

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad <b>UNION PACIFIC RAILROAD</b>		1a. Alphabetic Code <b>UP</b>		1b. Railroad Accident/Incident No. <b>1018DV004</b>	
2. Name of Other Railroad or Other Entity with Consist Involved <b>N/A</b>		2a. Alphabetic Code <b>N/A</b>		2b. Railroad Accident/Incident No. <b>N/A</b>	
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) <b>UNION PACIFIC RAILROAD</b>		3a. Alphabetic Code <b>UP</b>		3b. Railroad Accident/Incident No. <b>1018DV004</b>	
4. U.S. DOT Grade Crossing Identification Number <b>N/A</b>		5. Date of Accident/Incident month   day   year <b>1   0   0   4   1   8</b>		6. Time of Accident/Incident <b>08:39</b> AM <input type="checkbox"/> PM <input checked="" 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>3</b>	
8. Cars Carrying HAZMAT <b>19</b>		9. HAZMAT Cars Damaged/Derailed <b>1</b>		10. Cars Releasing HAZMAT <b>0</b>	
		11. People Evacuated <b>0</b>		12. Subdivision <b>LARAMIE SUB</b>	
13. Nearest City/Town <b>CHEYENNE</b>		14. Milepost (to nearest tenth) <b>528.42</b>		15. State Code Abbr. <b>WY</b>	
		16. County <b>LARAMIE</b>			
17. Temperature (F) (specify if minus) <b>46 + °F</b>		18. Visibility (single entry) Code <b>4</b>		19. Weather (single entry) Code <b>2</b>	
		20. Type of Track Code <b>1</b>			
21. Track Name/ Number <b>Main line 3</b>		22. FRA Track Class (1-9, X) <b>4</b>		23. Annual Track Density (gross tons in millions) <b>2.9</b>	
		24. Time Table Direction Code <b>3</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 <b>1</b>	
		Code <b>1</b>		27. Train Number/Symbol <b>MPCNP 03</b>	
28. Speed (recorded speed, if available) R - Recorded E - Estimated <b>0 MPH</b>		Code <b>E</b>		30. Type of Territory (enter code(s) that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered	
29. Trailing Tons (gross tonnage, excluding power units) <b>13474</b>		Code <b>0</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 Code <b>0</b>	
31. Principal Car/Unit		a. Initial and Number <b>JRSX 1003</b>		b. Position in Train <b>159</b>	
(1) First Involved (derailed, struck, etc.)		c. Loaded (yes/no) <b>NO</b>		32. If railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.	
(2) Causing (if mechanical, cause reported)		<b>N/A</b>		<b>N/A</b>	
				33. Was this consist transporting passengers? (y/n) <b>N</b>	
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		Mid Train	
		b. Manual		c. Remote	
(1) Total in Train		<b>2</b>		<b>0   1</b>	
(2) Total Derailed		<b>0</b>		<b>0   0</b>	
		d. Manual		e. Remote	
		<b>0</b>		<b>0</b>	
35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		a. Freight		Loaded	
		b. Pass		c. Freight	
(1) Total in Equipment Consist		<b>90</b>		<b>0</b>	
(2) Total Derailed		<b>8</b>		<b>0</b>	
		d. Pass		e. Caboose	
		<b>0</b>		<b>0</b>	
36. Equipment Damage This Consist <b>100,000</b>		37. Track, Signal, Way, & Structure Damage <b>0</b>		38. Primary Cause Code <b>M505</b>	
				39. Contributing Cause Code <b>N/A</b>	
Number of Crew Members		Length of Time on Duty			
40. Engineers/ Operators <b>1</b>		41. Firemen <b>0</b>		42. Conductors <b>1</b>	
		43. Brakemen <b>0</b>		44. Engineer/Operator Hrs: <b>11</b> Mins: <b>39</b>	
				45. Conductor Hrs: <b>11</b> Mins: <b>39</b>	
Casualties to:		46. Railroad Employees		47. Train Passengers	
Fatal		<b>0</b>		<b>0</b>	
NonFatal		<b>0</b>		<b>0</b>	
48. Others:		49a. Special Study Block A <b>CWR</b>		49b. Special Study Block B <b>000-000-000</b>	
50. Latitude <b>41.047815</b>		51. Longitude <b>-105.047204</b>			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING</b>					
53. Typed/Printed Name & Title of Preparer <b>JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING</b>					
54. Signature				55. Date <b>10/08/2018</b>	

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).

