

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>19052202</b>		
2. Name of Other Railroad or Other Entity with Consist Involved <b>Canadian Pacific Railway Company [CP]</b>			2a. Alphabetic Code <b>CP</b>			2b. Railroad Accident/Incident No. <b>1000997254</b>		
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>19052202</b>		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: <b>0</b>   day: <b>5</b>   year: <b>2019</b>			6. Time of Accident/Incident <b>5:20</b> AM <input type="checkbox"/> PM <input checked="" 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>0004.7</b>			15. State Code Abbr. <b>MO</b>   <b>29</b>		
17. Temperature (F) (specify if minus) <b>75</b> °F			18. Visibility (single entry) Code <b>2</b>			19. Weather (single entry) Code <b>2</b>		
21. Track Name/ Number <b>TRACK 16 RAIL</b>			22. FRA Track Class (1-9, X) <b>1</b>			23. Annual Track Density (gross tons in millions) <b>4</b>		
25. Type of Equipment Consist (single entry)			5. Single car			26. Was Equipment Attended? 1. Yes   2. No		
28. Speed (recorded speed if available) R - Recorded E - Estimated <b>000</b> MPH			30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled   2. Not Signaled <b>2</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		
29. Trailing Tons (gross tonnage, excluding power units) <b>0</b>			30. Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication   2. Direct Train Control   3. Yard/Restricted Limits <b>5</b>			30b. K-Restricted Speed or Equivalent		
31. Principal Car/Unit (1) First involved (derailed, struck, etc)			a. Initial and Number <b>000</b>			b. Position in Train <b>000</b>		
(2) Causing (if mechanical, cause reported)			c. Loaded (yes/no)			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.		
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)			a. Head End			b. Mid Train		
(1) Total in Train			b. Manual			c. Remote		
(2) Total Derailed			d. Manual			e. Remote		
36. Equipment Damage This Consist \$ <b>0</b>			37. Track, Signal, Way, & Structure Damage \$ <b>9,207</b>			38. Primary Cause Code <b>H702</b>		
40. Engineers/Operators			41. Firemen			42. Conductors		
43. Brakemen			44. Engineer/Operator			45. Conductor		
Casualties to:			46. Railroad Employees			47. Train Passengers		
Fatal			<b>0</b>			<b>0</b>		
Nonfatal			<b>0</b>			<b>0</b>		
50. Latitude <b>39.125687</b>			51. Longitude <b>-94.502068</b>			39. Contributing Cause Code		
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>CPR CREW SHOVED EAST INTO 16 RAIL &amp; RAN THRU SWITCH. ONCE THEY PULLED WEST THRU #16 SWITCH THEY DERAILED 7 CARS. MP 4.7 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.								