

1. Name of Reporting Railroad Union Pacific Railroad Company [UP]				1a. Alphabetic Code UP				1b. Railroad Accident/Incident No. 1120NC028															
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. 1120NC028															
4. U. S. DOT Grade Crossing Identification Number				5. Date of Accident/Incident month 1 day 1 year 2020				6. Time of Accident/Incident 6:45 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 01											
		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 48		9. HAZMAT Cars Damaged/ Derailed 6		10. Cars Releasing HAZMAT 1		11. People Evacuated N/A		12. Subdivision FRESNO SUB															
13. Nearest City/ Town GOSHEN				14. Milepost (to nearest tenth) 238.0		15. State Abbr. CA		Code 06		16. County TULARE													
17. Temperature (F) (specify if minus) 40 ° F		18. Visibility (single entry) 1. Dawn 3. Dusk 2. Day 4. Dark Code 1		19. Weather (single entry) 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow Code 1		20. Type of Track 1. Main 3. Siding 2. Yard 4. Industry Code 3																	
21. Track Name/ Number INDUSTRY 735				22. FRA Track Class (1-9, X) 3		23. Annual Track Density (gross tons in millions) 3		24. Time Table Direction 1. North 3. East 2. South 4. West Code 2															
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 Y		27. Train Number/Symbol MRVW											
		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 014 MPH		Code E		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 0																	
29. Trailing Tons (gross tonnage, excluding power units) 14,378																							
31. Principal Car/Unit (1) First involved (derailed, struck, etc) TILX112466		a. Initial and Number		b. Position in Train 021		c. Loaded (yes/no) Y		32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol 00		Drugs 00													
(2) Causing (if mechanical, cause reported)				000				33. Was this consist transporting passengers? (y/n) No															
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		5		0		0		0		0		(1) Total in Equipment Consist		111		0		38		0		0	
(2) Total Derailed		0		0		0		0		0		(2) Total Derailed		6		0		0		0		0	
36. Equipment Damage This Consist \$ 410,310		37. Track, Signal, Way, & Structure Damage \$ 77,420						38. Primary Cause Code T207		39. Contributing Cause Code													
Number of Crew Members				Length of Time on Duty																			
40. Engineers/ Operators 1		41. Firemen		42. Conductors 1		43. Brakemen		44. Engineer/Operator Hrs: 05 Mins: 15		45. Conductor Hrs: 05 Mins: 15													
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 36.367203				51. Longitude -119.431589																			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) THE MRVWC-22 WAS TRAVELING SOUTHBOUND, GOING FROM MAIN TRACK #1 INTO THE SIDING AT GOSHEN, WHEN THEIR TRAIN WENT INTO EMERGENCY WITH NO AIR COMING BACK. AT THAT POINT, THE CREW FOUND CARS ON THE GROUND ACROSS THE SIDING, MAIN LINE AND HIGHWAY 99. CAR GATX 215262 WAS A HAZMAT CAR WITH A REPORTED SLOW LEAK. A TOTAL OF 6 CARS DERAILED ON THEIR SIDE. NO INJURIES WERE REPORTED ON THE CREW OR ANYONEELSE. CAR# GATX 215262 HYDROCHLORIC ACID 5 GALLONS.																							
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.																							