RAIL EQUIPMENT ACCIDENT/INCIDENT REPORT

1. Name of Reporting Railroad <b>UNION PACIFIC RAILROAD</b>		1a. Alphabetic Code <b>UP</b>		1b. Railroad Accident/Incident No. <b>1018DV004</b>	
2. Name of Other Railroad or Other Entity with Consist Involved <b>N/A</b>		2a. Alphabetic Code <b>N/A</b>		2b. Railroad Accident/Incident No. <b>N/A</b>	
3. Name of Railroad or Other Entity Responsible for Track Maintenance (single entry) <b>UNION PACIFIC RAILROAD</b>		3a. Alphabetic Code <b>UP</b>		3b. Railroad Accident/Incident No. <b>1018DV004</b>	
4. U.S. DOT Grade Crossing Identification Number <b>N/A</b>		5. Date of Accident/Incident month   day   year <b>1   0   0   4   1   8</b>		6. Time of Accident/Incident <b>08:39</b> AM <input type="checkbox"/> PM <input checked="" 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>3</b>	
8. Cars Carrying HAZMAT <b>7</b>		9. HAZMAT Cars Damaged/ Derailed <b>5</b>		10. Cars Releasing HAZMAT <b>0</b>	
		11. People Evacuated <b>0</b>		12. Subdivision <b>LARAMIE SUB</b>	
13. Nearest City/Town <b>CHEYENNE</b>		14. Milepost (to nearest tenth) <b>528.42</b>		15. State Code Abbr. <b>WY</b>	
		16. County <b>LARAMIE</b>			
17. Temperature (F) (specify if minus) <b>46 + °F</b>		18. Visibility (single entry) Code <b>4</b>		19. Weather (single entry) Code <b>2</b>	
		20. Type of Track Code <b>1</b>			
21. Track Name/ Number <b>Main line 3</b>		22. FRA Track Class (1-9, X) <b>4</b>		23. Annual Track Density (gross tons in millions) <b>2.9</b>	
		24. Time Table Direction Code <b>3</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 <b>1</b>	
		Code <b>1</b>		27. Train Number/Symbol <b>MGRCY 04</b>	
28. Speed (recorded speed, if available) R - Recorded E - Estimated <b>53 MPH</b>		Code <b>E</b>		30. Type of Territory (enter code(s) that apply) Signalization (Mandatory) 1. Signaled 2. Not Signaled Method of Operation/Authority for Movement (Mandatory) 1. Signal Indication 2. Direct Train Control 3. Yard/Restricted Limits 4. Block Register Territory 5. Other Than Main Track Supplemental/Adjunct Codes (Mandatory*) * Mandatory to the extent that all applicable codes are entered	
29. Trailing Tons (gross tonnage, excluding power units) <b>12417</b>		Code <b>12417</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 Code <b>0</b>	
31. Principal Car/Unit		a. Initial and Number <b>UP 5412</b>		b. Position in Train <b>1</b>	
(1) First Involved (derailed, struck, etc.)		c. Loaded (yes/no) <b>N/A</b>		32. If railroad employee(s) tested for drug/alcohol use, enter the number that were positive in the appropriate box.	
(2) Causing (if mechanical, cause reported)		<b>N/A</b>		<b>N/A</b>	
				33. Was this consist transporting passengers? (y/n) <b>N</b>	
34. Locomotive Units (Exclude EMU, DMU, and Cab Car Locomotives.)		a. Head End		Mid Train	
		b. Manual		c. Remote	
		d. Manual		e. Remote	
(1) Total in Train		<b>3</b>		<b>0</b>	
(2) Total Derailed		<b>3</b>		<b>0</b>	
35. Cars (Include EMU, DMU, and Cab Car Locomotives.)		a. Freight		Loaded	
		b. Pass		c. Freight	
		d. Pass		e. Caboose	
(1) Total in Equipment Consist		<b>95</b>		<b>0</b>	
(2) Total Derailed		<b>51</b>		<b>0</b>	
36. Equipment Damage This Consist <b>870,000</b>		37. Track, Signal, Way, & Structure Damage <b>0</b>		38. Primary Cause Code <b>M505</b>	
				39. Contributing Cause Code <b>N/A</b>	
Number of Crew Members		Length of Time on Duty			
40. Engineers/ Operators <b>1</b>		41. Firemen <b>0</b>		42. Conductors <b>1</b>	
		43. Brakemen <b>0</b>		44. Engineer/Operator Hrs: <b>4</b> Mins: <b>39</b>	
				45. Conductor Hrs: <b>4</b> Mins: <b>39</b>	
Casualties to:		46. Railroad Employees		47. Train Passengers	
Fatal		<b>2</b>		<b>0</b>	
NonFatal		<b>0</b>		<b>0</b>	
48. Others: <b>0</b>		49a. Special Study Block A <b>CWR</b>		49b. Special Study Block B <b>000-000-000</b>	
50. Latitude <b>41.047815</b>		51. Longitude <b>-105.047204</b>			
52. Narrative Description (Be specific, and continue on separate sheet if necessary) <b>TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING</b>					
53. Typed/Printed Name & Title of Preparer <b>JANETTE L. MCQUEEN MANAGER - SAFETY REPORTING</b>					
54. Signature				55. Date <b>10/08/2018</b>	

