DEPARTMENT OF FEDERAL RAILROAD		_	Ŋ	RAI	L EQU	IPMEN	ТАС	CIDE	NT/INCI	DEN	T REPOI	RT			ON	IB Approval	No: 2130-0500
1. Name of Reporting Railroad								1a. Alphabetic Code					1b. Railroad Accident/Incident No.				
Union Pacific Rail	road Compan	v [UP]							UP	ПР				0819PR004			
2. Name of Other Railros			Involved	i						2a. Alphabetic Code				2b. Railroad Accident/Incident No.			
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry)								3a. Alpha	3a. Alphabetic Code				3b. Railroad Accident/Incident No.				
Union Pacific Railroad Company [UP]									UP					0819PR004			
4. U. S. DOT Grade Crossing Identification Number									5. Date of Accident/Incident				6. Time of Accident/Incident				
7. Tour of Assident	1.0	railment		4 6:1	1 115				0	month day year 8 0 1 2019				10:34 AM X PM Code			
7. Type of Accident/ Incident (single			ion		le collision	nn.			crossing						ner lescribe in)		Code
									13								
8. Cars Carrying HAZMAT	rying 9. HAZMAT C					10. Cars Releasing HAZMAT			11. People Evacuated			12. Subdivision					
N/A		Deraile	i		NI/A	N/A			N/A			PROVISO YARD					
13. Nearest				N/A			14. Milepost (to			N/A 15. State Code 16. Count		16. County		FROVISO TARD			
City/						nearest			Abbr.								
Town CHICA	AGO					tent		16.0	II		17	COOK		1			
17. Temperature (F)		18. Visibil 1. Dav	•	ingle entry) 3. Dusk		Code		ither <i>(si</i> Clear	ngle entry) 3. Rain		5. Sleet	Co	de	20. Type o		ding	Code
(specify if minus)	74 ° F	2. Da		4. Dark		2		Cloudy	4. Fog		6. Snow		l	2. Yard		dustry	2
21. Track Name/					22. 1	FRA Track Code										Code	
Number					Class (1-9, X)				Density (gross tons					1. North 3.East			
YARD 218 25. Type of Equipment 1. Freight train 5. Single car 9. Maint./inspect. car								1	Density (gross tons in millions)					2. South 4. West 27. Train Number/Symbol			
25. Type of Equipment Consist	Freight train Passenger train-		5. Single 6. Cut of		Maint./insA. Spec. Mo			D. EMU E. DMU		26.	Was Equipmen Attended?	IT		27. 1	rain Numbe	r/Symbol	
(single entry)	Commuter train Work train	-Pulling	7. Yard/sv 8. Light lo	witching]	B. Passenge	r Train-Push er Train-Push	ning	a. Divic	Code 5		1. Yes	2. No	Cod N	le			
28. Speed (recorded sp	eed	Cod	e 30	0. Type of T	Γerritory	(enter code	es that ap	pply)				· ·		30a. Remo	tely Contro	lled Locomo	tive?
if available) Signalization (Mandatory)								0 = Not a remotely controlled operation							operation		
R - Recorded E - Estimated 000 MPH E 1. Signaled 2. Not Signaled Method of Operation/Authority for Movement (Mandato								I = Remote control portable transmitter									
E - Estimated 29 Trailing Tons (gra		E			-											oi tower ope ol portable ti	
29. Trailing Tons (gross tonnage, excluding power units) 1. Signal Indication 2. Direct Train Control 3. Yard/I 4. Block Register Territory 5. Other Than Main Tra												•					
Supplemental/Adjun * Mandatory to the e:				-			ntered				control transmitter Code						
31. Principal Car/Unit		a. Initial	and Numb	ber	b. Position	n in Train		c. Load	ed (yes/no)	3	32. If any railro	ad employee(s)	tested	for drug/alc	ohol use, en	ter the numb	er that
(1) First involved								were positive in the			ive in the appro	opropriate box. Alcohol E			Drugs		
(derailed, struck, etc)						004		X 7									
(2) Causing (if mechanical,			CRGX016156			001			Y 33.Was this consist transport			sist transportin	ing passengers ? (y/n)				
			GX016	6156		001			Y SSAW as all a constant transporting			Б Риол	No No				
34. Locomotive Units		a. Head		Mid T	rain	I	Rear End	ļ	35. Cars	Loaded				En	npty		
(Exclude EMU, DMU, and Cab Car Locomotives.)		End	b. M	b. Manual c. Remote		d. Manual e. Remote		(Include EMU, DMU, and Cab Car Locomotives.)			r a. Fre	ight	b. Pass.	c. Freight	d. Pass.	e. Caboose	
(1) Total in Train	0		0	0	0		0	(1) Total	in Equi	ipment Consist	1		0	0	0	0	
(2) Total Derailed	0		0	0	0		0	(2) Total	Deraile	ed	0		0	0	0	0	
36. Equipment Damage 3				k, Signal, W	'		38. Primary Cause			<u>'</u>	39	9. Contributi	ng Cause				
This Consist \$ 33,246 & Structure Damage \$						33		Code E21C					Code				
l .	33,24	Number of	Crew Me	embers									f Time	e on Duty			
40. Engineers/				42. Conductors 43			43. Brakemen			44. Engineer/Operator			45	45. Conductor			
Operators 0			0						Hrs: Mins:					Hrs: Mins:			
Casualties to:	46. Railroad Employees					48. Others			49a. Special Study Block A				49b. Special Study Block B				
Fatal	0	0			0			OMY.					200 000 000				
Nonfatal	0	0			0			OTH 000				000-	0-000-000				
50. Latitude 41.923762 51. Longitude -87.914768																	
52. Narrative Description	(t if necessar												
DURING NORMAL K	ICKING OPERA	TIONS I	INBOU	JND YARI	D, THE A-	END SILL	FAILE	D AND I	PUSHED DO	WN ON	N CAR CRGX	16156. NO D	ERAI	LMENT.			

3. Typed/Printed Name &		55. Date
Title of Preparer	54. Signature	
IOTE. 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 exiden	a or used for any nurnose in any suit

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 ime 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.