

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>1119HL004</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>1119HL004</b>		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month   day   year <b>1   1   2019</b>			6. Time of Accident/Incident <b>1:50</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			13. Other (describe in narrative) <b>13</b>		
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>SEDALIA SUB</b>					
13. Nearest City/Town <b>SEDALIA</b>			14. Milepost (to nearest tenth) <b>189.3</b>			15. State Code Abbr. <b>MO 29</b>		
16. County <b>PETTIS</b>			17. Temperature (F) (specify if minus) <b>48</b> °F			18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark <b>4</b>		
19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow <b>1</b>			20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry <b>1</b>					
21. Track Name/ Number <b>SINGLE MAIN TRACK</b>			22. FRA Track Class (1-9, X) <b>4</b>			23. Annual Track Density (gross tons in millions) <b>29.00</b>		
24. Time Table Direction Code 1. North 3. East 2. South 4. West <b>4</b>			25. Type of Equipment Consist (single entry) 1. Freight train 5. Single car 9. Maint./inspect. car D. EMU 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			26. Was Equipment Attended? 1. Yes 2. No <b>Y</b>		
27. Train Number/Symbol <b>WIMN</b>			28. Speed (recorded speed if available) R - Recorded <b>040</b> MPH E - Estimated <b>E</b>			29. Trailing Tons (gross tonnage, excluding power units) <b>13,200</b>		
30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled <b>1</b> 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 <b>Q-Traffic Control System/CTC</b> <b>J-Positive Train Control</b> * 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 <b>0</b>					
31. Principal Car/Unit (1) First involved (derailed, struck, etc) <b>HZGX007015</b>			a. Initial and Number <b>062</b>			b. Position in Train <b>062</b>		
(2) Causing (if mechanical, cause reported) <b>HZGX007015</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   Drugs		
33. Was this consist transporting passengers? (y/n) <b>No</b>			34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.) a. Head End (1) Total in Train <b>5</b> (2) Total Derailed <b>0</b>			b. Manual <b>0</b>		
c. Remote <b>0</b>			d. Manual <b>0</b>			e. Remote <b>0</b>		
35. Cars (Include EMU, DMU, and Cab Car Locomotives.) (1) Total in Equipment Consist <b>100</b> (2) Total Derailed <b>0</b>			a. Freight <b>0</b>			b. Pass. <b>0</b>		
c. Freight <b>0</b>			d. Pass. <b>0</b>			e. Caboose <b>0</b>		
36. Equipment Damage This Consist \$ <b>100</b>			37. Track, Signal, Way, & Structure Damage \$ <b>107,651</b>			38. Primary Cause Code <b>E44C</b>		
39. Contributing Cause Code			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>02</b> Mins: <b>50</b>			45. Conductor Hrs: <b>02</b> Mins: <b>50</b>		
Casualties to:			46. Railroad Employees			47. Train Passengers		
48. Others			49a. Special Study Block A <b>CWR</b>			49b. Special Study Block B <b>000-000-000</b>		
Fatal <b>0</b>			Nonfatal <b>0</b>			50. Latitude <b>38.712514</b>		
51. Longitude <b>-93.234984</b>			52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>WIMNTZ-01 EXPERIENCED EMERGENCY APPLICATION. CONDUCTOR WALKED TRAIN AND FOUND HZGX7015 HAD TRUCK/BOLSTER DAMAGE. LEAD WHEEL TRUCK/BOLSTER HAD BROKEN AND WAS DRAGGING ON THE GROUND ON TOP OF L3. ALL WHEELS STAYED ON THE RAIL.</b>					
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.