RAILROAD INJURY A	ND ILLNESS SUMMAR	Y
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1. Name of Reporting Railroad							2. Alp	2. Alphabetic Code			port Mo	4. Report Year				
CSX TRANSPORTATION							CSX	CSX			05			18		
5a. Accident/Injury Number				5d. County								te	5f. Type Person/ Job Code		5g. Age	
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5h. Drug Alcol A	ı∕ hol Test D					5m. Tools	5n. Cause	•	5o. Number of Days Away From Work	1 [op. Number o Days Restricted	Hazn		ure to at	5r. Special Cas Codes	
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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.