DEPARTMENT O FEDERAL RAILROAD				IL EQU	JIPMEN	NT AC	CIDE	NT/INCID	ENT REP	ORT			OM	IB Approval	No: 2130-050	
1. Name of Reporting Ra	ailroad							1a. Alphabet	ic Code			1b. Railro	ad Accident/	Incident No.		
Union Pacific Railroad Company [UP]									UP				0919HL008			
2. Name of Other Railro			Involved					2a. Alphabet	ic Code				ad Accident/	Incident No.		
3. Name of Railroad or C	Other Entity Response	sible for Tra	ck Maintenance	(single er	ntry)			3a. Alphabet	ic Code			3b. Railro	ad Accident/I	ncident No.		
Union Pacific Railroad Company [UP]								UP				0919H	T.008			
4. U. S. DOT Grade Crossing Identification Number								5. Date of Accident/Incident					f Accident/In	cident		
4. U. S. DOT Grade Cros	ssing Identification I	Number						mont 0	h day 9 0		year 2019	3:40	A	м	PM X	
7. Type of Accident/	1. De	railment	4. Si	de collision	1	7. F	Iwy-rail (Ť	- 0	• Explosion-d		13. Of	her		Code	
Incident (single		ad on collis		king collis			RR grade	e		Fire/violent			describe in)			
entry in code box)	3. Re	ar end collis	sion 6. Br	oken train	collision	9. (Obstructio	on	12. 0	Other impac	ts	n	arrative)		12	
Cars Carrying		9. HAZMA	T Cars		10. Cars	s Releasing	3	1	1. People			12. Subdi	vision			
HAZMAT		Damage			HA	AZMAT			Evacuated							
N/A		Derailed	1	N/A			N/A			N/A		KCM	IETRO N	EFF YD		
13. Nearest					14. Mile		0	15. State	Code	16. Co	unty					
City/					neo	arest		Abbr.	I.							
Town KANS	AS CITY				ten	th)	277.0	MO	29	JAC	CKSON					
17. Temperature (F)		18. Visibil)	Code			gle entry)			Code	20. Type			Code	
(specify if minus)	0	1. Dav		1			lear	3. Rain	5. Sleet			1. Mai		•		
01 T 1 N /	86 ^o F	2. Day	4. Dark		2		loudy	4. Fog	6. Snow		1	2. Yar		dustry	2	
21. Track Name/ Number				22.	FRA Track Class (1-9,		Cod	le 23. Annual Densi				24. 11me 1. Nor	Table Directi th 3.Ea		Code	
ZONE 2 CROSSO	WED				Class (1-9,	A)	1	in mil	(gross tons lions)			2. Sou			3	
25. Type of Equipment			5. Single car	9. Maint./ii	nspect_car	D	. EMU	in mu	26. Was Equip	ment			Train Numbe		3	
Consist	2. Passenger train-		6. Cut of cars		IoW Equip.		. DMU		Attended?							
(single entry)	 Commuter train Work train 	-Pulling	7. Yard/switching	B. Passeng				Code 7	1. Yes	2. N		Code YK Y	C3			
28. Speed (recorded sp	peed	Code	e 30. Type of	Territory	(enter cod	des that ap	ply)	•				30a. Rem	otely Control	led Locomot	ive?	
