

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Terminal Railroad Association Of St. Louis [TRRA]					1a. Alphabetic Code TRRA		1b. Railroad Accident/Incident No. 19006		
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. 0319MA023		
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) Terminal Railroad Association Of St. Louis [TRRA]					3a. Alphabetic Code TRRA		3b. Railroad Accident/Incident No. 19006		
4. U. S. DOT Grade Crossing Identification Number					5. Date of Accident/Incident month: 0 day: 3 year: 2019			6. Time of Accident/Incident 9:30 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) Code 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 MACARTHUR	
13. Nearest City/ Town EAST ST LOUIS				14. Milepost (to nearest tenth) 3.5		15. State Abbr. IL		16. County ST CLAIR	
17. Temperature (F) (specify if minus) 39 ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 4		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code 1		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code 1			
21. Track Name/ Number MAIN				22. FRA Track Class (1-9, X) 1		23. Annual Track Density (gross tons in millions) 29.90		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		26. Was Equipment Attended? 1. Yes 2. No Code	
								27. Train Number/Symbol	
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									
31. Principal Car/Unit (1) First involved (derailed, struck, etc)		a. Initial and Number		b. Position in Train		c. Loaded (yes/no)		32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.	
				000				Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/>	
(2) Causing (if mechanical, cause reported)				000				33. Was this consist transporting passengers? (y/n)	
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		Mid Train b. Manual c. Remote		Rear End d. Manual e. Remote		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)	
(1) Total in Train		0		0		0		(1) Total in Equipment Consist	
(2) Total Derailed		0		0		0		(2) Total Derailed	
		0		0		0		0	
36. Equipment Damage This Consist \$ 0		37. Track, Signal, Way, & Structure Damage \$ 14,043		38. Primary Cause Code E00C		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	
Fatal		0		0		0		49b. Special Study Block B	
Nonfatal		0		0		0		000-000-000	
50. Latitude 38.597001					51. Longitude -90.155685				
52. Narrative Description (Be specific, and continue on separate sheet if necessary) PLEASE SEE UPRR NARRATIVE FOR DETAILS.									
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.									