| FEDERAL RAILROAD | ADMINISTRATIO | N | | RA | IL EQU | <u>JIPME</u> 1 | NT AC | CIDE | INT/IN | CIDE | <u>NT REPO</u> | RT | | | | OMI | 3 Approval | No: 2130-0500 | | |
|---|--|---------------------|----------------------|--------------------|------------------------|--------------------------------|---------------------------------------|--------------------------------------|---|---------------------|----------------------------------|---|-------------------|---|--|------------------------------------|--------------|---------------|--|--|
| 1. Name of Reporting Railroad | | | | | | | | | | 1a. Alphabetic Code | | | | | | 1b. Railroad Accident/Incident No. | | | | |
| Union Pacific Railroad Company [UP] | | | | | | | | UP | | | | | | 0320LA022 | | | | | | |
| 2. Name of Other Railro | | 2a. Alphabetic Code | | | | | 2b. Ra | ilroad Acc | ident/Ir | ncident No. | | | | | | | | | | |
| 3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) | | | | | | | | | 3a. Alphabetic Code | | | | | | 3b. Railroad Accident/Incident No. | | | | | |
| Union Pacific Rail | UP | | | | | |)LA022 | | | | | | | | | | | | | |
| 4. U. S. DOT Grade Crossing Identification Number | | | | | | | | | 5. Date of Accident/Incident | | | | | | 6. Time of Accident/Incident | | | | | |
| | | | | | | | | | 0 | month 3 | | | | | 12:55 AM PM X | | | | | |
| 7. Type of Accident/ 1. Derailment 4. Side collision | | | | | | | 7. Hwy-rail crossi | | | | | | | | | | | Code | | |
| Incident (single 2. Head on collision 5. Raking collision | | | | | | | 8. RR grade cros | | | | | | | (describe in) | | | | | | |
| | | | | | oken train | train collision 9. Obstruction | | | | | | | | narrative) | | | | 01 | | |
| , , | | | | | | | | ars Releasing | | | 11. People Evacuated | | | | 12. Subdivision | | | | | |
| HAZWA1 | Damaged/ Derailed | | | | | | | | | | | | | | | | | | | |
| 1 13. Nearest | 1 | | | | N/A 14. Milepost (to | | | | | | N/A 16. Count | ., | ALI | ALHAMBRA SUB | | | | | | |
| City/ | | | | | | nearest (10 | | | Abbr. | | | 10. Count | To. County | | | | | | | |
| Town BLOOMINGTON | | | | | | | enth) 535.96 | | | CA | 06 SAN BERNAR | | | | RDINO | | | | | |
| 17. Temperature (F) | 18. Visibility (single entry) | | | | Code 19. Weather (sing | | | | | | | Code | l l | 20. Type of Track | | | Code | | | |
| (specify if minus) | 1. Dawn 3. Dusk 2. Day 4. Dark | | | | 1. Clea | | | 3. Rain | | 5. Sleet | | • | 1. Main 3. Siding | | | - | | | | |
| 56 ° F | | | у | 4. Dark | 22 | 2 2. Cloudy 2. FRA Track C | | | 4. Fog 6. Snow de 23. Annual Track | | | | 3 | | 2. Yard 4. Industry 24. Time Table Direction | | | Code | | |
| Number | | | | | | Class (1-9, | | Domoites | | | | | | 1. North 3.East | | | 1 | | | |
| YARD 011 | | | | | 21111111 (1 7,11) | | | | | in millio | sity (gross tons villions) | | | | 2. South 4. West | | | | | |
| ** * * | 1. Freight train | | | | | nspect. car | | D. EMU | | 2 | 26. Was Equipme | nt | | 27. Train Number/Symbol | | | | | | |
| | | | | | - | Spec. MoW Equip. E. DMU | | | | Attended? | | | | Code Y | ode YWC2 | | | | | |
| (single entry) 3. Commuter train-Pulling 7. Yard/switching B. Passenger Tra 4. Work train 8. Light loco(s). C. Commuter Tr | | | | | | - | | | | | 1. Yes 2. 1 | | | Y | , ac | | | | | |
| 28. Speed (recorded sp | des that a | ipply) | oly) | | | | | 30a. Remotely Controlled Locomotive? | | | | | | | | | | | | |
| 28. Speed (recorded speed Code 30. Type of Territory (enter if available) Signalization (Mandatory) | | | | | | | | 2 | | | | | | 0 = Not a remotely controlled operation | | | | | | |