if available)		1	Signalizatio										Not a remotel			
R - Recorded			1. Signaled		t Signaled			2				1 = F	Remote contro	ol portable tra	ansmitter	
E - Estimated	002 MPH	E	Method of	Operation/A	Authority for	Movemen	t (Man	datory) 5				2 = F	Remote contro	ol tower oper	ation	
29. Trailing Tons (gr	oss tonnage,		1. Signal In	dication 2	 Direct Trai 	n Control	3. Yard/	Restricted Limits				3 = H	Remote contro	ol portable tra	ansmitter -	
excluding power un	iits)				itory 5. C		Main Tra	ack K-F	Restricted Speed	l or Equiva	lent		e than one ren			
		2,575		-	Codes (Ma							contr	rol transmitte	r	Code	
		2,373	* Mandatory	to the exte	ent that all ap	plicable co	odes are e	entered							3	
31. Principal Car/Unit		a. Initial a	and Number	b. Positi	on in Train		c. Loade	d (yes/no)		-		sted for drug/alo				
(1) First involved									were po	ositive in th	e appropria	ate box.	Alc	ohol	Drugs	
(derailed, struck, et	c)															
(2) Consists (1)	1 . 1	GL	NX023554		017			N	22 Weedle					00	00	
(2) Causing (if ma cause reported)	echanical,				000				33.Was this	consist trar	isporting p	assengers ? (y/n)		No	
34. Locomotive Units				 				35. Cars	1		L	oaded	Em	pty	110	
(Exclude EMU, DMU, ar Locomotives.)	nd Cab Car	a. Head End	Mid 7 b. Manual	c. Remote	d. Manu	Rear End	Remote		, DMU, and Cab	Car	a. Freigh		c. Freight	d. Pass.	e. Caboose	
(1) Total in Train		1	0	0	0		0	(1) Total in	Equipment Cons	sist	14	0	19	0	0	
(2) Total Derailed		0	0	0	0		0	(2) Total De	erailed		0	0	0	0	0	
36. Equipment Damage		· · · · · · · · · · · · · · · · · · ·	37. Track, Signal, V	Vay,		I		38. Primary Cau	se			39. Contribut	ing Cause	1		
This Consist			& Structure Da	•	¢	0		Code				Code	8			
	\$ 9,981			-	\$	0				H702						
10 F 1			Crew Members		(0. D					I	length of T	ime on Duty				
40. Engineers/	41. Firemen	· · · · ·	42. Conductors		43. Brakem	en		44. Engineer/Op	erator			45. Conducto	r			
Operators 2			0					Hrs: 01 Mins: 10			Hrs: Mins:					
Casualties to:	46. Railroad Empl	oyees	47. Train Passenger	s	48. Others			49a. Special Study Block A 49b. S				o. Special Study	Special Study Block B			
Fatal	0		0			0		отн			00	0-000-000				
Nonfatal	0		0			0										
50. Latitude			39.1139	56				51. Longitude				-94.48	1311			

52. Narrative Description (Be specific, and continue on separate sheet if necessary)

THE YKC17R-06 BEGAN A SHOVING MOVE OUT OF BOWL 16 AND INTENDED TO SHOVE INTO ZONE 1. THE SWITCHMAN IN THE DOLLHOUSE FAILED TO LINE THE SOUTH SIDE CROSSOVER INTO ZONE 1. THE CROSSOVER WAS LINED INTO ZONE 2, WHERE THE YKC37R-06 WAS PULLING INTO TRK 305 IN ZONE 2, RESULTING IN THE UP2030 COLLIDING WITHTHE YKC37R'S CUT OF CARS AT 4.4 MPH. SWITCHMAN STOPPED THE MOVEMENT WHEN THE OCU SHOWED A ROLL-BACKERROR ON THE BOX.

53. Typed/Printed Name &		55. Date					
Title of Preparer	54. Signature						
OTE: 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							
natter 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							
nformation unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.							

1 Name of Deserting D	ADMINISTRATIC	DN	RAI	L EQUI	IPMEN'	Γ ACCIDE	NT/INCID	ENT REPO	DRT			OM	IB Approval	No: 2130-05	
1. Name of Reporting Railroad								1a. Alphabetic Code				1b. Railroad Accident/Incident No.			
Union Pacific Rai	ilroad Company	e [] IP]					UP				0919HL008				
2. Name of Other Railro			ivolved				2a. Alphabetic Code				2b. Railroad Accident/Incident No.				
							-								
3. Name of Railroad or	Other Entity Respon	sible for Track	Maintenance	(single entr	y)		3a. Alphabet	ic Code			3b. Railroad	d Accident/I	ncident No.		
