

1. Name of Reporting Railroad Union Pacific Railroad Company [UP]				1a. Alphabetic Code UP		1b. Railroad Accident/Incident No. 1119MA055																	
2. Name of Other Railroad or Other Entity with Consist Involved Amtrak (National Railroad Passenger Corporation) [ATK]				2a. Alphabetic Code ATK		2b. Railroad Accident/Incident No. 162111																	
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. 1119MA055																	
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month: 1 day: 1 year: 2019		6. Time of Accident/Incident 8:14 AM <input checked="" type="checkbox"/> PM <input 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 09											
8. Cars Carrying HAZMAT N/A		9. HAZMAT Cars Damaged/ Derailed N/A		10. Cars Releasing HAZMAT N/A		11. People Evacuated N/A		12. Subdivision SPRINGFIELD SUB															
13. Nearest City/Town NILWOOD		14. Milepost (to nearest tenth) 217.12		15. State Abbr. IL		Code 17		16. County MACOUPIN															
17. Temperature (F) (specify if minus) 38 °F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 2		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code 2		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code 1																	
21. Track Name/ Number SINGLE MAIN TRACK		22. FRA Track Class (1-9, X) 5		23. Annual Track Density (gross tons in millions) 21.90		24. Time Table Direction 1. North 3. East 2. South 4. West Code																	
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 Code		27. Train Number/Symbol											
28. Speed (recorded speed if available) R - Recorded E - Estimated 000 MPH		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signalized 2. Not Signalized 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 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																			
29. Trailing Tons (gross tonnage, excluding power units) 0		31. Principal Car/Unit (1) First involved (derailed, struck, etc) 000 (2) Causing (if mechanical, cause reported) 000		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)																	
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		b. Manual		c. Remote		d. Manual		e. Remote		35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		a. Freight		b. Pass.		c. Freight		d. Pass.		e. Caboose	
(1) Total in Train		0		0		0		0		0		(1) Total in Equipment Consist		0		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 \$ 0		37. Track, Signal, Way, & Structure Damage \$ 0		38. Primary Cause Code M404		39. Contributing Cause Code																	
Number of Crew Members				Length of Time on Duty																			
40. Engineers/ Operators 0		41. Firemen		42. Conductors 0		43. Brakemen		44. Engineer/Operator Hrs: Mins:		45. Conductor Hrs: Mins:													
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A		49b. Special Study Block B													
Fatal		0		0		0		CWR		000-000-000													
Nonfatal		0		0		0																	
50. Latitude 39.36448				51. Longitude -89.830876																			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) ATK TRAIN 302-27 STRUCK A CROSSING GATE ARM. E/4603 WAS STRUCK ON THE FIREMAN'S SIDE AND A CRACKED WINDSHIELD WAS REPORTED. NO INJURIES WERE REPORTED. AMTRAK EQUIPMENT DAMAGE = \$15,718																							
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.																							