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).

**INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD**

**DEPARTMENT OF TRANSPORTATION**  
 FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Date of Accident/Incident (MM/DD/YYYY) 10/04/2018		2. Time of Accident/Incident 08:39		AM	<input checked="" type="checkbox"/>
				PM	
3. Name of Railroad UNION PACIFIC RAILROAD			4. Incident Number 1018DV004		
5. Other Railroad N/A			6. Incident Number N/A		
7. Railroad Responsible for Track Maintenance UNION PACIFIC RAILROAD			8. Incident Number 1018DV004		
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other) REAR END COLLISION					
10. Number of Hazmat Cars Damaged or Derailed 1			11. Number of Hazmat Cars Releasing Product 0		
12. Subdivision LARAMIE SUB		13. Nearest City/Town CHEYENNE		14. County LARAMIE	15. State WY
16. Milepost (to nearest tenth) 528.42		17. Specific Site MAIN TRACK #3			
18. Speed 0		Actual Estimated		19. Train/Job Number MPCNP 03	
		<input checked="" type="checkbox"/>			
20. Type of Equipment (Freight, Passenger, Yard/Switching, etc.) FREIGHT TRAIN			21. Type of Track (Main, Yard, Siding, Industry) MAIN		
22. Total Locomotive Units in Train 3		23. Total Locomotive Derailed 0		24. Total of Cars in Equipment Consist 157	25. Total Cars Derailed 8
26. Equipment Damage (in dollars) 100,000			27. Track, Signal, Way & Structure Damage (in dollars) 0		
28. Primary Cause M505			29. Contributing Cause N/A		
30. Casualties		Nonfatal	Fatal	Nonfatal	Fatal
Worker on duty - employee		0	2	0	0
Employees not on duty		0	0	0	0
Passengers on trains		0	0	0	0
Nontrespassers/on railroad property		0	0	0	0
Trespassers		0	0	0	0
31. Narrative Description (Be specified, and continue on separate sheet if necessary)					
TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING					
32. Was this accident/incident reported to the FRA?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
33. Name of Railroad Official JANETTE MCQUEEN		34. Signature		35. Telephone Number [REDACTED]	36. Date initially signed/completed 10/05/2018
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).					

**INITIAL RAIL EQUIPMENT ACCIDENT/INCIDENT RECORD**

**DEPARTMENT OF TRANSPORTATION**  
 FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Date of Accident/Incident (MM/DD/YYYY) 10/04/2018		2. Time of Accident/Incident 08:39		AM	<input checked="" type="checkbox"/>
				PM	
3. Name of Railroad UNION PACIFIC RAILROAD			4. Incident Number 1018DV004		
5. Other Railroad N/A			6. Incident Number N/A		
7. Railroad Responsible for Track Maintenance UNION PACIFIC RAILROAD			8. Incident Number 1018DV004		
9. Type of Accident/Incident (Derailment, Collision, Obstruction, Other) REAR END COLLISION					
10. Number of Hazmat Cars Damaged or Derailed 5			11. Number of Hazmat Cars Releasing Product 0		
12. Subdivision LARAMIE SUB		13. Nearest City/Town CHEYENNE		14. County LARAMIE	15. State WY
16. Milepost (to nearest tenth) 528.42		17. Specific Site MAIN TRACK #3			
18. Speed 53		Actual Estimated		19. Train/Job Number MGRCY 04	
				<input checked="" type="checkbox"/>	
20. Type of Equipment (Freight, Passenger, Yard/Switching, etc.) FREIGHT TRAIN			21. Type of Track (Main, Yard, Siding, Industry) MAIN		
22. Total Locomotive Units in Train 3		23. Total Locomotive Derailed 3		24. Total of Cars in Equipment Consist 105	25. Total Cars Derailed 57
26. Equipment Damage (in dollars) 870,000			27. Track, Signal, Way & Structure Damage (in dollars) 0		
28. Primary Cause M505			29. Contributing Cause N/A		
30. Casualties		Nonfatal	Fatal	Nonfatal	Fatal
Worker on duty - employee		0	2	0	0
Employees not on duty		0	0	0	0
Passengers on trains		0	0	0	0
Nontrespassers/on railroad property		0	0	0	0
Trespassers		0	0	0	0
31. Narrative Description (Be specified, and continue on separate sheet if necessary)					
TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING					
32. Was this accident/incident reported to the FRA?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
33. Name of Railroad Official JANETTE MCQUEEN		34. Signature		35. Telephone Number	36. Date initially signed/completed 10/05/2018
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).					

# RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Railroad UNION PACIFIC RAILROAD	2. Case/Incident Number 1018DV004
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## EMPLOYEE INFORMATION

3. Last Name, First Name, Middle Initial BROZOVICH, BENJAMIN, G	4. Date of Birth [REDACTED]	5. Sex (M/F) M	6. [REDACTED]	7. Date Hired 03/09/1998
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<b>HOME ADDRESS:</b>	8. Street Address (Include Apt. No.) [REDACTED]	9. City [REDACTED]	10. State [REDACTED]	11. ZIP [REDACTED]	12. Home Telephone No. (include area code) [REDACTED]
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<b>ESTABLISHMENT/ FACILITY WHERE EMPLOYEE NORMALLY REPORTS:</b>	13. Name of Facility [REDACTED]				
	14. Street Address [REDACTED]	15. City CHEYENNE	16. State WY	17. ZIP [REDACTED]	

18. Job Title CONDUCTOR THRU	19. Department Assigned To TRANS - THRU-FREIGHT
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## ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION

<b>LOCATION WHERE ACCIDENT/ INCIDENT/ EXPOSURE OCCURRED:</b>	20. Specific Site MAIN TRACK #3			
	21. City CHEYENNE	22. County LARAMIE	23. State WY	24. ZIP 82001

25. Is this on your premises? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	26. Date of Occurrence 10/04/2018	27. Time Shift Began 10/04/18 04:00	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	28. Time of Occurrence 08:39	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	29. Was person on duty? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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<b>COMPANY NOTIFICATION:</b>	30. Date that Employee Notified Company Personnel of Condition 10/04/2018	31. Time that Employee Notified Company Personnel of Condition 08:39	AM <input type="checkbox"/>	PM <input checked="" type="checkbox"/>	32. Person Notified RMCC
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33. Describe the general activity this person was engaged in prior to injury/illness.

TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING

34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred.

60 SITTING  
A MAIN BRANCH  
03 FREIGHT TRAIN - MOVING  
A6 IN CAB OR ON WALKWAYS OF LOCOMOTIVE  
17 COLLISION - BETWEEN ON TRACK EQUIPMENT  
82 LOCOMOTIVE, OTHER  
99 UNDETERMINED

**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).

**INJURY/CONDITION INFORMATION**

35. Describe the injury/condition that this person sustained.

MULTIPLE BODY PARTS FATALLY INJURED

36. Identify persons and organizations used to evaluate and/or treat condition.

UNKNOWN

37. Describe all procedures, medications, therapy, etc.:

UNKNOWN

38. Check any of the following consequences resulting from this injury/condition:

- Death. Date of: 10/04/2018                       Suicide/Attempted suicide                       Hospitalization for treatment as an inpatient.
- Restriction of work. Reportable days of restricted activity: \_\_\_\_\_ as of: \_\_\_\_\_
- Occupational illness. Date of initial diagnosis: \_\_\_\_\_                       Multiple treatments or therapy sessions.
- Instructions to obtain prescription medication, or receipt of prescription medication.                       Loss of consciousness.
- Missed a day of work or next shift. Reportable days absent from work: \_\_\_\_\_ as of: \_\_\_\_\_
- Significant injury/illness, one meeting specific case criteria, or a covered data case.
- Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc.
- Transfer to another job or termination of employment.

