

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad <b>MISSOURI &amp; NORTHERN ARKANSAS RAILROAD, INC. [MNA]</b>			1a. Alphabetic Code <b>MNA</b>			1b. Railroad Accident/Incident No. <b>MNA370519</b>		
2. Name of Other Railroad or Other Entity with Consist Involved			2a. Alphabetic Code			2b. Railroad Accident/Incident No.		
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) <b>MISSOURI &amp; NORTHERN ARKANSAS RAILROAD, INC. [MNA]</b>			3a. Alphabetic Code <b>MNA</b>			3b. Railroad Accident/Incident No. <b>MNA370519</b>		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month   day   year <b>0</b>   <b>2</b>   <b>8</b>   <b>2019</b>			6. Time of Accident/Incident <b>11:45</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Hwy-rail crossing			10. Explosion-detonation		
1. Derailment			4. Side collision			13. Other (describe in narrative)		
2. Head on collision			5. Raking collision			Code		
3. Rear end collision			6. Broken train collision			<b>01</b>		
8. Cars Carrying HAZMAT <b>N/A</b>			9. HAZMAT Cars Damaged/Derailed <b>N/A</b>			10. Cars Releasing HAZMAT <b>N/A</b>		
11. People Evacuated <b>N/A</b>			12. Subdivision <b>WEBB CITY</b>					
13. Nearest City/Town <b>JOPLIN</b>			14. Milepost (to nearest tenth) <b>547.1</b>			15. State Code Abbr. <b>MO</b>		
16. County <b>JASPER</b>			17. Temperature (F) (specify if minus) <b>25</b> ° F			18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark <b>4</b>		
19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow <b>2</b>			20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry <b>2</b>					
21. Track Name/Number <b>TRACK 7</b>			22. FRA Track Class (1-9, X) <b>1</b>			23. Annual Track Density (gross tons in millions) <b>2</b>		
24. Time Table Direction Code 1. North 3. East 2. South 4. West <b>2</b>			25. Type of Equipment Consist (single entry)			26. Was Equipment Attended? 1. Yes 2. No Code <b>Y</b>		
1. Freight train			5. Single car			27. Train Number/Symbol <b>MNSJ</b>		
2. Passenger train-Pulling			6. Cut of cars					
3. Commuter train-Pulling			7. Yard/switching					
4. Work train			8. Light loco(s)					
9. Maint./inspect. car			A. Spec. MoW Equip.					
D. EMU			B. Passenger Train-Pushing					
E. DMU			C. Commuter Train-Pushing					
28. Speed (recorded speed if available) R - Recorded E - Estimated <b>007</b> MPH Code <b>R</b>			30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled <b>2</b> Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits <b>5</b> 4. Block Register Territory 5. Other Than Main Track <b>K-Restricted Speed or Equivalent</b> 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 <b>0</b>		
29. Trailing Tons (gross tonnage, excluding power units) <b>2,370</b>			31. Principal Car/Unit			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.		
			a. Initial and Number <b>SHPX433855</b>			Alcohol		
			b. Position in Train <b>018</b>			Drugs		
			c. Loaded (yes/no) <b>N</b>					
			(2) Causing (if mechanical, cause reported) <b>000</b>			33. Was this consist transporting passengers? (y/n) <b>No</b>		
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)			a. Head End			b. Manual		
(1) Total in Train			<b>2</b>			<b>0</b>		
(2) Total Derailed			<b>0</b>			<b>0</b>		
			c. Remote			d. Manual		
			<b>0</b>			<b>0</b>		
			e. Remote			e. Caboose		
			<b>0</b>			<b>0</b>		
			<b>0</b>			<b>0</b>		
35. Cars (Include EMU, DMU, and Cab Car Locomotives.)			a. Freight			b. Pass.		
(1) Total in Equipment Consist			<b>18</b>			<b>0</b>		
(2) Total Derailed			<b>1</b>			<b>0</b>		
			<b>1</b>			<b>0</b>		
			<b>0</b>			<b>0</b>		
36. Equipment Damage This Consist \$ <b>2,887</b>			37. Track, Signal, Way, & Structure Damage \$ <b>21,600</b>			38. Primary Cause Code <b>T110</b>		
39. Contributing Cause Code								
Number of Crew Members			Length of Time on Duty					
40. Engineers/Operators <b>1</b>			41. Firemen			42. Conductors		
			<b>1</b>			<b>1</b>		
			43. Brakemen			44. Engineer/Operator		
						Hrs: <b>02</b> Mins: <b>45</b>		
						45. Conductor		
						Hrs: <b>02</b> Mins: <b>45</b>		
Casualties to:			46. Railroad Employees			47. Train Passengers		
Fatal			<b>0</b>			<b>0</b>		
Nonfatal			<b>0</b>			<b>0</b>		
50. Latitude <b>37.071978</b>			51. Longitude <b>-94.536189</b>			49a. Special Study Block A <b>OTH</b>		
						49b. Special Study Block B <b>000-000-000</b>		
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>JOPLIN NIGHT SWITCHER WAS PULLING OUT OF JOPLIN TRACK #7 TO RETRIEVE REAR CAR FOR CUSTOMER SWITCH. EMPTY CAR DERAILED AND WAS MOVED 400'. CONDUCTOR DISCOVERED EMPTY CAR AND A LOADED CAR HAD DERAILED. 8-5-19 REVISED: CWICKER. BLOCK 36/EQUIP \$\$ FROM: \$5200 8-26-20 REVISED: BLOCK 36 &amp; 37</b>								
53. Typed/Printed Name & Title of Preparer			54. Signature			55. Date		
<b>NOTE:</b> 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.								