
| S SLC |



| | |
|--|--------------------|
| On L. C. L. Traffic, Transfer Stamps to be Shown in This Space | COMMODITY CODE NO. |
| | |

| | |
|--------------------------------------|---|
| NO. OF FREIGHT | Description of Articles, Special Rates and Exceptions |
| | EMPTY COVERED HOPPER RETD FREE L/C SALT |
| DESTINATION AGENT'S FREIGHT BILL NO. | |

| | | |
|-----------|----------------------------|--|
| C. | AMOUNT | WEIGHED |
| | FEE | AT _____ |
| | TOTAL | GROSS _____ |
| | | TARE _____ |
| O. | PICKUP SERVICE | ALLOWANCE _____ |
| | YES NO | NET _____ |
| D. | DELIVERY SERVICE REQUESTED | IF CHARGES ARE TO BE PREPAID, WRITE OR STAMP HERE, "TO BE PREPAID" |
| | YES NO | |

WHEN SHIPPER IN THE UNITED STATES EXECUTES THE NO-RECOURSE CLAUSE OF SECTION 7 OF THE BILL OF LADING, INSERT "YES".

Indicate by symbol in Column provided how weights were obtained for L.C.L. Shipments only. R—Railroad Scale, S—Shipper's Tested Weights, E—Estimated—Weigh and Correct, T—Tariff Classification or Minimum.

| WEIGHT | RATE | FREIGHT | ADVANCES | PREPAID |
|--|------|---------|----------|---------|
| WEIGHT AND CHARGES TO FOLLOW | | | | |
| Destination Agent—This is a car movement Waybill only. Revenue Waybill will be mailed you direct. | | | | |

| | | | | |
|--|-----------------|----------------|-----------------|--|
| Outbound Junction Agent Will Show Junction Stamps in Space and Order Provided. Additional Junction Stamps and all Yard Stamps to be placed on back hereof. | | | | DESTINATION AGENT WILL STAMP HEREIN STATION NAME AND DATE REPORTED |
| FIRST JUNCTION | SECOND JUNCTION | THIRD JUNCTION | FOURTH JUNCTION | |
| | | C O P Y | | |

PLACE SPECIAL SERVICE PASTERS
HERE

119-The Central Railroad Co. of New Jersey-119

ROBERT D. TIMPANY, Trustee

FREIGHT WAYBILL

TO BE USED FOR SINGLE CONSIGNMENTS, CARLOAD AND LESS CARLOAD

| CAR INITIALS AND NUMBER | KIND | WEIGHT IN TONS | | | LENGTH OF CAR | | MARKED CAPACITY OF CAR | |
|-------------------------|------|----------------|------|-----|---------------|-----------|------------------------|-----------|
| | | GROSS | TARE | NET | ORDERED | FURNISHED | ORDERED | FURNISHED |

GNWR 700002

C.L. Transferred to or L.C.L. Loading No.

DATE

11/14/73

WAYBILL No.

MEMO

STOP THIS CAR

CONSIGNEE AND ADDRESS AT STOP

AT _____

AT _____

AT _____

| TO No. | STATION | STATE OR PROV. | FROM No. | STATION | STATE OR PROV. |
|--------|---------|----------------|----------|---------|----------------|
|--------|---------|----------------|----------|---------|----------------|

CALEDONIA NY

56 WHARTON NJ

| ROUTE (Show each Junction and Carrier in route order to destination of way bill.) | ROUTE CCDE No. | FULL NAME OF SHIPPER, AND, FOR C.O.D. SHIPMENTS, STREET, P.O. ADDRESS, AND INV. NO. | CODE No. |
|---|----------------|---|----------|
|---|----------------|---|----------|

CNJ LAKE JCT EL CAL G&W

ROUTE CCDE No.

AGENT

CODE No.

Show "A" if Agent's Routing or "S" if Shipper's Routing

| RECONSIGNEED TO | STATION | STATE OR PROV. | ORIGIN AND DATE, ORIGINAL CAR, TRANSFER FREIGHT BILL AND PREVIOUS WAYBILL REFERENCE AND ROUTING WHEN REBILLED. |
|-----------------|---------|----------------|--|
|-----------------|---------|----------------|--|

| AUTHORITY | CONSIGNEE AND ADDRESS | CODE No. | WEIGHED |
|-----------|-----------------------|----------|---------|
|-----------|-----------------------|----------|---------|

AGENT G&W

C. \$ _____ AMOUNT
O. \$ _____ FEE
D. \$ _____ TOTAL

AT _____

GROSS _____

TARE _____

ALLOWANCE _____

| FINAL DESTINATION AND ADDITIONAL ROUTING | PICKUP SERVICE | ALLOWANCE |
|--|----------------|-----------|
|--|----------------|-----------|

ON C.L. TRAFFIC—INSTRUCTIONS (Regarding Icing, Ventilation, Heating, Milling, Weighing, Etc. If Iced, Specify to Whom Icing Should Be Charged.)

