<b>DEPARTMENT OF TRANSPOR</b> FEDERAL RAILROAD ADMINISTRATION		RAI	L EQU	<u>IPMEN</u>	<u>IT AC</u>	CIDE	NT/INCI	DEN'	T REPOR	RT			OM	IB Approval	l No: 2130-0500	
. Name of Reporting Railroad							1a. Alphab	1a. Alphabetic Code					1b. Railroad Accident/Incident No.			
Union Pacific Railroad Company [UP]							UP	UP					0820GC003			
2. Name of Other Railroad or Other Entity with Consist Involved							2a. Alphab	2a. Alphabetic Code					2b. Railroad Accident/Incident No.			
3. Name of Railroad or Other Entity Respon	sible for Trac	k Maintenance	(single entr	ry)			3a. Alphab	etic Co	ode			3b. Railroad	Accident/I	ncident No.		
Union Pacific Railroad Compan	y [UP]						UP					0820GC003				
4. U. S. DOT Grade Crossing Identification	Number								ent/Incident	veer		6. Time of Accident/Incident				
							0 8 0 1			year 2020	)	3:45	A	AM X	РМ 🗌	
71	erailment		de collision			Hwy-rail	•				on	13. Oth			Code	
, ,	lead on collisio ear end collisio		king collision oken train col			RR grade Obstruction	-			violent rupture	2		escribe in)		01	
8. Cars Carrying	9. HAZMAT		Ken train co.		10. Cars Releasing			on 12. Other impacts 11. People				12. Subdivi	rrative) sion		01	
HAZMAT	Damaged/			HAZMAT				Evacuated								
20	20 Derailed N/A			N/A			N/A					FREEPORT IND LD				
13. Nearest				14. Milepost (to			15. State Code 16. County Abbr.									
City/ Town <b>FREEPORT</b>				teni	arest nth)	14.92			48	BRAZOI	RIA					
17. Temperature (F)	18. Visibility			Code	19. Wea	ather (sin	igle entry)				ode	20. Type of			Code	
(specify if minus)  81 ° F	1. Dawn		1			Clear	3. Rain		5. Sleet		_	1. Main	3. Si	-		
21. Track Name/	2. Day	4. Dark	22. F	FRA Track		Cloudy Coo	de 23. Annu	nal Trac	6. Snow		1	2. Yard 4. Industry 2 24. Time Table Direction Code				
Number				Class (1-9, 2		1	Po 1					1. North 3.East				
YARD 100						1	in millions)					2. South 4. West <b>1</b>				
<ul><li>25. Type of Equipment 1. Freight train</li><li>Consist 2. Passenger train</li></ul>		-	<ol><li>Maint./insp A. Spec. Mo</li></ol>	-		D. EMU E. DMU	26. Was Equipment 27. Train Number/Symbol Attended?									
(single entry) 3. Commuter train 4. Work train	n-Pulling 7.	. Yard/switching I	B. Passenger C. Commuter	r Train-Push	hing	3. Dinio	Code 7		1. Yes	2. No	Coo <b>Y</b>		4			
28. Speed (recorded speed	Code	30. Type of T	•	(enter cod	les that a	pply)							•	led Locomot		
if available)		Signalization					2				0 = Not a remotely controlled operation 1 = Remote control portable transmitter					
	1. Signaled 2. Not Signaled													ol portable tr ol tower opei		
29. Trailing Tons (gross tonnage,			-				/Restricted Lim	nits						ol portable tr		
excluding power units)		1	egister Territo	•		n Main Tr			icted Speed or	Equivalent			han one ren		Loui	
	5,419	* Mandatory	-					-Specia	al Instructions			conno	l transmitte	ĉ	Code	
31. Principal Car/Unit	a. Initial an		b. Position		pricaci	c. Loade		3	32. If any railroa	ad employee(s	) teste	d for drug/alco	hol use, ent	er the numb	er that	
(1) First involved	1							$\neg$		ve in the appro		_		cohol	Drugs	
(derailed, struck, etc)	DCI	77009304		0.42		<b>3</b> 7	v				00		~~	_		
(2) Causing (if mechanical,	DCI	LX007304	+	042			Y 33.Was this consist transportin			ng pass	00   00   passengers ? (y/n)					
cause reported)				000						, , , , , , , , , , , , , , , , , , ,	.5 r				No	
34. Locomotive Units	a. Head	Mid Tı			Rear End		35. Cars	ar DM	U, and Cab Car		Loa			npty		
(Exclude EMU, DMU, and Cab Car Locomotives.)	End	b. Manual	c. Remote	d. Manua	al e. I	Remote	Locomotives		U, and Cao Cai	a. Fre	eight	b. Pass.	c. Freight	d. Pass.	e. Caboose	
(1) Total in Train	2	0	0	0	$\perp$	0			pment Consist	42		0	1	0	0	
(2) Total Derailed	0	0	0	0		0	(2) Total		d	2	-	0	0	0	0	
36. Equipment Damage This Consist	37	<ol><li>Track, Signal, W. &amp; Structure Dar</li></ol>			- (50		38. Primary C	ause			3	<ol><li>Contributin Code</li></ol>	g Cause			
\$ 9,43			mage \$	<u>}</u>	7,650		Coue			H318	2.00			H	1702	
40. Engineers/ 41. Firemen		Crew Members 2. Conductors		43. Brakeme			44. Engineer/C	roto		Length		e on Duty 5. Conductor				
Operators	**2		*	<ol> <li>Вгакени</li> </ol>	en						"					
2	- +	0		48 Others					15	101. 6	Hrs: Mins: Special Study Block B					
Casualties to: 46. Railroad Emp	loyees 4	47. Train Passengers		48. Others			49a. Special Study Block A 4				49b. a	Special Study i	Block B			
Nonfotal	0		0		0		ОТН				000-	00-000-000				
50. Latitude 28.960229					0		51. Longitude				-95.351025					
	- and continu	ue on separate sheet		1								-93.3310	J25 			
LHF41R-31 CREW WAS PUSHING FO NORTHBOUND FOR AIR SPOT AGA	OUR CARS	OUT THE SOUT	TH END OF	F VELASC				iNG OF	PERATIONS,	CAUSING A	RUN	THRU SWI	TCH. CR	EW DRAG	GED CARS	

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

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.