

RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)		(Continuation Sheet)				SHEET 1 OF 1				
1. Name of Reporting Railroad		2. Alphabetic Code		3. Report Month		4. Report Year				
AMTRAK		ATK		04		12				
5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County			5e. State	5f. Type Person/Job Code	5g. Age	
123548		17	6:46 PM	OSCEOLA			12	E	12	
5h. Drug/Alcohol Test A D	5i. Injury Illness Code	5j. Physical Act	5k. Location	5l. Event	5m. Result	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Special Case Codes
	90	B6	A 14B7	59	99	10	0	0	N	
5s. Latitude (optional)		28.291956			5t. Longitude (optional)			-81.407571		
5u. Narrative (Up to 250 Characters)										
THE TRESPASSER WAS STRUCK BY THE TRAIN.										

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).