DELIVERY SERVICE REQUESTED
YES NO

IF CHARGES ARE TO BE PRE-PAID WRITE OR STAMP HERE
"TO BE PREPAID"

ON L.C.L. TRAFFIC TRANSFER STAMPS TO BE SHOWN IN THIS SPACE

WHEN SHIPPER IN THE UNITED STATES EXECUTES THE NO-RECOURSE CLAUSE OF SECTION 7 OF THE BILL OF LADING, INSERT "YES".

Indicate by symbol in Column provided * how weights were obtained for L.C.L. Shipments only. R-Railroad Scale, S-Shipper's Tested Weights, E-Estimated-Weigh and Correct, T-Tariff Classification or Minimum.

| NO. PKGS. | DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS | COMMODITY CODE NO. | * WEIGHT | RATE | FREIGHT | ADVANCES | PREPAID |
|-----------|---|--------------------|----------|------|-------------|----------|---------|
| MTY | COVERED HOPPER L/C ROCK SALT CSD 435 | | | | FREE RETURN | | |



Outbound Junction Agent Will Show Junction Stamps in Space and Order Provided. Additional Junction Stamps and All Yard Stamps to be Placed on Back Hereof.

Destination Agent Will Stamp Herein Station Name and Date Reported

| FIRST JUNCTION | SECOND JUNCTION | THIRD JUNCTION | FOURTH JUNCTION | Destination Agent Will Stamp Herein Station Name and Date Reported |
|----------------|-----------------|----------------|-----------------|--|
|----------------|-----------------|----------------|-----------------|--|

PLACE SPECIAL SERVICE PASTERS
HERE

119-The Central Railroad Co. of New Jersey-119

ROBERT D. TIMPANY, Trustee

FREIGHT WAYBILL

TO BE USED FOR SINGLE CONSIGNMENTS, CARLOAD AND LESS CARLOAD

44

| | | | | | | | | |
|--|------|----------------|------|-----|---------------|-----------|------------------------|-----------|
| CAR INITIALS AND NUMBER GNWR 700054 | KIND | WEIGHT IN TONS | | | LENGTH OF CAR | | MARKED CAPACITY OF CAR | |
| | | GROSS | TARE | NET | ORDERED | FURNISHED | ORDERED | FURNISHED |

C.L. Transferred to or L.C.L. Loading No.

DATE 11/14/73

WAYBILL No. **MEMO**

STOP THIS CAR

CONSIGNEE AND ADDRESS AT STOP

AT
AT
AT

| | | | | | |
|--------|--------------|----------------|----------|------------|----------------|
| TO No. | STATION | STATE OR PROV. | FROM No. | STATION | STATE OR PROV. |
| () | CALEDONIA NY | | 56 | WHARTON NJ | |

| | | | |
|--|----------------|--|----------|
| ROUTE (Show each Junction and Carrier in route order to destination of way bill.) GNJ LAKE JCT EL CAL G&W | ROUTE CODE No. | FULL NAME OF SHIPPER, AND, FOR C.O.D. SHIPMENTS, STREET, P.O. ADDRESS, AND INV. NO. AGENT | CODE No. |
| Show "A" if Agent's Routing or "S" if Shipper's Routing | | | |

| | |
|--|--|
| RECONSIGNEED TO STATION STATE OR PROV. | ORIGIN AND DATE, ORIGINAL CAR, TRANSFER FREIGHT BILL AND PREVIOUS WAYBILL REFERENCE AND ROUTING WHEN REBILLED. |
|--|--|

| | | | | | |
|-----------|------------------------------------|----------|-------|--------|---------|
| AUTHORITY | CONSIGNEE AND ADDRESS AGENT G&W | CODE No. | C. \$ | AMOUNT | WEIGHED |
| | | | O. \$ | FEE | AT |
| | | | D. \$ | TOTAL | GROSS |
| | | | | | TARE |

| | | |
|--|--------------------------|------------------|
| FINAL DESTINATION AND ADDITIONAL ROUTING | PICKUP SERVICE YES NO | ALLOWANCE NET |
|--|--------------------------|------------------|

ON C.L. TRAFFIC-INSTRUCTIONS (Regarding Icing, Ventilation, Heating, Milling, Weighing, Etc. If Iced, Specify to Whom Icing Should Be Charged.)

