

1. Name of Reporting Railroad Union Pacific Railroad Company [UP]			1a. Alphabetic Code UP			1b. Railroad Accident/Incident No. 0319HL018		
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. 0319HL018		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month day year 0 3 2019			6. Time of Accident/Incident 10:45 AM <input checked="" type="checkbox"/> PM <input 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 TRENTON SUB
13. Nearest City/ Town JAMESPORT		14. Milepost (to nearest tenth) 425.8		15. State Code Abbr. MO		16. County LIVINGSTON		
17. Temperature (F) (specify if minus) 29 °F		18. Visibility (single entry) Code 2		19. Weather (single entry) Code 2		20. Type of Track Code 3		
21. Track Name/ Number SINGLE MAIN TRACK		22. FRA Track Class (1-9, X) 1		23. Annual Track Density (gross tons in millions) 2		24. Time Table Direction Code 3		
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		D. EMU E. DMU Code 6
28. Speed (recorded speed if available) R - Recorded E - Estimated 000 MPH Code E		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		26. Was Equipment Attended? 1. Yes 2. No Code N		27. Train Number/Symbol 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) 45		31. Principal Car/Unit a. Initial and Number MP055154		b. Position in Train 001		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.
								33. Was this consist transporting passengers? (y/n) No
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		b. Mid Train		c. Rear End		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)
		d. Manual		e. Remote		a. Freight		b. Pass.
		c. Freight		d. Pass.		e. Caboose		
(1) Total in Train		0		0		0		0
(2) Total Derailed		0		0		0		0
36. Equipment Damage This Consist \$ 25,864		37. Track, Signal, Way, & Structure Damage \$ 0		38. Primary Cause Code M201		39. Contributing Cause Code		
Number of Crew Members				Length of Time on Duty				
40. Engineers/ Operators 0		41. Firemen		42. Conductors 0		43. Brakemen		44. Engineer/Operator
								45. Conductor
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 39.93264				51. Longitude -93.754342				
52. Narrative Description (Be specific, and continue on separate sheet if necessary) MAINTENANCE OF WAY WAS INSTRUCTED TO DUMP THE AIR ON DUMP ROCK CARS AT COBURN SO THEY COULD BE SCRAPED. DUE TO FROZEN MATERIAL IN THE CAR CAUSED BY WINTER WEATHER, INSTEAD OF THE MATERIAL DUMPING FROM THE CAR, IT TIPPED THE ENTIRE CAR OVER AND OFF THE RAIL. NO TRACK DAMAGE.								
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.								