Union Pacific Railroad Company [UP]															
Union Pacific Ra	liroad Company	y [UP]					5 Date of A	.ccident/Incident			0919HI 6 Time of	Accident/In	cident		
4. U. S. DOT Grade Cro	ssing Identification	Number	1				mont		year						
							0	9 0 6	201	9	3:40	А	м	PM X	
7. Type of Accident/		erailment		le collision		7. Hwy-rail			plosion-detonat		13. Oth			Code	
Incident (single		ead on collision		king collision		8. RR grade	-		re/violent ruptur	e		escribe in)			
entry in code box) 8. Cars Carrying	3. Ke	Rear end collision 6. Broken train collision 9. Obstru 9. HAZMAT Cars 10. Cars Releasing						12. Ot 1. People	her impacts		narrative) 12. Subdivision			12	
HAZMAT		Damaged/	Cais			MAT	1	Evacuated			12. Suburv	131011			
		Derailed													
N/A 13. Nearest				N/A	14. Milep	N/A ost (to	15. State	Code	N/A 16. County		KCM	ETRO NI	EFF YD		
City/					near		Abbr.		10. County						
•	SAS CITY				tenth		MO	29	JACKSO	DN					
17. Temperature (F)		18. Visibility	(single entry)		Code 1	19. Weather (sin		1 =-		ode	20. Type of	f Track		Code	
(specify if minus)	0	1. Dawn	3. Dusk	I.		1. Clear	3. Rain	5. Sleet	1		1. Main	3. Sie	ding	L	
	86 [°] F	2. Day	4. Dark		2	2. Cloudy	4. Fog	6. Snow		1	2. Yard		dustry	2	
21. Track Name/					RA Track	Co	Dund	4				able Directi		Code	
Number ZONE 2 CROSS	OVED				Class (1-9, X)	′ 1	Densi in mil	ty (gross tons lions)			1. North 2. South			3	
25. Type of Equipment	1. Freight train	5.1	Single car	9. Maint./ins	pect. car	D. EMU		26. Was Equipm	ent			rain Number		5	
Consist	2. Passenger train-	-Pulling 6.	Cut of cars	A. Spec. Mo	W Equip.	E. DMU		Attended?							
(single entry)	3. Commuter train	•	Yard/switching				Code	1. Yes	2. No	Code	e YKO	21			
	4. Work train			C. Commute		0	7			Y					
28. Speed (recorded s	peed	Code	30. Type of '	•		s that apply)						•	led Locomot		
if available)				n (Mandata			2	2 0 = Not a remotely controlled operation 1 = Remote control portable transmitter						-	
R - Recorded E - Estimated	004 MPH	E	1. Signaled Method of (2. Not S		Iovement (Mar	ndatory) 5						ol tower oper		
	ross tonnage,				•		(Restricted Limits						ol portable tr		
excluding power u			-	gister Territo		ner Than Main Tr			or Fauivalent				-		
	1						ack K-F	Restricted Speed	or Equivalent		more	than one ren	note		
			Supplement	al/Adjunct C	•		ack K-I	Restricted Speed	or Equivalent			than one ren ol transmitter		Code	
		2,837			odes (Mana			Restricted Speed	51 Equivalent					Code 3	
31. Principal Car/Unit		2,837	* Mandatory		odes (Mand t that all appl	latory*)	entered	_	road employee(s) tested	contro	ol transmitter	r	3	
31. Principal Car/Unit (1) First involved		, 	* Mandatory	to the exten	odes (Mand t that all appl	latory*) licable codes are	entered	32. If any rail	-		contro for drug/alco	ol transmitter	r	3	
*	tc)	a. Initial and	* Mandatory	to the exten	odes <i>(Mana</i> t that all appl	latory*) licable codes are	entered	32. If any rail	road employee(s		contro for drug/alco	bl transmitter	r er the numbe cohol	ar that Drugs	
(1) First involved (derailed, struck, et		a. Initial and	* Mandatory	to the exten	odes (Mand t that all appl	latory*) licable codes are	entered	32. If any rail were pos	road employee(s	opriate t	contro for drug/alco pox.	bhol use, ent	r er the numbe	3 er that	
 (1) First involved (derailed, struck, etc.) (2) Causing (if m) 	tc) nechanical,	a. Initial and	* Mandatory	to the exten	odes <i>(Mana</i> t that all appl	latory*) licable codes are	entered	32. If any rail were pos	road employee(s	opriate t	contro for drug/alco pox.	bhol use, ent	r er the numbe cohol	3 er that Drugs 00	
