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| 1. Name of Reporting Railroad Union Pacific Railroad Company [UP] | | | | 1a. Alphabetic Code UP | | | | 1b. Railroad Accident/Incident No. 0620ES060 | | | | | |
| 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. 0620ES060 | | | | | |
| 4. U. S. DOT Grade Crossing Identification Number | | | | 5. Date of Accident/Incident month day year 0 6 2 5 2020 | | | | 6. Time of Accident/Incident 1:30 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 09 | |
| 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 HOUSTON WEST BELT SU | | | | | |
| 13. Nearest City/ Town HOUSTON | | 14. Milepost (to nearest tenth) 232.65 | | 15. State Abbr. TX | | Code 48 | | 16. County HARRIS | | | | | |
| 17. Temperature (F) (specify if minus) 77 ° F | | 18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 2 | | 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 LINE 1 | | 22. FRA Track Class (1-9, X) 2 | | 23. Annual Track Density (gross tons in millions) 2.00 | | 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 Code A | | 26. Was Equipment Attended? 1. Yes 2. No Code Y | | 27. Train Number/Symbol | | | |
| 28. Speed (recorded speed if available) R - Recorded E - Estimated 008 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 | | 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) 0 | | 31. Principal Car/Unit (1) First involved (derailed, struck, etc) ATS001917 (2) Causing (if mechanical, cause reported) 000 | | a. Initial and Number 001 b. Position in Train 000 | | c. Loaded (yes/no) N | | 32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol Drugs No | | | | | |
| 34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.) | | a. Head End 0 | | Mid Train b. Manual 0 c. Remote 0 | | Rear End d. Manual 0 e. Remote 0 | | 35. Cars (Include EMU, DMU, and Cab Car Locomotives.) | | Loaded a. Freight 0 b. Pass. 0 | | Empty c. Freight 1 d. Pass. 0 e. Caboose 0 | |
| (1) Total in Train 0 | | (2) Total Derailed 0 | | (1) Total in Equipment Consist 0 | | (2) Total Derailed 0 | | (1) Total in Equipment Consist 0 | | (2) Total Derailed 0 | | (1) Total in Equipment Consist 0 | |
| 36. Equipment Damage This Consist \$ 14,424 | | 37. Track, Signal, Way, & Structure Damage \$ 0 | | 38. Primary Cause Code H993 | | 39. Contributing Cause Code | | | | | | | |
| Number of Crew Members | | | | Length of Time on Duty | | | | | | | | | |
| 40. Engineers/ Operators 1 | | 41. Firemen | | 42. Conductors 0 | | 43. Brakemen | | 44. Engineer/Operator Hrs: 06 Mins: 30 | | 45. Conductor Hrs: Mins: | | | |
| Casualties to: | | 46. Railroad Employees | | 47. Train Passengers | | 48. Others | | 49a. Special Study Block A | | 49b. Special Study Block B | | | |
| Fatal 0 | | 0 | | 0 | | 0 | | CWR | | 000-000-000 | | | |
| Nonfatal 0 | | 0 | | 0 | | 0 | | CWR | | 000-000-000 | | | |
| 50. Latitude 29.768654 | | | | 51. Longitude -95.344739 | | | | | | | | | |
| 52. Narrative Description (Be specific, and continue on separate sheet if necessary) TAMPER WAS TRAVELING DOWN THE HOUSTON WEST MAINLINE AND MACHINE WAS WAITING FOR AUTHORITY TO MOVE.ONCE AUTHORITY WAS GRANTED, IT PROCEEDED ON THROUGH THE CROSSING. WORK HEAD CAUGHT THE CROSSING, DAMAGING THE WORK HEAD/VIBRATOR ASSEMBLY ON THE NUMBER 4 SIDE. NO DERAILMENT OR 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. | | | | | | | | | | | | | |