

1. Name of Reporting Railroad Alton & Southern Railway [ALS]				1a. Alphabetic Code ALS		1b. Railroad Accident/Incident No. 20190328																			
2. Name of Other Railroad or Other Entity with Consist Involved Union Pacific Railroad Company [UP]				2a. Alphabetic Code UP		2b. Railroad Accident/Incident No. 0319MA043																			
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) Alton & Southern Railway [ALS]				3a. Alphabetic Code ALS		3b. Railroad Accident/Incident No. 20190328																			
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month: 0 day: 3 year: 2 8 2019		6. Time of Accident/Incident 6:03 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>																			
7. Type of Accident/ Incident (single entry in code box)		1. Derailment 2. Head on collision 3. Rear end collision		4. Side collision 5. Raking collision 6. Broken train collision		7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction		10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts		13. Other (describe in narrative) 01															
8. Cars Carrying HAZMAT N/A		9. HAZMAT Cars Damaged/ Derailed N/A		10. Cars Releasing HAZMAT N/A		11. People Evacuated N/A		12. Subdivision SYSTEM																	
13. Nearest City/ Town EAST ST LOUIS				14. Milepost (to nearest tenth) 4		15. State Abbr. IL		16. County ST CLAIR		Code															
17. Temperature (F) (specify if minus) 61 ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 3		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code 2		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code 2		Code																	
21. Track Name/ Number YARD206				22. FRA Track Class (1-9, X) 1		23. Annual Track Density (gross tons in millions) 2		24. Time Table Direction 1. North 3. East 2. South 4. West Code 2																	
25. Type of Equipment Consist (single entry)		1. Freight train 2. Passenger train-Pulling 3. Commuter train-Pulling 4. Work train		5. Single car 6. Cut of cars 7. Yard/switching 8. Light loco(s).		9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing		D. EMU E. DMU Code		26. Was Equipment Attended? 1. Yes 2. No Code															
28. Speed (recorded speed if available) R - Recorded E - Estimated 000 MPH		Code		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered				30a. Remotely Controlled Locomotive? 0 = Not a remotely controlled operation 1 = Remote control portable transmitter 2 = Remote control tower operation 3 = Remote control portable transmitter - more than one remote control transmitter Code																	
29. Trailing Tons (gross tonnage, excluding power units) 0		Code		31. Principal Car/Unit (1) First involved (derailed, struck, etc) 000 (2) Causing (if mechanical, cause reported) 000				32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol Drugs 000																	
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		b. Manual		c. Remote		d. Manual		e. Remote		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		a. Freight		b. Pass.		c. Freight		d. Pass.		e. Caboose			
(1) Total in Train		0		0		0		0		0		(1) Total in Equipment Consist		0		0		0		0		0			
(2) Total Derailed		0		0		0		0		0		(2) Total Derailed		0		0		0		0		0			
36. Equipment Damage This Consist \$ 0				37. Track, Signal, Way, & Structure Damage \$ 2,135				38. Primary Cause Code H526				39. Contributing Cause Code													
Number of Crew Members												Length of Time on Duty													
40. Engineers/ Operators				41. Firemen				42. Conductors				43. Brakemen				44. Engineer/Operator Hrs: Mins:				45. Conductor Hrs: Mins:					
Casualties to:				46. Railroad Employees				47. Train Passengers				48. Others				49a. Special Study Block A				49b. Special Study Block B					
Fatal				0				0				0				CWR				000-000-000					
Nonfatal				0				0				0													
50. Latitude 38.589612												51. Longitude -90.138829													
52. Narrative Description (Be specific, and continue on separate sheet if necessary) MASKS-28 HAD PULLED 173 OUT, POKING THROUGH THE 10/12 CROSSOVER AND AROUND THE ST. LOUIS HORN TOWARD 119 TO SHOVE BACK INTO THE SSW YARD THROUGH THE IC STRAIGHT TRACK AND PICKUP THE R/E OF HIS TRAIN IN TRACK 906. HIS POINT WAS APPROACHING 906 SWITCH AND THE U-MAN TOLD HIM EASY STOP SO HE COULD LINE THE SWITCH. THE TRAIN WENT INTO EMERGENCY WHEN HE STOPPED AND DERAILED 9 CARS BETWEEN THE 10/12 CROSSOVER AND THE IC STRAIGHT TRACK. 6 OF THE CARS FELL TO THE INSIDE COMPLETELY ON THEIR SIDE. UP EQUIPMENT COST: \$12350 AS EQUIPMENT COST: \$3150 AS TRACK COST: \$ 2135 8/23/19 UPDATED 8/26/19 UPDATED 1/4/20 UPDATED TO REFLECT TIME CHANGE AND VISABILITY TO UP REPORT																									
53. Typed/Printed Name & Title of Preparer												54. Signature												55. Date	
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 time 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.																									