(1) First involved (derailed, struck, et (2) Causing (if n cause reported)		a. Initial and	* Mandatory d Number 002030	b. Position	odes (Mana t that all appl i in Train 001 000	latory*) licable codes are c. Loade	entered ed (yes/no)	32. If any rail were pos	road employee(s	opriate b ng passe	contro for drug/alco pox. ngers ? (y/	bhol use, ent	r cohol 00	ar that Drugs	
(1) First involved (derailed, struck, et (2) Causing (if n cause reported)	nechanical,	a. Initial and	* Mandatory d Number 002030 Mid T	b. Position	odes (Mana t that all appl i in Train 001 000	latory*) licable codes are c. Loade ear End	entered ed (yes/no) 35. Cars (Include EMU	32. If any rail were pos	road employee(s itive in the appr onsist transportin	ng passe	contro for drug/alco pox. ngers ? (y/	bhol use, ent	r cohol 00	3 er that Drugs 00	
(1) First involved (derailed, struck, et (2) Causing (if n cause reported) 34. Locomotive Units (Exclude EMU, DMU, a	nechanical,	a. Initial and UP a. Head	* Mandatory d Number 002030 Mid T	b. Position	odes (Mana t that all appl i in Train 001 000 R	latory*) licable codes are c. Loade ear End	entered ed (yes/no) 35. Cars	32. If any rail were pos 33.Was this c	road employee(s itive in the appr onsist transporti	ng passe	contro for drug/alco pox. ngers ? (y/	bhol use, ent Alc /n) Em	r er the numbe cohol 00	3 er that Drugs 00 No	
(derailed, struck, et (2) Causing (if n cause reported) 34. Locomotive Units	nechanical,	a. Initial and UP a. Head	* Mandatory d Number 002030 Mid T	b. Position	odes (Mana t that all appl i in Train 001 000 R	latory*) licable codes are c. Loade ear End	entered ed (yes/no) 35. Cars (Include EMU Locomotives.)	32. If any rail were pos 33.Was this c	road employee(s itive in the appr onsist transportin Car a. Fr	ng passe Loade eight	contro for drug/alco pox. ngers ? (y/	bhol use, ent Alc /n) Em	r er the numbe cohol 00	3 er that Drugs 00 No	
 (1) First involved (derailed, struck, et (2) Causing (if m cause reported) 34. Locomotive Units (Exclude EMU, DMU, a Locomotives.) (1) Total in Train 	nechanical,	a. Initial and UP a. Head End 1	* Mandatory d Number 002030 Mid T b. Manual 0	b. Position	odes (Mana t that all appl in Train 001 000 R d. Manual 0	latory*) icable codes are c. Loade ear End e. Remote 0	entered ed (yes/no) 35. Cars (Include EMU Locomotives.)	32. If any rail were pos 33.Was this c DMU, and Cab C Equipment Consi	road employee(s itive in the appr onsist transportin Car a. Fr st 2	ng passe Loade eight 2	contro for drug/alco pox. ngers ? (y/ ed b. Pass. 0	ohol use, ent ohol use, ent Alc (n) Em c. Freight 0	r er the number ohol 00 00 00 00 0 0	3 er that Drugs 00 No e. Caboose 0	
(1) First involved (derailed, struck, et (2) Causing (if m cause reported) 34. Locomotive Units (Exclude EMU, DMU, a Locomotives.) (1) Total in Train (2) Total Derailed	nd Cab Car	a. Initial and UP a. Head End 1 1	* Mandatory d Number 002030 002030 0 0 0 0	rain c. Remote	odes (Mana t that all appl i in Train 001 000 R d. Manual	latory*) licable codes are c. Loade ear End e. Remote	at (yes/no) 35. Cars (Include EMU Locomotives.) (1) Total in (2) Total De	32. If any rail were pose 33.Was this c DMU, and Cab C Equipment Consi erailed	road employee(s itive in the appr onsist transportin Car a. Fr	ppriate b ng passe Loade eight 2	contro for drug/alco tox. ngers ? (y ed b. Pass. 0 0	bhol use, ent Alc //// /// C. Freight 0 0	r er the number cohol 00 pty d. Pass.	3 er that Drugs 00 e. Caboose	
