DEPARTMENT OF TRANSPORTATION

Consist

(single entry)

25. Type of Equipment 1. Freight train

4. Work train

5. Single car

3. Commuter train-Pulling 7. Yard/switching B. Passenger Train-Pushing

8. Light loco(s).

2. Passenger train-Pulling 6. Cut of cars

9. Maint./inspect. car

A. Spec. MoW Equip.

C. Commuter Train-Pushing

FEDERAL RAILROAD ADMINISTRATION RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT OMB Approval No: 2130-0500													
1. Name of Reporting Railroad					1	la. Alpha	betic Co	de			1b. Railroad Accident/Incident No.		
Union Pacific Railroad Company [UP]						UP					0819PR011		
2. Name of Other Railroad or Other Entity with Consist Involved				2	2a. Alphabetic Code					2b. Railroad Accident/Incident No.			
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry)					3	3a. Alphabetic Code					3b. Railroad Accident/Incident No.		
Union Pacific Railroad Company [UP]						UP					0819PR011		
4. U. S. DOT Grade Crossing Identification Number					5	5. Date of Accident/Incident					6. Time of Accident/Incident		
4. 0. 5. DOT Grade Crossing Identification Number						month day year			year				
						0	8	0	9	2019	1:00	AM	PM X
7. Type of Accident/ 1. D	Derailment 4	4. Side collision 7. Hwy-rail cro			vy-rail cross	sing 10. Explosion-detonation				on-detonation	13. Other		Code
Incident (single 2. H	Iead on collision 5	5. Raking collision 8. RR grade cro			grade cross	ssing 11. Fire/violent rupture				lent rupture	(describe in)		
entry in code box) 3. Rear end collision 6. Broken tr		Broken train coll	ain collision 9. Obstruction			12. Other impacts					narrative) 01		01
8. Cars Carrying 9. HAZMAT Cars			10. Cars Releasing			11. People					12. Subdivision		
HAZMAT	Damaged/	HAZMAT			Evacuated								
N/A	Derailed	N/A	N/A			N/A					GENEVA SUB		
13. Nearest	I	1 1 1 2	14. Mile			15. State		Code		. County	- Obi (2 (iii)		
City/			nearest			Abbr.				2			
Town MELROSE PARK			ten	th) 1	2.09	IL		17	(COOK			
17. Temperature (F)	18. Visibility (single e	entry) C	ode	19. Weathe	er (single e	ntry)				Code	20. Type of Tra	ck	Code
(specify if minus)	1. Dawn 3. Du	usk I		1. Cle	ar 3	. Rain		5. Sleet		I.	1. Main	3. Siding	
82 [°] F	2. Day 4. Da	ark	2	2. Clo	udy 4	. Fog		6. Snow		2	2. Yard	4. Industry	2
21. Track Name/			22. FRA Track Code		Code	23. Annual Track			24. Tin		e Table Direction		
Number			Class (1-9, X)			Density (gross tons				1. North 3.East			
YARD 133					1	in r	nillions)	ross tons			2. South	4. West	3

D. EMU

E. DMU

Code

8

26. Was Equipment

Attended?

2. No

1. Yes

YPR4

Code

Y

27. Train Number/Symbol

28. Speed (recorded spe	eed	Code 30. Type of Territory (enter codes that apply)							30a. Remo	30a. Remotely Controlled Locomotive?						
if available)		I	Signalization (Mandatory)							0 = N	0 = Not a remotely controlled operation					
R - Recorded		1	1. Signaled 2. Not Signaled 2								1 = Remote control portable transmitter					
E - Estimated	008 MPH	E	Method of (Method of Operation/Authority for Movement (Mandatory) 5								2 = Remote control tower operation				
29. Trailing Tons (gro	oss tonnage,	,	1. Signal In	dication 2. I	Direct Train Con	trol 3. Yard	/Restricted Limits			3 = R	3 = Remote control portable transmitter -					
excluding power uni	its)		4. Block Re	egister Territo	ory 5. Other T	'han Main Tr	rack			more	more than one remote					
			Supplement	al/Adjunct Co	odes (Mandator	ry*)				contr	control transmitter Code					
		0	* Mandatory	y to the extent	that all applicable codes are entered						1					
31. Principal Car/Unit	I	a. Initial and		b. Position			ed (yes/no)	32. If any railroad emp	ed for drug/alc	for drug/alcohol use, enter the number that						
(1) First involved							were positive in the			U		ohol	Drugs			
(derailed, struck, etc	2)															
	, ,	UPO	00889	001			l									
(2) Causing (if me	echanical,		00005	-				33.Was this consist tran	nsporting pa	ssengers ? (y	engers ? (y/n)					
cause reported)	cause reported)				000			l		No						
34. Locomotive Units	. Locomotive Units a. Head		Mid 7	Mid Train R		End	35. Cars			aded Emp		pty				
(Exclude EMU, DMU, and Cab Car		End	b. Manual	c. Remote	d. Manual	e. Remote	(Include EMU, DI	MU, and Cab Car a. Freight		b. Pass.	c. Freight	d. Pass.	e. Caboose			
Locomotives.)				I	I		Locomotives.)									
(1) Total in Train	(1) Total in Train 10		0	0	0	(1) Total in Eq	(1) Total in Equipment Consist 0			0	0	0				
(2) Total Derailed 1		1	0	0	0	0	(2) Total Derai	iled	0	0	0	0	0			
36. Equipment Damage	Track, Signal, W	ack, Signal, Way,					39. Contributi	. Contributing Cause								
This Consist			& Structure Damage \$ 59,830				Code		Code	Code						
* 1,000 Constant Summer of Crew Members				*	,-		H704 Length of Time on Duty									
10 E : (2. D. I											
40. Engineers/	41. Firemen	42.0	Conductors	4.	3. Brakemen		44. Engineer/Operator 4			45. Conductor						
Operators	1	1		1					01	Hrs:		Mins:				
1			0				Hrs: 05	Mins:	01				pecial Study Block B			
Casualties to:	46. Railroad Emplo	yees 47.	0 Train Passenger	s 48	8. Others		Hrs: 05 49a. Special Study I		<u> </u>		Block B					
Casualties to: Fatal	46. Railroad Emplo	vyees 47.		's 41	8. Others 0		49a. Special Study I		49b.	. Special Study	Block B					
	, i	vyees 47.	Train Passenger	's 4					49b.		/ Block B					
Fatal	0	vyees 47.	Train Passenger: 0		0		49a. Special Study I		49b.	. Special Study						
Fatal Nonfatal	0		Train Passenger: 0 0	24	0		49a. Special Study I OTH		49b.	. Special Study 0-000-000						

53. Typed/Printed Name &		55. Date					
Title of Preparer	54. Signature						
OTE: 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.							