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| 1. Name of Reporting Railroad<br><b>Union Pacific Railroad Company [UP]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                              |  | 1a. Alphabetic Code<br><b>UP</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 1b. Railroad Accident/Incident No.<br><b>0619NC050</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)<br><b>Union Pacific Railroad Company [UP]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                              |  | 3a. Alphabetic Code<br><b>UP</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 3b. Railroad Accident/Incident No.<br><b>0619NC050</b>                                                         |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 4. U. S. DOT Grade Crossing Identification Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                              |  | 5. Date of Accident/Incident<br>month: <b>0</b> day: <b>6</b> year: <b>2019</b>                                                                                                                                                                                                                                                                                                                                                                         |  | 6. Time of Accident/Incident<br><b>9:48</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 7. Type of Accident/ Incident (single entry in code box)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 1. Derailment<br>2. Head on collision<br>3. Rear end collision                               |  | 4. Side collision<br>5. Raking collision<br>6. Broken train collision                                                                                                                                                                                                                                                                                                                                                                                   |  | 7. Hwy-rail crossing<br>8. RR grade crossing<br>9. Obstruction                                                 |  | 10. Explosion-detonation<br>11. Fire/violent rupture<br>12. Other impacts |  | 13. Other (describe in narrative)<br><b>01</b>                                                                                                                                                                                                                             |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 8. Cars Carrying HAZMAT<br><b>33</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 9. HAZMAT Cars<br>Damaged/<br>Derailed<br><b>N/A</b>                                         |  | 10. Cars Releasing HAZMAT<br><b>N/A</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 11. People Evacuated<br><b>N/A</b>                                                                             |  | 12. Subdivision<br><b>LAKE SIDE SUB</b>                                   |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 13. Nearest City/Town<br><b>WELLS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | 14. Milepost (to nearest tenth)<br><b>611.25</b>                                             |  | 15. State Abbr.<br><b>NV</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Code<br><b>32</b>                                                                                              |  | 16. County<br><b>ELKO</b>                                                 |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 17. Temperature (F) (specify if minus)<br><b>46</b> ° F                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 18. Visibility (single entry)<br>1. Dawn 3. Dusk<br>2. Day 4. Dark<br>Code<br><b>2</b>       |  | 19. Weather (single entry)<br>1. Clear 3. Rain 5. Sleet<br>2. Cloudy 4. Fog 6. Snow<br>Code<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                 |  | 20. Type of Track<br>1. Main 3. Siding<br>2. Yard 4. Industry<br>Code<br><b>1</b>                              |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 21. Track Name/ Number<br><b>MAIN LINE 1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 22. FRA Track Class (1-9, X)<br><b>3</b>                                                     |  | 23. Annual Track Density (gross tons in millions)<br><b>21.20</b>                                                                                                                                                                                                                                                                                                                                                                                       |  | 24. Time Table Direction<br>1. North 3. East<br>2. South 4. West<br>Code<br><b>4</b>                           |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 25. Type of Equipment Consist (single entry)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 1. Freight train<br>2. Passenger train-Pulling<br>3. Commuter train-Pulling<br>4. Work train |  | 5. Single car<br>6. Cut of cars<br>7. Yard/switching<br>8. Light loco(s)                                                                                                                                                                                                                                                                                                                                                                                |  | 9. Maint./inspect. car<br>A. Spec. MoW Equip.<br>B. Passenger Train-Pushing<br>C. Commuter Train-Pushing       |  | D. EMU<br>E. DMU<br>Code<br><b>1</b>                                      |  | 26. Was Equipment Attended?<br>1. Yes 2. No<br>Code<br><b>Y</b>                                                                                                                                                                                                            |  | 27. Train Number/Symbol<br><b>MNPR</b>                |  |            |  |          |  |            |  |          |  |            |  |