(1) First involved (derailed, struck, et (2) Causing (if m cause reported) 34. Locomotive Units (Exclude EMU, DMU, a .ocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage	nd Cab Car	a. Initial and UP a. Head End 1 1 37	* Mandatory d Number 002030 0 0 0 0 1. Track, Signal, W	to the extent b. Position rrain c. Remote 0 0 7/ay,	odes (Mana t that all app) in Train 001 000 R d. Manual 0 0 0	latory*) icable codes are c. Loade ear End e. Remote 0 0	35. Cars (Include EMU Locomotives.) (1) Total in (2) Total Do 38. Primary Cau	32. If any rail were pose 33.Was this c DMU, and Cab C Equipment Consi erailed	road employee(s itive in the appr onsist transportin Car a. Fr st 2 0	ppriate b ng passe Loade eight 2	contro for drug/alco pox. ngers ? (y/ ed b. Pass. 0	bhol use, ent Alc //// /// C. Freight 0 0	r er the number ohol 00 00 00 00 0 0	3 er that Drugs 00 No e. Caboose 0	
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(1) First involved (derailed, struck, ex (2) Causing (if n cause reported) 34. Locomotive Units (Exclude EMU, DMU, a .ocomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist	echanical, nd Cab Car \$ 7,47'	a. Initial and UP a. Head End 1 1 37 7 Number of C	* Mandatory d Number 002030 002030 0 0 . Track, Signal, W & Structure Da rew Members	to the extent	odes (Mana t that all app) in Train 001 000 R d. Manual 0 0 0	latory*) icable codes are c. Loade ear End e. Remote 0 0 5,297	35. Cars (Include EMU Locomotives.) (1) Total in (2) Total Do 38. Primary Cau Code	32. If any rail were pose 33.Was this c DMU, and Cab C Equipment Consi erailed se	road employee(s itive in the appro- onsist transportin Car a. Fr st 2. st 2. H702	Depriate the second sec	contro for drug/alco tox. ngers ? (yv ed b. Pass. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	bhol use, ent Alc Alc (n) Em c. Freight 0 0 ng Cause	r er the number ohol 00 00 00 00 0 0	3 er that Drugs 00 e. Caboose 0	
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(1) First involved (derailed, struck, et (2) Causing (if n cause reported) 34. Locomotive Units (Exclude EMU, DMU, a Locomotives.) (1) Total in Train (2) Total Derailed 36. Equipment Damage This Consist	echanical, nd Cab Car \$ 7,47'	a. Initial and UP a. Head End 1 1 7 Number of C 42	* Mandatory d Number 002030 Mid T b. Manual 0 0 . Track, Signal, W & Structure Da rew Members . Conductors	to the extent b. Position rain c. Remote 0 0 Vay, mage \$	odes (Mana t that all app) in Train 001 000 R d. Manual 0 0 0	latory*) icable codes are c. Loade ear End e. Remote 0 0 5,297	35. Cars (Include EMU Locomotives.) (1) Total in (2) Total Do 38. Primary Cau Code 44. Engineer/Op	32. If any rail were pose 33. Was this c DMU, and Cab C Equipment Consi railed se erator 08 Mins	road employee(s itive in the appro- onsist transportin Car a. Fr st 2 t H702 Length	Loade eight 2 39 of Time 45	contro for drug/alco iox. agers ? (y/ ed b. Pass. 0 0 0 0 0 0 0 0 0 0	bhol use, ent Alc Alc (n) Em c. Freight 0 0 ng Cause	r er the number cohol 00 00 0 0 0 0	3 er that Drugs 00 No e. Caboose 0	
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52. Narrative Description (Be specific, and continue on separate sheet if necessary)

THE YKC17R-06 BEGAN A SHOVING MOVE OUT OF BOWL 16 AND INTENDED TO SHOVE INTO ZONE 1. THE SWITCHMAN IN THE DOLLHOUSE FAILED TO LINE THE SOUTH SIDE CROSSOVER INTO ZONE 1. THE CROSSOVER WAS LINED INTO ZONE 2, WHERE THE YKC37R-06 WAS PULLING INTO TRK 305 IN ZONE 2, RESULTING IN THE UP2030 COLLIDING WITHTHE YKC37R'S CUT OF CARS AT 4.4 MPH. SWITCHMAN STOPPED THE MOVEMENT WHEN THE OCU SHOWED A ROLL-BACKERROR ON THE BOX.

53. Typed/Printed Name &		55. Date					
Title of Preparer	54. Signature						
OTE: 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							
natter 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							
nformation unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.							