

## RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad <b>Union Pacific Railroad Company [UP]</b>				1a. Alphabetic Code <b>UP</b>				1b. Railroad Accident/Incident No. <b>0820SX009</b>							
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) <b>Union Pacific Railroad Company [UP]</b>				3a. Alphabetic Code <b>UP</b>				3b. Railroad Accident/Incident No. <b>0820SX009</b>							
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month day year <b>0 8 1 3 2020</b>				6. Time of Accident/Incident <b>3:04</b> AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>							
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 <b>01</b>			
		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  <b>N/A</b>		9. HAZMAT Cars Damaged/ Derailed  <b>N/A</b>		10. Cars Releasing HAZMAT  <b>N/A</b>		11. People Evacuated  <b>N/A</b>		12. Subdivision  <b>AUSTIN SUB</b>							
13. Nearest City/ Town <b>NEW BRAUNFELS</b>		14. Milepost (to nearest tenth) <b>229.93</b>		15. State Abbr. <b>TX</b>		Code <b>48</b>		16. County <b>COMAL</b>							
17. Temperature (F) (specify if minus) <b>101</b> °F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark <b>2</b>		Code <b>2</b>		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow <b>1</b>		Code <b>1</b>		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry <b>1</b>		Code <b>1</b>			
21. Track Name/ Number <b>MAIN LINE 2</b>		22. FRA Track Class (1-9, X) <b>3</b>		Code <b>3</b>		23. Annual Track Density (gross tons in millions) <b>32.70</b>		Code <b>32.70</b>		24. Time Table Direction 1. North 3. East 2. South 4. West <b>2</b>		Code <b>2</b>			
25. Type of Equipment Consist (single entry)		1. Freight train		5. Single car		9. Maint./inspect. car		D. EMU		26. Was Equipment Attended? 1. Yes 2. No <b>Y</b>		27. Train Number/Symbol <b>GSHN</b>			
		2. Passenger train-Pulling		6. Cut of cars		A. Spec. MoW Equip.		E. DMU							
		3. Commuter train-Pulling		7. Yard/switching		B. Passenger Train-Pushing									
		4. Work train		8. Light loco(s).		C. Commuter Train-Pushing									
28. Speed (recorded speed if available) R - Recorded E - Estimated <b>027</b> MPH		Code <b>E</b>		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signalized 2. Not Signalized <b>1</b> Method of Operation/Authority for Movement (Mandatory) <b>1</b> 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track <b>Q-Traffic Control System/CTC</b> 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 <b>0</b>					
29. Trailing Tons (gross tonnage, excluding power units)  <b>15,673</b>															
31. Principal Car/Unit (1) First involved (derailed, struck, etc)  <b>CMO112334</b>		a. Initial and Number <b>CMO112334</b>		b. Position in Train <b>042</b>		c. Loaded (yes/no) <b>Y</b>		32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol <b>00</b> Drugs <b>00</b>							
(2) Causing (if mechanical, cause reported) <b>CMO020190</b>		<b>CMO020190</b>		<b>043</b>		<b>Y</b>		33. Was this consist transporting passengers? (y/n) <b>No</b>							
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		Mid Train b. Manual c. Remote		Rear End d. Manual e. Remote		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		Loaded a. Freight b. Pass.		Empty c. Freight d. Pass. e. Caboose			
(1) Total in Train		<b>2</b>		<b>0 0</b>		<b>0 1</b>		(1) Total in Equipment Consist		<b>110 0</b>		<b>0 0 0</b>			
(2) Total Derailed		<b>0</b>		<b>0 0</b>		<b>0 0</b>		(2) Total Derailed		<b>24 0</b>		<b>0 0 0</b>			
36. Equipment Damage This Consist \$ <b>1,347,755</b>		37. Track, Signal, Way, & Structure Damage \$ <b>459,176</b>						38. Primary Cause Code <b>T308</b>		39. Contributing Cause Code <b>E64C</b>					
Number of Crew Members				Length of Time on Duty											
40. Engineers/ Operators <b>1</b>		41. Firemen		42. Conductors <b>1</b>		43. Brakemen		44. Engineer/Operator Hrs: <b>09</b> Mins: <b>19</b>		45. Conductor Hrs: <b>09</b> Mins: <b>19</b>					
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A		49b. Special Study Block B					
Fatal		<b>0</b>		<b>0</b>		<b>0</b>		CWR		<b>000-000-000</b>					
Nonfatal		<b>0</b>		<b>0</b>		<b>0</b>									
50. Latitude <b>29.672972</b>				51. Longitude <b>-98.167564</b>											
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>GSHN3E-10 WAS TRAVELING SOUTHBOUND ON AUSTIN SUB NO 2 MAIN, AND DERAILED 24 CARS AT MP 229.93, DUE TO WORN/BROKEN SWITCH POINTS.</b>															
53. Typed/Printed Name & Title of Preparer				54. Signature				55. Date							
<b>NOTE:</b> 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.															