

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>MNA411919</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>MNA411919</b>		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: <b>0</b>   day: <b>5</b>   year: <b>2019</b>			6. Time of Accident/Incident <b>3:25</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			13. Other (describe in narrative) <b>01</b>		
8. Cars Carrying HAZMAT <b>6</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>SYSTEM</b>					
13. Nearest City/Town <b>CRANE</b>			14. Milepost (to nearest tenth) <b>476</b>			15. State Code Abbr. <b>MO</b>		
16. County <b>STONE</b>			17. Temperature (F) (specify if minus) <b>62</b> °F			18. Visibility (single entry) Code <b>4</b>		
19. Weather (single entry) Code <b>1</b>			20. Type of Track Code <b>1</b>			21. Track Name/ Number <b>SINGLE MAIN</b>		
22. FRA Track Class (1-9, X) <b>1</b>			23. Annual Track Density (gross tons in millions) <b>45.35</b>			24. Time Table Direction Code <b>2</b>		
25. Type of Equipment Consist (single entry)			26. Was Equipment Attended? Code <b>Y</b>			27. Train Number/Symbol <b>MNLC</b>		
28. Speed (recorded speed if available) <b>008</b> MPH Code <b>E</b>			30. Type of Territory (enter codes that apply) Signalization (Mandatory) <b>2</b>			30a. Remotely Controlled Locomotive? Code <b>0</b>		
29. Trailing Tons (gross tonnage, excluding power units) <b>4,730</b>			31. Method of Operation/Authority for Movement (Mandatory) <b>2</b>			31. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track <b>P-Track Warrant Control</b>		
31. Principal Car/Unit (1) First involved (derailed, struck, etc) <b>CAGX095007</b>			a. Initial and Number <b>046</b>			b. Position in Train <b>046</b>		
(2) Causing (if mechanical, cause reported) <b>CAGX095007</b>			c. Loaded (yes/no) <b>Y</b>			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.		
33. Was this consist transporting passengers? (y/n) <b>No</b>			34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)			35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		
(1) Total in Train <b>1</b>			a. Head End <b>1</b>			a. Freight <b>29</b>		
(2) Total Derailed <b>0</b>			b. Manual <b>0</b>			b. Pass. <b>0</b>		
			c. Remote <b>0</b>			c. Freight <b>32</b>		
			d. Manual <b>0</b>			d. Pass. <b>0</b>		
			e. Remote <b>0</b>			e. Caboose <b>0</b>		
36. Equipment Damage This Consist \$ <b>2,997</b>			37. Track, Signal, Way, & Structure Damage \$ <b>24,330</b>			38. Primary Cause Code <b>E53C</b>		
39. Contributing Cause Code			Number of Crew Members			Length of Time on Duty		
			40. Engineers/ Operators <b>1</b>			44. Engineer/Operator Hrs: <b>08</b> Mins: <b>25</b>		
			41. Firemen			45. Conductor Hrs: <b>08</b> Mins: <b>25</b>		
			42. Conductors <b>1</b>					
			43. Brakemen					
Casualties to:			46. Railroad Employees			49a. Special Study Block A <b>CWR</b>		
Fatal <b>0</b>			47. Train Passengers <b>0</b>			49b. Special Study Block B <b>000-000-000</b>		
Nonfatal <b>0</b>			48. Others <b>0</b>					
50. Latitude <b>36.880109</b>			51. Longitude <b>-93.555373</b>					
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>CREW STOPPED TRAIN DUE TO ENGINE ISSUES. AFTER MECHANICAL INSPECTION, TRAIN WOULD NOT MOVE FORWARD.EMPLOYEE WALKED TRAIN AND FOUND LOADED CAR HAD DERAILED. 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.								