DELIVERY SERVICE REQUESTED YES NO

IF CHARGES ARE TO BE PREPAID WRITE OR STAMP HERE
"TO BE PREPAID"

WHEN SHIPPER IN THE UNITED STATES EXECUTES THE NO-RECOURSE CLAUSE OF SECTION 7 OF THE BILL OF LADING, INSERT "YES".

Indicate by symbol in Column provided * how weights were obtained for L.C.L. Shipments only. R-Railroad Scale. S-Shipper's Tested Weights. E-Estimated-Weight and Correct. T-Tariff Classification or Minimum.

ON L.C.L. TRAFFIC TRANSFER STAMPS TO BE SHOWN IN THIS SPACE

| NO. PKGS. | DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS | COMMODITY CODE NO. | * WEIGHT | RATE | FREIGHT | ADVANCES | PREPAID |
|-----------|--|--------------------|----------|------|---------|----------|---------|
|-----------|--|--------------------|----------|------|---------|----------|---------|

MTY COVERED HOPPER L/C ROCK SALT
GSD 435

FREE RETURN



Outbound Junction Agent Will Show Junction Stamps in Space and Order Provided. Additional Junction Stamps and All Yard Stamps to be Placed on Back Hereof.

Destination Agent Will Stamp Herein Station Name and Date Reported

| | | | | |
|----------------|-----------------|----------------|-----------------|--|
| FIRST JUNCTION | SECOND JUNCTION | THIRD JUNCTION | FOURTH JUNCTION | Destination Agent Will Stamp Herein Station Name and Date Reported |
|----------------|-----------------|----------------|-----------------|--|

12



INITIAL NUMBER
NAHX 72139

NON-REVENUE WAYBILL FOR EMPTY
DF-CI-TANK OR OTHER SPECIAL CAR

STATION No. STATION STATE OR PROV.
Gravel RETSOF. NEW YORK

ROUTE (Show each Junction and Carrier in route order)
CNJ LKE JCT EL GVILLE G&W

CONSIGNEE AND ADDRESS
INTERNATIONAL SALT CO

DATE WAYBILL No.
11/5/73 MEMO

STATION No. FROM STATION STATE OR PROV.
RC 26034 GRASSELLI N.J.

FULL NAME OF SHIPPER
LINDEN CHLORINE PROD INC

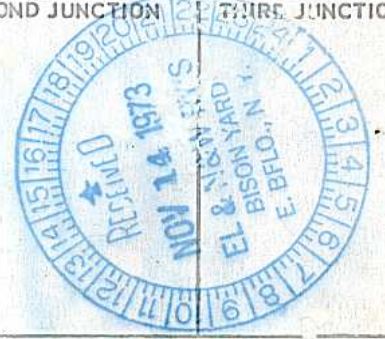
AUTHORITY FOR MOVEMENT
REVERSE ROUTE

LAST CONTENTS
SALT

DESCRIPTION OF EQUIPMENT
ONE () T.O.F.C. FLAT CAR LOADED WITH EMPTY TRAILER(S)
NO. _____ & _____

- () EMPTY TANK CAR
- ~~xxx~~ " COVERED HOPPER
- () " BI-LEVEL AUTO CAR
- () " T.O.F.C. FLAT CAR (NO TRAILERS)
- () " D.F. LO/DER CAR
- () " _____ CAR

FIRST JUNCTION SECOND JUNCTION THIRD JUNCTION



INITIAL *NHA* NUMBER *52100* ¹²

NON-REVENUE WAYBILL FOR EMPTY
DF-CH-TANK OR OTHER SPECIAL CAR

STATION NO. *52100* STATION *RETSOF.* STATE OR PROV. *NEW YORK*

ROUTE (Show each Junction and Carrier in route order)
CNJ LKE JCT EL GVILLE G&W

CONSIGNEE AND ADDRESS

INTERNATIONAL SALT CO

DATE _____ WAYBILL No. _____
MEMO _____

STATION No. *RC 26034* FROM STATION *GRASSELLI No. J.* STATE OR PROV. _____

FULL NAME OF SHIPPER
LINDEN CHLORINE PROD INC

AUTHORITY FOR MOVEMENT

REVERSE ROUTE

LAST CONTENTS
SALT

DESCRIPTION OF EQUIPMENT
ONE () T.O.F.C. FLAT CAR LOADED WITH EMPTY TRAILER(S)

