

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Union Pacific Railroad Company [UP]			1a. Alphabetic Code UP			1b. Railroad Accident/Incident No. 0919ME008		
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. 0919ME008		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: 0 day: 9 year: 2019			6. Time of Accident/Incident 1:00 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			7. Hwy-rail crossing		
8. Cars Carrying HAZMAT N/A			9. HAZMAT Cars Damaged/ Derailed N/A			10. Cars Releasing HAZMAT N/A		
13. Nearest City/Town DE SOTO			14. Milepost (to nearest tenth) 41.8			15. State Code Abbr. MO		
17. Temperature (F) (specify if minus) 88 °F			18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 2			19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1		
21. Track Name/ Number YARD 424			22. FRA Track Class (1-9, X) X			23. Annual Track Density (gross tons in millions) 29		
25. Type of Equipment Consist (single entry)			5. Single car			9. Maint./inspect. car		
28. Speed (recorded speed if available) R - Recorded E - Estimated 001 MPH E			30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled 2 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 5 Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered			26. Was Equipment Attended? 1. Yes 2. No Y		
29. Trailing Tons (gross tonnage, excluding power units) 0			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 0			27. Train Number/Symbol MVR9		
31. Principal Car/Unit (1) First involved (derailed, struck, etc) MVR000098			a. Initial and Number 001			b. Position in Train 000		
(2) Causing (if mechanical, cause reported)			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.			33. Was this consist transporting passengers? (y/n) No		
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)			a. Head End			b. Manual		
(1) Total in Train 1			c. Remote 0			d. Manual 0		
(2) Total Derailed 0			e. Remote 0			35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		
36. Equipment Damage This Consist \$ 0			37. Track, Signal, Way, & Structure Damage \$ 11,234			38. Primary Cause Code H702		
40. Engineers/ Operators 2			41. Firemen 0			42. Conductors 0		
43. Brakemen 0			44. Engineer/Operator Hrs: 07 Mins:			45. Conductor Hrs: Mins:		
Casualties to:			46. Railroad Employees 0			47. Train Passengers 0		
Fatal 0			48. Others 0			49a. Special Study Block A OTH		
Nonfatal 0			50. Latitude 38.14504			49b. Special Study Block B 000-000-000		
51. Longitude -90.551002			52. Narrative Description (Be specific, and continue on separate sheet if necessary) CAR MOVERS RAN THRU THE SPLIT SWITCH AT MILE POST 41.86 AFTER SETTING CARS INTO THE WASH HOUSE. NO DERAILMENT, BUT EXTENSIVE 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.