

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad <b>Kansas City Southern Railway Company [KCS]</b>			1a. Alphabetic Code <b>KCS</b>			1b. Railroad Accident/Incident No. <b>19020101</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>Kansas City Southern Railway Company [KCS]</b>			3a. Alphabetic Code <b>KCS</b>			3b. Railroad Accident/Incident No. <b>19020101</b>		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: <b>0</b>   day: <b>2</b>   year: <b>2019</b>			6. Time of Accident/Incident <b>12:05</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			7. Hwy-rail crossing		
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>		
13. Nearest City/ Town <b>KANSAS CITY</b>			14. Milepost (to nearest tenth) <b>0002.5</b>			15. State Code Abbr. <b>MO</b>   <b>29</b>		
17. Temperature (F) (specify if minus) <b>22</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>2</b>		
21. Track Name/ Number <b>901 WORK LEAD</b>			22. FRA Track Class (1-9, X) <b>1</b>			23. Annual Track Density (gross tons in millions) <b>2</b>		
25. Type of Equipment Consist (single entry)			5. Single car			9. Maint./inspect. car		
28. Speed (recorded speed if available) R - Recorded E - Estimated <b>007</b> MPH <b>E</b>			30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled <b>2</b> Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits <b>5</b> 4. Block Register Territory 5. Other Than Main Track <b>K-Restricted Speed or Equivalent</b> Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered			26. Was Equipment Attended? 1. Yes 2. No <b>Y</b>		
29. Trailing Tons (gross tonnage, excluding power units) <b>0</b>			27. Train Number/Symbol <b>2GKC</b>			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>KCS004611</b>			a. Initial and Number <b>002</b>			b. Position in Train <b>000</b>		
(2) Causing (if mechanical, cause reported)			c. Loaded (yes/no) <b>N</b>			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol: <b>00</b>   Drugs: <b>00</b>		
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)			35. Cars (Include EMU, DMU, and Cab Car Locomotives.)			33. Was this consist transporting passengers? (y/n) <b>No</b>		
(1) Total in Train <b>4</b>			a. Head End b. Manual <b>0</b>			a. Freight <b>0</b>		
(2) Total Derailed <b>1</b>			c. Remote <b>0</b>			b. Pass. <b>0</b>		
			d. Manual <b>0</b>			c. Freight <b>0</b>		
			e. Remote <b>0</b>			d. Pass. <b>0</b>		
						e. Caboose <b>0</b>		
36. Equipment Damage This Consist \$ <b>18,767</b>			37. Track, Signal, Way, & Structure Damage \$ <b>2,217</b>			38. Primary Cause Code <b>H306</b>		
						39. Contributing Cause Code <b>H702</b>		
40. Engineers/Operators <b>1</b>			41. Firemen			42. Conductors <b>1</b>		
43. Brakemen			44. Engineer/Operator Hrs: <b>08</b> Mins: <b>05</b>			45. Conductor Hrs: <b>08</b> Mins: <b>05</b>		
Casualties to:			46. Railroad Employees			47. Train Passengers		
Fatal <b>0</b>			48. Others <b>0</b>			49a. Special Study Block A <b>OTH</b>		
Nonfatal <b>0</b>						49b. Special Study Block B <b>000-000-000</b>		
50. Latitude <b>39.129222</b>			51. Longitude <b>-94.533232</b>					
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>CREW FAILED TO LINE BOTH ENDS OF CROSSOVER FROM WORK LEAD TO 901 &amp; DID NOT PROTECT SHOVE THRU SWITCH RESULTING IN A RUN-THRU SWITCH &amp; WHEN PULLED FORWARD THEY DERAILED. MP 2.5 PITTSBURG SUBDIVISION</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.								