NO. _____ & _____

- () EMPTY TANK CAR
- ~~()~~ " COVERED HOPPER
- () " BI-LEVEL AUTO CAR
- () " T.O.F.C. FLAT CAR (NO TRAILERS)
- () " D.F. LOADER CAR
- () " _____ CAR

| | | |
|----------------|---------------------------------------|----------------|
| FIRST JUNCTION | SECOND JUNCTION | THIRD JUNCTION |
| | <i>6 ATX-69772</i> <i>Brussell</i> | |



FREIGHT WAYBILL

To be used for Single Consignments, Carload and Less Carload



| | | | | | | | | |
|---|--------------------|----------------------|------|-----|-------------------------|-----------|---------------------------|-----------|
| ORIGINALS AND NUMBER DH 12603 | KIND ECH | WEIGHT IN TONS | | | LENGTH OF CAR | | MARKED CAPACITY OF CAR | |
| | | GROSS | TARE | NET | ORDERED | FURNISHED | ORDERED | FURNISHED |
| STOP THIS CAR | | C. L. Transferred to | | | DATE 10-29-73 | | WAYBILL No. 500 | |

4 396

Consignee and Address at STOP

| | |
|---|---|
| TO No. Retsof STATION NEW YORK STATE OR PROV. | FROM No. 6090 STATION COLUMBUS STATE OR PROV. OHIO |
|---|---|

| | |
|---|---|
| Route (Show each Junction and Carrier in Route order to destination of waybill) C&O BUFFALO EL GNW | FULL NAME OF SHIPPER, AND, FOR C. O. D. SHIPMENTS, STREET AND POST OFFICE ADDRESS, AND INVOICE NUMBER. C&O RAILWAY CO., FREIGHT AGENT |
|---|---|

← When shipper in the United States executes the no recourse clause of Section 7 of the B/L, insert "Yes"

| | |
|--|--|
| SHOW "W" if Agent's Routing or "S" if Shipper's Routing RECONSIGN TO STATION STATE OR PROV. | ORIGIN AND DATE, ORIGINAL CAR, TRANSFER FREIGHT BILL AND PREVIOUS WAYBILL REFERENCE AND ROUTING WHEN REBILLED. |
|--|--|

| | |
|--|---|
| AUTHORITY CONSIGNEE AND ADDRESS GNW AGENT B&O RAILROAD BINGHAMPTON, NY | WEIGHED C. O. D. AT _____ GROSS _____ TARE _____ ALLOWANCE _____ NET _____ |
|--|---|

| | |
|--|--|
| ON C. L. TRAFFIC—INSTRUCTIONS (Regarding lading, Ventilation, Milling, Weighing Etc. If lading, Specify to Whom lading should be charged.) PRESENT LOCATION: # 8 1/2 SHOP TRK. | IF CHARGES ARE TO BE PREPAID, WRITE OR STAMP HERE "TO BE PREPAID". |
|--|--|

| | | | | |
|-----------------------------------|-------------|-----------------|-----|---|
| COMMODITY CODE 00009900 | TRAILER NO. | L/E TRAILER NO. | L/E | Indicate by symbol in black labeled * how weights were obtained, R - Railroad Scale, S - Shipper's Tested Weights, E - Estimated Weigh and Correct, T - Tariff Classification or Minimum. |
|-----------------------------------|-------------|-----------------|-----|---|

| No. Pkgs., Description of Articles, Special Marks, & Exceptions | WEIGHT | RATE | FREIGHT | ADVANCES | PREPAID |
|--|--------------|------|-------------------------|----------|---------|
| ONE EMPTY CAR COV HOPPER LAST CONTAINED: UNSUITABLE FOR GRAIN LOADING RETURNED AUTH T K JENKINS BALTIMORE, MD | 60000 | | FREE FOR LOADING | | |
| () C.S.D. 145 ASSIGNED () C.S.D. 150 UNASSIGNED SPECIAL- TYPE CAR ICC EXCEPTION NO. 2 (X) C.S.D. 435 ASSIGNED () C.S.D. 435 UNASSIGNED () C.S.D. 439 HEAVY DUTY FLAT () CAR SERVICE RULE 9 - TANK CAR | | | | | |
| AUTHORITY T K JENKINS C&O B&O RR BALTL., MD | | | | | |



| | | |
|-----------------|----------------|-----------------|
| SECOND JUNCTION | THIRD JUNCTION | FOURTH JUNCTION |
|-----------------|----------------|-----------------|

Destination Agent Will Stamp Herein Station Name and Date Reported

FREIGHT WAYBILL

To be used for Single Consignments, Carload and Less Carload



MADE IN U.S.A.

