

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad Union Pacific Railroad Company [UP]			1a. Alphabetic Code UP			1b. Railroad Accident/Incident No. 1019HL042		
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) Union Pacific Railroad Company [UP]			3a. Alphabetic Code UP			3b. Railroad Accident/Incident No. 1019HL042		
4. U. S. DOT Grade Crossing Identification Number			5. Date of Accident/Incident month: 1 day: 0 year: 2019			6. Time of Accident/Incident 1:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		
7. Type of Accident/ Incident (single entry in code box)			7. Side collision			13. Other (describe in narrative) 13		
8. Cars Carrying HAZMAT N/A			9. HAZMAT Cars Damaged/ Derailed N/A			10. Cars Releasing HAZMAT N/A		
11. People Evacuated N/A			12. Subdivision K C METRO NEFF YD					
13. Nearest City/Town KANSAS CITY			14. Milepost (to nearest tenth) 281.0			15. State Code Abbr. MO		
16. County JACKSON			17. Temperature (F) (specify if minus) 48 ° F			18. Visibility (single entry) Code 1. Dawn 3. Dusk 2. Day 4. Dark 4		
19. Weather (single entry) Code 1. Clear 3. Rain 5. Sleet 2. Cloudy 4. Fog 6. Snow 1			20. Type of Track Code 1. Main 3. Siding 2. Yard 4. Industry 2					
21. Track Name/ Number YARD 65			22. FRA Track Class (1-9, X) 1			23. Annual Track Density (gross tons in millions) 6		
24. Time Table Direction Code 1. North 3. East 2. South 4. West			25. Type of Equipment Consist (single entry) 1. Freight train 5. Single car 9. Maint./inspect. car D. EMU 2. Passenger train-Pulling 6. Cut of cars A. Spec. MoW Equip. E. DMU 3. Commuter train-Pulling 7. Yard/switching B. Passenger Train-Pushing 4. Work train 8. Light loco(s) C. Commuter Train-Pushing			26. Was Equipment Attended? 1. Yes 2. No Code N		
27. Train Number/Symbol			28. Speed (recorded speed if available) R - Recorded 000 MPH E - Estimated R			29. Trailing Tons (gross tonnage, excluding power units) 53		
30. Type of Territory (enter codes that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled 2 Method of Operation/Authority for Movement (Mandatory) 5 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track K-Restricted Speed or Equivalent 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 0					
31. Principal Car/Unit (1) First involved (derailed, struck, etc) AEPX003342			a. Initial and Number 001			b. Position in Train 000		
(2) Causing (if mechanical, cause reported)			c. Loaded (yes/no) N			32. If any railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box. Alcohol: Drugs: 		
33. Was this consist transporting passengers? (y/n) No			34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)			35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		
a. Head End			b. Manual			c. Remote		
d. Manual			e. Remote			a. Freight		
b. Pass.			c. Freight			d. Pass.		
e. Caboose			(1) Total in Train			0		
(2) Total Derailed			0			0		
36. Equipment Damage This Consist \$ 58,072			37. Track, Signal, Way, & Structure Damage \$ 0			38. Primary Cause Code M507		
39. Contributing Cause Code			Number of Crew Members			Length of Time on Duty		
40. Engineers/ Operators 0			41. Firemen			42. Conductors 0		
43. Brakemen			44. Engineer/Operator			45. Conductor		
Hrs: Mins:			Hrs: Mins:					
Casualties to:			46. Railroad Employees			47. Train Passengers		
48. Others			49a. Special Study Block A			49b. Special Study Block B		
Fatal 0			OTH			000-000-000		
Nonfatal 0			50. Latitude 39.117224			51. Longitude -94.553659		
52. Narrative Description (Be specific, and continue on separate sheet if necessary) DAMAGE TO CARS REPORTED A MONTH LATER BY CAR DEPARTMENT. CARS WERE BAD ORDERED TWICE. NO INCIDENT COULD BE FOUND.								
53. Typed/Printed Name & Title of Preparer			54. Signature			55. Date		
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 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.								