39. If any of the above consequences occurred, the injury/condition is almost always reportable to FRA on Form FRA F 6180.55a. If you believe this case does not meet the reporting criteria, you must give a brief explanation below of the basis for this decision. Was the case reported? Yes  No

40. Has this employee been provided an opportunity to review his or her file? Yes  No

41. Preparer's Name JANETTE MCQUEEN	42. Preparer's Title MGR SAFETY REPORTING	43. Telephone Number [REDACTED]	44. Date initially signed/completed 10/05/2018
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# RAILROAD EMPLOYEE INJURY AND/OR ILLNESS RECORD

DEPARTMENT OF TRANSPORTATION  
FEDERAL RAILROAD ADMINISTRATION (FRA)

OMB Approval No.: 2130-0500

1. Railroad UNION PACIFIC RAILROAD	2. Case/Incident Number 1018DV004
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### EMPLOYEE INFORMATION

3. Last Name, First Name, Middle Initial MARTINEZ, JASON, V	4. Date of Birth [REDACTED]	5. Sex (M/F) M	6. Employee ID [REDACTED]	7. Date Hired 08/07/2006
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<b>HOME ADDRESS:</b>	8. Street Address (Include Apt. No.) [REDACTED]	9. City [REDACTED]	10. State [REDACTED]	11. ZIP [REDACTED]	12. Home Telephone No. (include area code) [REDACTED]
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<b>ESTABLISHMENT/ FACILITY WHERE EMPLOYEE NORMALLY REPORTS:</b>	13. Name of Facility [REDACTED]			
	14. Street Address [REDACTED]	15. City CHEYENNE	16. State WY	17. ZIP [REDACTED]

18. Job Title ENGINEER THRU	19. Department Assigned To TRANS - THRU-FREIGHT
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### ACTIVITY/INCIDENT/EXPOSURE DESCRIPTION

<b>LOCATION WHERE ACCIDENT/ INCIDENT/ EXPOSURE OCCURRED:</b>	20. Specific Site MAIN TRACK #3			
	21. City CHEYENNE	22. County LARAMIE	23. State WY	24. ZIP 82001

25. Is this on your premises? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	26. Date of Occurrence 10/04/2018	27. Time Shift Began 10/04/18 04:00	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	28. Time of Occurrence 08:39	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	29. Was person on duty? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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<b>COMPANY NOTIFICATION:</b>	30. Date that Employee Notified Company Personnel of Condition 10/04/2018	31. Time that Employee Notified Company Personnel of Condition 08:39	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	32. Person Notified RMCC
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33. Describe the general activity this person was engaged in prior to injury/illness.

TRAIN MGRCY-04 STRUCK THE REAR OF TRAIN MPCNP-03. INVESTIGATION OF CAUSE ON GOING

34. Describe all factors associated with this case that are pertinent to an understanding of how it occurred.

60 SITTING  
A MAIN/BRANCH  
03 FREIGHT TRAIN - MOVING  
A6 IN CAB OR ON WALKWAYS OF LOCOMOTIVE  
17 COLLISION - BETWEEN ON TRACK EQUIPMENT  
82 LOCOMOTIVE, OTHER  
99 UNDETERMINED

**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).

**INJURY/CONDITION INFORMATION**

35. Describe the injury/condition that this person sustained.

MULTIPLE BODY PARTS FATALLY INJURED

36. Identify persons and organizations used to evaluate and/or treat condition.

UNKNOWN

37. Describe all procedures, medications, therapy, etc.:

UNKNOWN

38. Check any of the following consequences resulting from this injury/condition:

- Death. Date of: 10/04/2018                       Suicide/Attempted suicide                       Hospitalization for treatment as an inpatient.
- Restriction of work. Reportable days of restricted activity: \_\_\_\_\_ as of: \_\_\_\_\_
- Occupational illness. Date of initial diagnosis: \_\_\_\_\_                       Multiple treatments or therapy sessions.
- Instructions to obtain prescription medication, or receipt of prescription medication.                       Loss of consciousness.
- Missed a day of work or next shift. Reportable days absent from work: \_\_\_\_\_ as of: \_\_\_\_\_
- Significant injury/illness, one meeting specific case criteria, or a covered data case.
- Medical treatment. This includes any medical care or treatment beyond "first aid" that is given, or should have been given, regardless of who provided the treatment. "First Aid" treatment is limited to very simple procedures, e.g., application of a bandaid on minor scratches, cuts, abrasions, etc.
- Transfer to another job or termination of employment.

39. If any of the above consequences occurred, the injury/condition is almost always reportable to FRA on Form FRA F 6180.55a. If you believe this case does not meet the reporting criteria, you must give a brief explanation below of the basis for this decision. Was the case reported? Yes  No

40. Has this employee been provided an opportunity to review his or her file?                      Yes  No

41. Preparer's Name JANETTE MCQUEEN	42. Preparer's Title MGR SAFETY REPORTING	43. Telephone Number [REDACTED]	44. Date initially signed/completed 10/05/2018
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