			R.A	AILROAD IN	NJURY AN	ID ILL	NESS SI	<b>JMMARY</b>	•									
FEDERAL	IENT OF TRANS RAILROAD ADMI of Reporting Railroa	NISTRATION	inuation	n Sheet)  2. Alphabetic Code 3. Report I				nth	OM	SHEET B Approval 4. Repo	No:							
NORFO	DLK SOUTHERN C	ORP.					NS		03				18					
5a. Accident/	Injury Number	5b. 5c. Day Time of Day		5d. County						5e. State		5f. Type Person/ Job Code		5g. Age				
128890		18	11:14 PM	SCOTT							21		A 608		44			
5h. Drug/ Alcohol To A D	5i. Injury est Illness Code	5j. Physical Act	5k. Location	5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work	ا ا /	5p. Number o Days Restricte	Hazmat		ure to	to Special Ca Codes				
00	106H	40	A 03C6	17	82		09	180	N	I/A		N		N				
5s. Latitud	de	3	8.173832	3832 5t. Lor				ngitude -84.5					541094					
5u. Narra	tive (Up to 250 Ch	aracters)																
5a. Accident/	Injury Number	5b. Day	5c. Time of Day	5d. County							5e. Stat	e	5f. Type Person/		5g. Age			

			5b. Day	5c. Tim of I		5d. County								State 1		5f. Type Person/ Job Code		
12889	90		18	11:1	14 PM	sco	DTT						21	1	A 6	50		
	ol Test	5i. Injury Illness Code	1 - 2				5I. 5m. Tools		5n. Cause		5o. Number of Days Away From Work	5p. Number Days Restricte		5q. Exposure to Hazmat			r. pecial Case odes	
	00	106H	40		A 03C6		17	82		09	180	N/A		N		N	N	
	5s. Latitude 38.173832 5u. Narrative (Up to 250 Characters)				5t. Longitude					-84.5	84.541094							
5u. N	iarrative	(Up to 250 C	naracters)															

5a. Accident/Injury Number	5b. Day		5d. County	5e. State	5f. Type Person/ Job Code	5g. Age
128890	18	11:14 PM	scott	21	A 617	51

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.

## RAILROAD INJURY AND ILLNESS SUMMARY

DEPARMENT OF TRANSPORTATION (Continuation Sheet) SHEET 2 OF 2																
DEPARMENT OF TRANSPORTATION (Continuation FEDERAL RAILROAD ADMINISTRATION (FRA)										ion Sheet) SHEET 2 OMB Approval No.						
Name of Reporting Railroad									2. Alphabe	port Month		4. Report Year				
NO	RFOLK S	SOUTHERN CO	RP.					NS	03				18			
5h. Drug/ Alcoh A	ol Test	5i. Injury Illness Code	5j. Physic Act	al	5k. Location	5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work	ا ا /	op. Number of Days Restricted	5q. Exposui Hazmat		5r. Special Case Codes	
	00	706F	51		A 03A6	17	82		09	180	١	I/A	N		N	
5s. Latitude 38.173832							5t. Long	gitude		-84.54109	41094					
5u. N	larrative (	(Up to 250 Char	racters)													

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