

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad <b>Union Pacific Railroad Company [UP]</b>			1a. Alphabetic Code <b>UP</b>			1b. Railroad Accident/Incident No. <b>0819HL031</b>				
2. Name of Other Railroad or Other Entity with Consist Involved <b>Kansas City Terminal Railway Company [KCT]</b>			2a. Alphabetic Code <b>KCT</b>			2b. Railroad Accident/Incident No. <b>UP081919</b>				
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) <b>Union Pacific Railroad Company [UP]</b>			3a. Alphabetic Code <b>UP</b>			3b. Railroad Accident/Incident No. <b>0819HL031</b>				
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month   day   year <b>0   8   1   9   2019</b>			6. Time of Accident/Incident <b>4:31</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>				
7. Type of Accident/ Incident (single entry in code box)			1. Derailment 2. Head on collision 3. Rear end collision			4. Side collision 5. Raking collision 6. Broken train collision				
			7. Hwy-rail crossing 8. RR grade crossing 9. Obstruction			10. Explosion-detonation 11. Fire/violent rupture 12. Other impacts				
			13. Other (describe in narrative)			Code <b>01</b>				
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>		11. People Evacuated <b>N/A</b>		12. Subdivision <b>SEDALIA SUB</b>		
13. Nearest City/ Town <b>INDEPENDENCE</b>		14. Milepost (to nearest tenth) <b>276.75</b>		15. State Code Abbr. <b>MO 29</b>		16. County <b>JACKSON</b>				
17. Temperature (F) (specify if minus) <b>76</b> ° F		18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark <b>1</b>		19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow <b>1</b>		20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry <b>1</b>				
21. Track Name/ Number <b>MAIN LINE 1</b>		22. FRA Track Class (1-9, X) <b>2</b>		23. Annual Track Density (gross tons in millions) <b>25.90</b>		24. Time Table Direction Code 1. North 3. East 2. South 4. West <b>4</b>				
25. Type of Equipment Consist (single entry)		1. Freight train 2. Passenger train-Pulling 3. Commuter train-Pulling 4. Work train		5. Single car 6. Cut of cars 7. Yard/switching 8. Light loco(s)		9. Maint./inspect. car A. Spec. MoW Equip. B. Passenger Train-Pushing C. Commuter Train-Pushing		D. EMU E. DMU Code <b>1</b>		
						26. Was Equipment Attended? 1. Yes 2. No Code <b>Y</b>		27. Train Number/Symbol <b>AASF</b>		
28. Speed (recorded speed if available) R - Recorded E - Estimated <b>013</b> MPH		Code <b>R</b>		30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled <b>1</b> Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits <b>1</b> 4. Block Register Territory 5. Other Than Main Track <b>Q-Traffic Control System/CTC</b> 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 <b>0</b>		
29. Trailing Tons (gross tonnage, excluding power units) <b>11,197</b>										
31. Principal Car/Unit (1) First involved (derailed, struck, etc) <b>SHQX041300</b>		a. Initial and Number		b. Position in Train <b>031</b>		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>		
(2) Causing (if mechanical, cause reported) <b>000</b>								33. Was this consist transporting passengers? (y/n) <b>No</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.		
(1) Total in Train <b>5</b>		<b>0</b>		<b>0</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>		
						36. Equipment Damage This Consist \$ <b>715,306</b>		37. Track, Signal, Way, & Structure Damage \$ <b>239,048</b>		
						38. Primary Cause Code <b>H508</b>		39. Contributing Cause Code		
40. Engineers/ Operators <b>1</b>		41. Firemen		42. Conductors <b>1</b>		43. Brakemen		44. Engineer/Operator Hrs: <b>09</b> Mins: <b>06</b>		
								45. Conductor Hrs: <b>09</b> Mins: <b>06</b>		
Casualties to:		46. Railroad Employees		47. Train Passengers		48. Others		49a. Special Study Block A <b>OTH</b>		
Fatal <b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>		49b. Special Study Block B <b>000-000-000</b>		
Nonfatal <b>0</b>		<b>0</b>		<b>0</b>		<b>0</b>				
50. Latitude <b>39.112603</b>				51. Longitude <b>-94.476961</b>						
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>AASFX-18, LEAD UNIT UP2658, DERAILED 10 CARS, DUE TO TRAIN MAKE UP, RESULTING IN EXCESSIVE BUFF FORCES. AT THE TIME OF THE INCIDENT, THERE WERE NO TRAIN MAKE-UP RESTRICTIONS VIOLATED. AS A RESULT OF THIS INCIDENT, NEW RESTRICTIONS WERE PUT INTO PLACE AND THE CREW WAS NOT HELD RESPONSIBLE. ROCK CREEK JCT CONTROL POINT IS DISPATCHED BY KCT, OWNED BY UP, TRACK MAINTAINED BY UP, SIGNAL MAINTENANCE PERFORMED BY KCT FOR BNSF. *KCT MAINTAINS SIGNAL. KCT SIGNAL COST = \$97,587*</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.										