| | | | | | | | | |
|--|--------------------|----------------------|------|-----|-------------------------|-----------|---------------------------|-----------|
| CAR INITIALS AND NUMBER DH 12604 | KIND ECH | WEIGHT IN TONS | | | LENGTH OF CAR | | MARKED CAPACITY OF CAR | |
| | | GROSS | TARE | NET | ORDERED | FURNISHED | ORDERED | FURNISHED |
| STOP THIS CAR | | C. L. Transferred to | | | DATE 10-29-73 | | WAYBILL No. 500 | |

4 396

Consignee and Address at STOP

| | | | | |
|--|----------------|----------------------|----------------------------|-------------------------------|
| TO No. Retsof BINGHAMPTON, NEW YORK | STATE OR PROV. | FROM No. 6090 | STATION COLUMBUS | STATE OR PROV. OHIO |
|--|----------------|----------------------|----------------------------|-------------------------------|

| | |
|---|---|
| Route (Show each Junction and Carrier in Route order to destination of waybill) C&O BUFFALO EL DOT GNW | FULL NAME OF SHIPPER, AND, FOR C. O. D. SHIPMENTS, STREET AND POST OFFICE ADDRESS, AND INVOICE NUMBER. C&O RAILWAY CO., FREIGHT AGENT |
|---|---|

← When shipper in the United States executes the no recourse clause of Section 7 of the B/L, insert "Yes"

| | | | |
|---|---------|----------------|--|
| Show "A" if Agent's Routing or "S" if Shipper's Routing RECONSIGNEE TO | STATION | STATE OR PROV. | ORIGIN AND DATE, ORIGINAL CAR, TRANSFER FREIGHT BILL AND PREVIOUS WAYBILL REFERENCE AND ROUTING WHEN REBILLED. |
|---|---------|----------------|--|

| | |
|--|--------------------------|
| AUTHORITY CONSIGNEE AND ADDRESS GNW AGENT DOT RAILROAD BINGHAMPTON, NY | WEIGHED C.O.D. |
|--|--------------------------|

| | | | |
|--|-----------|------|-----------|
| FINAL DESTINATION AND ADDITIONAL ROUTING | AMOUNT \$ | AT | GROSS |
| GN C. L. TRAFFIC-INSTRUCTIONS (Regarding King, Ventilation, Milling, Weighing Etc. If Used, Specify to Whom King Should be Charged.) | FEE \$ | TARE | ALLOWANCE |
| | TOTAL \$ | NET | |

PRESENT LOCATION: **# 8 1/2 SHOP TRK.**

◀ IF CHARGES ARE TO BE PREPAID, WRITE OR STAMP HERE "TO BE PREPAID".

| | | | | |
|------------------------------------|-------------|-----------------|-----|---|
| COMMODITY CODE 000099900 | TRAILER NO. | LVE TRAILER NO. | LVE | Indicate by symbol in block labeled * how weights were obtained, R - Railroad Scale, S - Shipper's Tested Weights, E - Estimated Weigh and Correct, T - Tariff Classification or Minimum. |
|------------------------------------|-------------|-----------------|-----|---|

| No. Pkgs., Description of Articles, Special Marks, & Exceptions | WEIGHT | RATE | FREIGHT | ADVANCES | PREPAID |
|---|--------------|------|-------------------------|----------|---------|
| <p>ONE EMPTY CAR COV HOPPER</p> <p>LAST CONTAINED: UNSUITABLE FOR GRAIN LOADING</p> <p>RETURNED AUTH T K JENKINS BALTIMORE, MD</p> <p>() C.S.D. 145 ASSIGNED</p> <p>() C.S.D. 150 UNASSIGNED SPECIAL-</p> <p>TYPE CAR ICC EXCEPTION NO. 2</p> <p>(X) C.S.D. 435 ASSIGNED</p> <p>() C.S.D. 435 UNASSIGNED</p> <p>() C.S.D. 439 HEAVY DUTY FLAT</p> <p>() CAR SERVICE RULE 9 - TANK CAR</p> | 60000 | | FREE FOR LOADING | | |

AUTHORITY **T K JENKINS**
C&O B&O RR BALTL., MD



| | | | |
|--|--|---|--|
| | DESTINATION AGENT WILL STAMP HEREIN STATION NAME AND DATE REPORTED | Additional Junction Stamps & all Yard Stamps to be placed on back hereof. | FIRST JUNCTION SECOND JUNCTION THIRD JUNCTION FOURTH JUNCTION |
|--|--|---|--|