

RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION		(Continuation Sheet)		SHEET 1 OF 1	
FEDERAL RAILROAD ADMINISTRATION (FRA)					
1. Name of Reporting Railroad		2. Alphabetic Code	3. Report Month	OMB Approval No: 4. Report Year	
WISCONSIN CENTRAL LTD.		WC	07	14	

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age
820595		20	8:34 PM	WASHINGTON				55	A 617	29
5h. Drug/ Alcohol Test	5i. Injury Illness	5j. Physical Act	5k. Location	5l. Event	5m. Tools	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Special Case Codes
A	D	606D	51	A 03A6	17	82	11	136	N/A	N
5s. Latitude		0.000000				5t. Longitude		0.000000		
5u. Narrative (Up to 250 Characters)		EMPLOYEE WAS OPERATING LOCOMOTIVE WHEN TRAIN IMPACTED WSOR TRAIN THAT WAS OCCUPYING THE MAIN LINE WITHOUT AUTHORITY.								

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age
820595		20	8:34 PM	WASHINGTON				55	A 608	43
5h. Drug/ Alcohol Test	5i. Injury Illness	5j. Physical Act	5k. Location	5l. Event	5m. Tools	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Special Case Codes
A	D	206C	58	A 03A6	17	82	09	180	N/A	N
5s. Latitude		0.000000				5t. Longitude		0.000000		
5u. Narrative (Up to 250 Characters)		EMPLOYEE WAS RIDING IN LOCOMOTIVE WHEN TRAIN IMPACTED ANOTHER TRAIN THAT WAS OUT TO FOUL CAUSING A COLLISION AND DERAILMENT.								

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 20 minutes 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. In trespasser cases and in cases of suicide/attempted suicides, the estimated average time to complete this form is 50 minutes and 65 minutes, respectively. 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.