| 28. Speed (recorded speed if available)<br>R - Recorded<br>E - Estimated<br><b>038</b> MPH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Code<br><b>R</b>                                                                             |  | 30. Type of Territory (enter codes that apply)<br>Signalization (Mandatory)<br>1. Signaled 2. Not Signaled<br>Method of Operation/Authority for Movement (Mandatory)<br>1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits<br>4. Block Register Territory 5. Other Than Main Track<br><b>J-Positive Train Control</b><br><b>D-Automatic Block Signals System</b><br>* Mandatory to the extent that all applicable codes are entered |  |                                                                                                                |  |                                                                           |  | 30a. Remotely Controlled Locomotive?<br>0 = Not a remotely controlled operation<br>1 = Remote control portable transmitter<br>2 = Remote control tower operation<br>3 = Remote control portable transmitter - more than one remote control transmitter<br>Code<br><b>0</b> |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 29. Trailing Tons (gross tonnage, excluding power units)<br><b>16,501</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 31. Principal Car/Unit<br>(1) First involved (derailed, struck, etc)<br><b>DRGW050836</b>    |  | a. Initial and Number<br><b>062</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |  | b. Position in Train<br><b>000</b>                                                                             |  | c. Loaded (yes/no)<br><b>N</b>                                            |  | 32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.<br>Alcohol<br>Drugs<br><b>00</b>                                                                                                                  |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>3</b>                                                                                     |  | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>2</b>                                                                                                       |  | <b>0</b>                                                                  |  | <b>0</b>                                                                                                                                                                                                                                                                   |  | (1) Total in Equipment Consist                        |  | <b>120</b> |  | <b>0</b> |  | <b>56</b>  |  | <b>0</b> |  | <b>0</b>   |  |
| (2) Total Derailed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>0</b>                                                                                     |  | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>0</b>                                                                                                       |  | <b>0</b>                                                                  |  | <b>0</b>                                                                                                                                                                                                                                                                   |  | (2) Total Derailed                                    |  | <b>8</b>   |  | <b>0</b> |  | <b>19</b>  |  | <b>0</b> |  | <b>0</b>   |  |
| 36. Equipment Damage This Consist<br>\$ <b>1,211,479</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 37. Track, Signal, Way, & Structure Damage<br>\$ <b>322,974</b>                              |  | 38. Primary Cause Code<br><b>M299</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |  | 39. Contributing Cause Code                                                                                    |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| Number of Crew Members                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                                              |  | Length of Time on Duty                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 40. Engineers/ Operators<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 41. Firemen                                                                                  |  | 42. Conductors<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 43. Brakemen                                                                                                   |  | 44. Engineer/Operator<br>Hrs: <b>05</b> Mins: <b>18</b>                   |  |                                                                                                                                                                                                                                                                            |  | 45. Conductor<br>Hrs: <b>05</b> Mins: <b>18</b>       |  |            |  |          |  |            |  |          |  |            |  |
| Casualties to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 46. Railroad Employees                                                                       |  | 47. Train Passengers                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | 48. Others                                                                                                     |  | 49a. Special Study Block A<br><b>CWR</b>                                  |  |                                                                                                                                                                                                                                                                            |  | 49b. Special Study Block B<br><b>000-000-000</b>      |  |            |  |          |  |            |  |          |  |            |  |
| Fatal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>0</b>                                                                                     |  | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>0</b>                                                                                                       |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| Nonfatal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>0</b>                                                                                     |  | <b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | <b>0</b>                                                                                                       |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 50. Latitude<br><b>41.107035</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                              |  | 51. Longitude<br><b>-114.903165</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |
| 52. Narrative Description (Be specific, and continue on separate sheet if necessary)<br><b>MNPRV-17 EXPERIENCED A UDE. THE TRAIN CREW REPORTED THAT LOOKING BACK AT THE TRAIN, THEY COULD SEE THE TRAIN HAD DERAILED APPROXIMATELY 59 CARS FROM THE HEAD END BETWEEN THE HEAD AND MID DPU. DERAILMENT RESPONSE TEAM CHOSE A CAUSE CODE M299 DUE TO POOR TRAIN MAKEUP. NO MAKEUP RULES WERE VIOLATED BUT NEW TRAIN MAKEUP GUIDELINES WILL LIKELY COME FROM THIS DERAILMENT.</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. |  |                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                |  |                                                                           |  |                                                                                                                                                                                                                                                                            |  |                                                       |  |            |  |          |  |            |  |          |  |            |  |