

1. Name of Reporting Railroad Union Pacific Railroad Company [UP]				1a. Alphabetic Code UP				1b. Railroad Accident/Incident No. 0120NC036															
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) Union Pacific Railroad Company [UP]				3a. Alphabetic Code UP				3b. Railroad Accident/Incident No. 0120NC036															
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month: 0 day: 1 year: 2020				6. Time of Accident/Incident 2:58 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>															
7. Type of Accident/ Incident (single entry in code box)		1. Derailment		4. Side collision		7. Hwy-rail crossing		10. Explosion-detonation		13. Other (describe in narrative)		Code 01											
		2. Head on collision		5. Raking collision		8. RR grade crossing		11. Fire/violent rupture															
		3. Rear end collision		6. Broken train collision		9. Obstruction		12. Other impacts															
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 TIDEWATER IND LD															
13. Nearest City/ Town TURLOCK		14. Milepost (to nearest tenth) 45.6		15. State Abbr. CA		Code 06		16. County STANISLAUS															
17. Temperature (F) (specify if minus) 42 ° 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 4																	
21. Track Name/ Number INDUSTRY 899		22. FRA Track Class (1-9, X) 1		23. Annual Track Density (gross tons in millions) 1		24. Time Table Direction 1. North 3. East 2. South 4. West Code 4																	
25. Type of Equipment Consist (single entry)		1. Freight train		5. Single car		9. Maint./inspect. car		D. EMU		26. Was Equipment Attended? 1. Yes 2. No Code Y		27. Train Number/Symbol GSCB											
		2. Passenger train-Pulling		6. Cut of cars		A. Spec. MoW Equip.		E. DMU															
		3. Commuter train-Pulling		7. Yard/switching		B. Passenger Train-Pushing																	
		4. Work train		8. Light loco(s)		C. Commuter Train-Pushing																	
28. Speed (recorded speed if available) R - Recorded E - Estimated 003 MPH		Code E		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signalized 2. Not Signalized 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		2		5		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 0													
29. Trailing Tons (gross tonnage, excluding power units) 1,591																							
31. Principal Car/Unit (1) First involved (derailed, struck, etc) CITX701186		a. Initial and Number		b. Position in Train 075		c. Loaded (yes/no) Y		32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol 00 Drugs 00															
(2) Causing (if mechanical, cause reported)				000				33. Was this consist transporting passengers? (y/n) No															
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		2		0		0		0		1		(1) Total in Equipment Consist		112		0		0		0		0	
(2) Total Derailed		0		0		0		0		0		(2) Total Derailed		6		0		0		0		0	
36. Equipment Damage This Consist \$ 180,818		37. Track, Signal, Way, & Structure Damage \$ 83,772						38. Primary Cause Code H702		39. Contributing Cause Code													
Number of Crew Members				Length of Time on Duty																			
40. Engineers/ Operators 1		41. Firemen		42. Conductors 2		43. Brakemen		44. Engineer/Operator Hrs: 04 Mins: 27		45. Conductor Hrs: 04 Mins: 27													
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A		49b. Special Study Block B													
Fatal		0		0		0		OTH		000-000-000													
Nonfatal		0		0		0																	
50. Latitude 37.489087				51. Longitude -120.887363																			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) GSCBTU-07 CREW WAS SPOTTING FOSTER FARMS AT KEARNEY, CA. CONDUCTOR AND BRAKEMAN DROPPED OFF THE TRAIN AT THE WEST END OF THE FACILITY TO LINE SWITCHES AND CUT OFF THE REAR DPU LOCOMOTIVE. ENGINEER REMAINED ON THE LEAD LOCOMOTIVE AND PROCEEDED TO PULL EAST WHERE HE FAILED TO PROPERLY IDENTIFY A SWITCH IMPROPERLY LINED FOR HIS MOVEMENT, RUNNING THROUGH THE 899 SWITCH, RESULTING IN SHOVE MOVE TO SPOT THE INDUSTRY AND DERAILED 6 CARS.																							
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.																							