DEPARTMENT OF		_	N	DAT	LEOU	TDMEN	JT AC	CIDE	'NIT'/TNI	TIDE	NIT D	EDO.	рт				OM	ID Ammoust	No. 2120 0500
FEDERAL RAILROAD ADMINISTRATION RAIL EQUIPMENT ACCIDES 1. Name of Reporting Railroad							1a. Alphabetic Code							OMB Approval No: 2130-0500 1b. Railroad Accident/Incident No.					
1. Name of Reporting Railroad							•												
Union Pacific Railroad Company [UP] 2. Name of Other Railroad or Other Entity with Consist Involved								UP 2a. Alphabetic Code							0220SX017 2b. Railroad Accident/Incident No.				
2. Name of Other Ramor	id of Other Entity	with Consis	n mvorve	.u					2u. / np	nabetic .	couc				ľ	Lo. Ramoa	17 recident	incident 1 vo.	
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry)								3a. Alphabetic Code							3b. Railroad Accident/Incident No.				
Union Pacific Rail	road Compai	ny [UP]							UP							0220SX			
4. U. S. DOT Grade Cros	sing Identification	n Number								5. Date of Accident/Incident						6. Time of Accident/Incident			
									0	month 2		day 2 1		year 2020		5:30	A	M X	РМ 🗌
7. Type of Accident/	1. Γ	Derailment		4. Sid	le collision		7.	Hwy-rail	crossing	ı			losion-d	etonation		13. Oth	er		Code
Incident (single 2. Head on collision					king collisio	-						11. Fire/violent rupture				(describe in)			01
entry in code box) 3. Rear end collision 8. Cars Carrying 9. HAZMAT Ca				6. Bro	ollision	ion 9. Obstruction 10. Cars Releasing			11 1	12. Other impacts People				- 1	narrative) 12. Subdivision				
HAZMAT Damaged/				HAZI				····b		Evacuated									
N/A		Deraile	ed		N/A		N/A			N/A			J/A			DEL RIO SUB			
13. Nearest					- 1/1-2	14. Milepost (to			15. S				16. County			DEE MO SCB			
City/							nearest tenth) 339.27			Abbr.		48 KIN							
Town SPOFF 17. Temperature (F)	ORD	18. Visibi	ility (s	single entry)	Code	 	339.27 ather (sin	ngle entry)	le entry)			KINNEY Code			20. Type of	Code			
(specify if minus)		1. Da	•	3. Dusk				Clear	3. Rain	•			leet			1. Main 3. Siding			1
	42 ° F	2. Da	ıy	4. Dark		1 2. Cloudy			4. Fog				6. Snow			2 2. Yard 4. In			1
21. Track Name/ Number							FRA Track Cod								ľ	24. Time Table Direction 1. North 3.East			Code
SINGLE MAIN T		Class (1-9, X)				Density (gross tons in millions) 71.10					.10		1. North 3.East 2. South 4. West 4						
25. Type of Equipment			5. Single	e car 9	9. Maint./in	spect. car	ect. car D. EMU			26. Was Equipment					•	27. Tr	ain Numbe	r/Symbol	•
Consist	Passenger train	-	6. Cut of		A. Spec. M					e	Atten		2.3		Code	ode GSG5			
(single entry)	Commuter trait Work train	in-Pulling	8. Light			er Train-Pus er Train-Pus	-		1		1. Yes	S	2. N	10	Y	050			
28. Speed (recorded spe	ed	Coc	de 3	30. Type of T	Territory	(enter cod	des that a	ipply)							1	30a. Remot	ely Control	led Locomot	ive?
if available) Signalization (Mandatory)							1							0 = Not a remotely controlled operation 1 = Remote control portable transmitter					
R - Recorded E - Estimated	029 MP	H R		 Signaled Method of O 		Signaled uthority for	Moveme	ent (Mai	ndatory)	1								ol portable tr ol tower oper	
	oss tonnage,			1. Signal Ind	-													ol portable tr	
excluding power units) 4. Block Re					egister Territory 5. Other Than Main Trac				ack Q-Traffic Control System/CTC J-Positive Train Control					С	more than one remote				
		15,391		Supplementa * Mandatory	-				entered	J-Posi	tive I rai	in Cont	roi			contro	transmitte	r	Code
31. Principal Car/Unit	ı	a. Initial	and Nun			ent that all applicable codes are er on in Train c. Loaded						nv railro	road employee(s) tested			for drug/alcohol use, enter the number that			
(1) First involved					South III Train				were positive in the appropriate b								Drugs		
(derailed, struck, etc)																			
(2) Causing (if mechanical,			CMO200128			035			Y 33.Was this consist trai			sporting r	assens	ngers ? (y/n)		00			
- '			MO200	0128	035			Y				эрогинд р	ussen			No			
34. Locomotive Units a. Hea						Rear End			35. Cars	35. Cars (Include EMU, DMU, and Cab Car					oaded			î * I	
(Exclude EMU, DMU, an Locomotives.)	End	d b. Manual c.		c. Remote	d. Manu	al e.	Remote	(Include EMU, DN Locomotives.)		OMU, and Cab Car		a. Freigh	it b	o. Pass.	c. Freight	d. Pass.	e. Caboose		
(1) Total in Train	2		0 0		0		1	(1) To	(1) Total in Eq		quipment Consist				0	0	0	0	
(2) Total Derailed	0		0	0	0		0	(2) To	tal Dera	Derailed			1		0	0	0	0	
36. Equipment Damage				ck, Signal, W	•				38. Primary Cause						O. Contributing Cause				
This Consist	\$ 33,6	46	& S	Structure Dar	mage	\$ 416,912			Code	Code		E61C			(Code			
		Number o		Members		1								ength of T		•			
40. Engineers/ Operators	41. Firemen		42. Con	ductors	43. Brakemen				44. Engine	er/Opera					45.0	5. Conductor			
1				1					Hrs:	8 Mins:					Hrs: 08 Mins:				
Casualties to:	46. Railroad Emp	47. Train Passengers			48. Others			49a. Special Study Block A				49	b. Spe	cial Study I	Block B				
Fatal	U		0			0			CWR				00	000-000-000					
Nonfatal 0			0			0													
50. Latitude 29.151958 51. Longitude -100.381929																			
52. Narrative Description GSG53E-17, TRAVEL EQUIPMENT" AT MI DERAILED ON CAR DISTANCE IN EXCES	ING WEST ON P 5.4 ON EAGL CMO200128. U	THE DEL E PASS SU PON FUR	RIO MA BDIVIS THER I	SION.TRAI	NOTIFIEI N STOPPI N OF TRA	D BY TRA ED AND II ACKS TRA	NSPECT AVERSE	FED AT I ED, POIN	MP 8. CRE	EW DIS	COVER ENT WA	RED ON	E SET	OF TRU	CKS	MISALIG	NED WIT	Н ВОТН А	XLES

	1						
53. Typed/Printed Name &		55. Date					
Title of Preparer	54. Signature						
IOTE. This report is part of the reporting railroad's against report pursuant to the against reports statute and as such shall not "be admitted as avidance or used for any purpose in any suit							

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.