| R - Recorded 1. Signaled 2. Not Signaled | | | | | | | | | | 2 | | | | | | | portable tra | | | |
| E - Estimated 007 MPH E Method of Operation/Authority for Movement (Mandatory 29. Trailing Tons (gross tonnage, 1. Signal Indication 2. Direct Train Control 3. Yard/Restri | | | | | | | | | | | | | | | | | | | | |
| 29. Trailing Tons (gro excluding power uni | | n Main Ti | | | | | | | 3 = Remote control portable transmitter - more than one remote | | | | | | | | | | | |
| excluding power units) 4. Block Register Territory 5. Supplemental/Adjunct Codes (M. | | | | | | | | | | | | | | | control transmitter Code | | | | | |
| 2,110 * Mandatory to the extent that all | | | | | | | | | | | | | | | 3 | | | | | |
| 31. Principal Car/Unit | a. Initial and Number b. Position in Train | | | | | | c. Loaded (yes/no) 32. If any railroa | | | | oad employe | loyee(s) tested for drug/alcohol use, enter the number that | | | | | r that | | | |
| (1) First involved | | | | | | | | were po | | | tive in the ap | ate box. | | | | Drugs | | | | |
| (derailed, struck, etc | | | | | | | | | | | | | | | | | | | | |
| (2) Causing (if me | TTPX805091 | | | | 002 | | | Y 33 Was this consists | | | neiet traneno | nsporting passengers ? (y/n) | | | | | | | | |
| cause reported) | cramen, | | | | | 000 | | | 33. was this consist transpo | | | ating F | No | | | | | | | |
| 34. Locomotive Units | | a. Head | | Mid Train | | Rear End | | d | 35. Cars | | | | | oaded | Emp | ty | | | | |
| (Exclude EMU, DMU, and Cab Car | | End b | | . Manual c. Remote | | d. Manu | d. Manual e. Remo | | (Include EMU Locomotives.) | | DMU, and Cab Car a. F | | | nt b. Pass | b. Pass. c. Freight d. Pa | | d. Pass. | e. Caboose | | |
| Locomotives.) | | | | | | - | | | Locomotives.) | | | | | | | | | | | |
| (1) Total in Train | | 1 | | 0 3 | | 0 | 0 0 | | (1) Total in E | | quipment Consist | | 27 | 0 | 4 | | 0 | 0 | | |
| (2) Total Derailed | 0 | 0 0 | | 0 | 0 0 | | 0 | (2) To | otal Dera | ailed 2 | | | 0 | 3 | 3 | 0 | 0 | | | |
| 36. Equipment Damage | | 37. Tr | ack, Signal, W | Vay, | | | | 38. Primary Cause | | | | | 39. Contri | buting Cau | ise | | | | | |
| This Consist | \$ 19.022 | 2 | 8 | & Structure Da | nmage | \$ | 86,655 | 5 | Code | | 1 | T206 | | Code | | 1 | | | | |
| | | Number of | f Crew | Members | | | | | | | | Length of Time of | | | | | | | | |
| 40. Engineers/ | 41. Firemen | | 42. Co | onductors | | 43. Brakem | nen | | 44. Engine | er/Oper | ator | | | 45. Condu | ctor | | | | | |
| Operators 2 | | | | 0 | | | | | Hrs: | 04 | Mins: | 56 | | Hrs: | | | Mins: | | | |
| Casualties to: | 46. Railroad Employees | | 47. Train Passengers | | | 48. Others | | | 49a. Special Study Block A | | | | 49 | b. Special St | pecial Study Block B | | | | | |
| Fatal | 0 | | 0 | | | 0 | | | . , | | | | | | | | | | | |
| Nonfatal | 0 | | 0 | | | | | | CWR 000-0 | | | | 00-000-00 | 100-000 | | | | | | |
| 50. Latitude | | | | | | | | 0 51. Longitud | | | l le | | | | -117.375237 | | | | | |
| 52. Narrative Description | (5. 10. | | | 34.06780 | | | | | | | | | | -117. | 315231 | | | | | |
| DURING NORMAL T HEAD END ALSO DE | RIM OPERATIO | NS, THE | YWC | | S PULLIN | G TRACK | | T. ONC | E AT THE | END E | END OF THE4 I | LEAD, FOU | UR CA | ARS DERA | ILED AN | ID ONI | E CAR 12 | FROM THE | | |
| | | | | | | | | | | | | | | | | | | | | |
| 53. Typed/Printed Name & | | | | | | | | 55. Date | | | | | | | | | | | | |
| Title of Preparer | | | | | | | 54. Sign | nature | | | | | | | | | | | | |

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.