**DEPARTMENT OF TRANSPORTATION**
FEDERAL RAILROAD ADMINISTRATION

# RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

OMB Approval No: 2130-0500

| | | |
|---|---|---|
| 1. Name of Reporting Railroad: **Union Pacific Railroad Company [UP]** | 1a. Alphabetic Code: **UP** | 1b. Railroad Accident/Incident No.: **0819PR033** |
| 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.: **0819PR033** |
| 4. U. S. DOT Grade Crossing Identification Number | 5. Date of Accident/Incident: month **0 8** day **1 2** year **2019** | 6. Time of Accident/Incident: **9:21** AM [X] PM [ ] |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 7. Type of Accident/ Incident *(single entry in code box)* | 1. Derailment | 4. Side collision | 7. Hwy-rail crossing | 10. Explosion-detonation | 13. Other *(describe in narrative)* | Code | **13** |
| | 2. Head on collision | 5. Raking collision | 8. RR grade crossing | 11. Fire/violent rupture | | | |
| | 3. Rear end collision | 6. Broken train collision | 9. Obstruction | 12. Other impacts | | | |

| 8. Cars Carrying HAZMAT | 9. HAZMAT Cars Damaged/ Derailed | 10. Cars Releasing HAZMAT | 11. People Evacuated | 12. Subdivision |
|---|---|---|---|---|
| **N/A** | **N/A** | **N/A** | **N/A** | **GENEVA SUB** |

| 13. Nearest City/ Town | 14. Milepost *(to nearest tenth)* | 15. State Abbr. | Code | 16. County |
|---|---|---|---|---|
| **NORTHLAKE** | **12.1** | **IL** | **17** | **COOK** |

| 17. Temperature (F) *(specify if minus)* | 18. Visibility (single entry) 1. Dawn 2. Day 3. Dusk 4. Dark | Code | 19. Weather *(single entry)* 1. Clear 2. Cloudy 3. Rain 4. Fog 5. Sleet 6. Snow | Code | 20. Type of Track 1. Main 2. Yard 3. Siding 4. Industry | Code |
|---|---|---|---|---|---|---|
| **78** °F | | **2** | | **2** | | **2** |

| 21. Track Name/ Number | 22. FRA Track Class (1-9, X) | Code | 23. Annual Track Density *(gross tons in millions)* | 24. Time Table Direction 1. North 2. South 3.East 4. West | Code |
|---|---|---|---|---|---|
| **TRACK 342** | | **X** | | | |

| 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 | 26. Was Equipment Attended? 1. Yes 2. No | Code | 27. Train Number/Symbol |
|---|---|---|---|---|---|
| | | **5** | | **N** | |

| 28. Speed *(recorded speed if available)* R - Recorded E - Estimated | Code | 30. Type of Territory *(enter codes that apply)* | 30a. Remotely Controlled Locomotive? |
|---|---|---|---|
| **000** MPH | **R** | Signalization *(Mandatory)* 1. Signaled 2. Not Signaled **2**<br>Method of Operation/Authority for Movement *(Mandatory)* **5**<br>1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track<br>Supplemental/Adjunct Codes *(Mandatory*)*<br>* Mandatory to the extent that all applicable codes are entered | 0 = Not a remotely controlled operation<br>1 = Remote control portable transmitter<br>2 = Remote control tower operation<br>3 = Remote control portable transmitter - more than one remote control transmitter<br>Code: **0** |

29. Trailing Tons (gross tonnage, excluding power units): **131**

| 31. Principal Car/Unit | a. Initial and Number | b. Position in Train | c. Loaded *(yes/no)* | 32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. | Alcohol | Drugs |
|---|---|---|---|---|---|---|
| (1) First involved *(derailed, struck, etc)* | **NAHX551266** | **001** | **Y** | | | |
| (2) Causing *(if mechanical, cause reported)* | | **000** | | 33.Was this consist transporting passengers ? *(y/n)* | | **No** |

| 34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.) | a. Head End | Mid Train b. Manual | Mid Train c. Remote | Rear End d. Manual | Rear End e. Remote | 35. Cars (Include EMU, DMU, and Cab Car Locomotives.) | Loaded a. Freight | Loaded b. Pass. | Empty c. Freight | Empty d. Pass. | e. Caboose |
|---|---|---|---|---|---|---|---|---|---|---|---|
| (1) Total in Train | **0** | **0** | **0** | **0** | **0** | (1) Total in Equipment Consist | **1** | **0** | **0** | **0** | **0** |
| (2) Total Derailed | **0** | **0** | **0** | **0** | **0** | (2) Total Derailed | **0** | **0** | **0** | **0** | **0** |

| 36. Equipment Damage This Consist | 37. Track, Signal, Way, & Structure Damage | 38. Primary Cause Code | 39. Contributing Cause Code |
|---|---|---|---|
| $ **41,654** | $ **0** | **M507** | |

| Number of Crew Members: 40. Engineers/ Operators | 41. Firemen | 42. Conductors | 43. Brakemen | Length of Time on Duty: 44. Engineer/Operator Hrs: Mins: | 45. Conductor Hrs: Mins: |
|---|---|---|---|---|---|
| **0** | | **0** | | | |

| Casualties to: | 46. Railroad Employees | 47. Train Passengers | 48. Others | 49a. Special Study Block A | 49b. Special Study Block B |
|---|---|---|---|---|---|
| Fatal | **0** | **0** | **0** | **OTH** | **000-000-000** |
| Nonfatal | **0** | **0** | **0** | | |

| 50. Latitude | 51. Longitude |
|---|---|
| **41.891328** | **-87.871617** |

52. Narrative Description *(Be specific, and continue on separate sheet if necessary)*

**THE NAHX551266 WAS REPORTED WITH DAMAGE IN MCS. THE SERVICE UNIT INVESTIGATED AND COULD NOT DETERMINE WHAT CAUSED THE DAMAGE OR WHERE THE DAMAGE OCCURRED.**

| 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 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 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.