DEPARTMENT OF FEDERAL RAILROAD				IL EQUI	IPMENT.	ACCIDE	ENT/INCIDE	NT REPORT	Γ		OM	IB Approval	No: 2130-0500	
1. Name of Reporting Railroad								1a. Alphabetic Code			1b. Railroad Accident/Incident No.			
BNSF Railway Co	BNSF	BNSF			CH1119113									
2. Name of Other Railro	ad or Other Entity w	ith Consis	t Involved			2a. Alphabetic Code			2b. Railroad Accident/Incident No.					
3. Name of Railroad or O	Other Entity Responsi	ible for Tra	ack Maintenance	(single enti	ry)		3a. Alphabetic	Code		3b. Railroa	ad Accident/l	ncident No.		
BNSF Railway Co	BNSF			CH1119113										
•	5. Date of Accident/Incident			6. Time of Accident/Incident										
4. U. S. DOT Grade Cros	ssing Identification N	lumber					month 1 1	1 day	year 2010	5.24	1	AM X	РМ 🗌	
7. Type of Accident/	1. Der	ailment	4. Si	de collision		7. Hwy-rail			2019 on-detonation	5:34 13. Ot			Code	
Incident (single 2. Head on collis						-	rade crossing 11. Fire/violent rupture			(describe in)				
entry in code box)		r end colli		roken train co	_	9. Obstruct		12. Other is	npacts		arrative)		01	
8. Cars Carrying HAZMAT]9	9. HAZMAT Cars Damaged/			10. Cars Rel	-		11. People Evacuated			12. Subdivision			
		Derailed												
N/A 13. Nearest				N/A	14. Milepost	N/A	15. State	Code 16	5. County	BROO	KFIELD			
City/					nearest		Abbr.	code 10	o. County					
Town HANN	IBAL				tenth)	262.9	MO	29	MARION					
17. Temperature (F)	1	18. Visibil)	Code 19.	Weather (si			Code	20. Type			Code	
(specify if minus)	44 ° F	1. Dav 2. Dav			1	Clear Cloudy	3. Rain 4. Fog	SleetSnow	1	1. Mai 2. Yard		ding dustry	1	
21. Track Name/	44 .	2. Du	y 4. Durk	22. F	RA Track	Co			1		Table Directi		Code	
Number				(Class (1-9, X)			Density (gross tons			1. North 3.East			
SINGLE MAIN TRACK					4	in millions) 26.02			2. South 4. West 4 27. Train Number/Symbol					
25. Type of Equipment Consist	Freight train Passenger train-F		 Single car Cut of cars 	Maint./insA. Spec. Mo	-	D. EMU E. DMU		6. Was Equipment Attended?		27.	Irain Numbe	r/Symbol		
(single entry)	Commuter train-		7. Yard/switching	_	Train-Pushing		Code	1. Yes	2. No	Code HG	AL			
	4. Work train		8. Light loco(s).	C. Commute	r Train-Pushing	5	1			Y				
28. Speed (recorded sp	peed	Cod	**		(enter codes th	hat apply)					otely Control			
if available) Signalization (Mandatory) 1. Signaled 2. Not Signaled								0 = Not a remotely controlled operation 1 = Remote control portable transmitter						
R - Recorded E - Estimated Old MPH E 1. Signaled 2. Not Signaled 1 = Remote control portable transmitted 1 = Remote control portable transmitted 2 = Remote control tower operation 3 = Remote control tower operation														
29. Trailing Tons (gross tonnage, 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 3 = Remote control portable transmitter -											ansmitter -			
excluding power uni	its)		4. Block R	rack Q-Tra	affic Control System	/CTC		than one rer		1 0 1				
		12,121			odes (Mandate t that all applica		entered			conti	rol transmitte	г	Code	
31. Principal Car/Unit		a. Initial	and Number	b. Position		c. Load		32. If any railroad	emplovee(s) te	sted for drug/alo	cohol use, en	ter the number	· V	
(1) First involved			and runner 5. Fostic							the appropriate box.		cohol	Drugs	
(derailed, struck, etc	c)													
(2) Causing (if me	echanical	NI	OYX851083		063		Y	33.Was this consist transporting pass		accenders ? (:	sengers ? (v/n)			
		NI	OYX851083		063		Y						No	
34. Locomotive Units		a. Head	Mid '	Гrain	Rear	End	35. Cars	A. I. C. I. C.		oaded		npty		
(Exclude EMU, DMU, and Cab Carocomotives.)		End	b. Manual	c. Remote	d. Manual	e. Remote	(Include EMU, DMU, and Cab Car Locomotives.)		a. Freigh	t b. Pass.	c. Freight	d. Pass.	e. Caboose	
(1) Total in Train		3	0	0	0	0	(1) Total in Ed	quipment Consist	77	0	41	0	0	
(2) Total Derailed 0			0	, , , ,			(2) Total Derailed			0	11	0	0	
36. Equipment Damage			37. Track, Signal, V	•			38. Primary Cause			39. Contribut	ing Cause			
This Consist	\$ 427,85		& Structure D	amage \$	270	,000	Code	E 4	15C	Code				
	1		f Crew Members	1.					Length of T	Time on Duty				
40. Engineers/ 41. Firemen Operators		42. Conductors		43. Brakemen		44. Engineer/Operator Hrs: 06 Mins: 19		19	45. Conductor Hrs: 06 Mins: 19					
Casualties to:	-				48. Others		49a. Special Study Block A			49b. Special Study Block B				
Fatal 0			0		0									
Nonfatal 0		0		0		CWR			000-000-000					
50. Latitude		39.9356	49			51. Longitude			-91.435875					
52. Narrative Description	(-1 -1 - 3 - 3		nue on separate she											
H-GALMEM1-19 DEF	RAILED 12 RAIL(JARS WI	HILE TRAVERSI	NG SINGLI	E MAIN TRA	CK DUE TO	O RAILCAR SIDE	FRAME BROKEN	N. NO HAZAI	RDOUS MAT	ERIALS W	ERE RELE	ASED.	

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

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 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 nformation unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.