

RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)			(Continuation Sheet)		SHEET 1 OF 4	
1. Name of Reporting Railroad			2. Alphabetic Code		3. Report Month	
AMTRAK			ATK		07	
					19	

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age
160293		28	5:03 PM	WILL				17	E	77
5h. Drug/ Alcohol Test	5i. Injury Illness Code	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	90	21	A 14B4	32	18	10	0	0	N
5s. Latitude		41.456326				5t. Longitude			-87.724760	
5u. Narrative (Up to 250 Characters)										

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age
160293		28	5:003 PM	WILL				17	C	34
5h. Drug/ Alcohol Test	5i. Injury Illness Code	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	935E	60	A 14A7	32	18	11	0	0	N
5s. Latitude		41.456326				5t. Longitude			-87.724760	
5u. Narrative (Up to 250 Characters)		#6								

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age
160293		28	5:003 PM	WILL				17	C	

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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 4									
FEDERAL RAILROAD ADMINISTRATION (FRA)										OMB Approval No:											
1. Name of Reporting Railroad						2. Alphabetic Code		3. Report Month		4. Report Year											
AMTRAK						ATK		07		19											
5h. Drug/ Alcohol Test		5i. Injury Illness Code		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				999		60		A 14A7		32		18		11		0		0		N	
5s. Latitude				41.456326				5t. Longitude				-87.724760									
5u. Narrative (Up to 250 Characters)																					
#4 - TRAIN #393 STRUCK BOX TRUCK AT GRADE CROSSING, PAX TRANSPORTED TO HOSPITAL WITH UNKNOWN INJURIES																					

5a. Accident/Injury Number				5b. Day		5c. Time of Day		5d. County								5e. State		5f. Type Person/ Job Code		5g. Age	
160293				28		5:003 PM		WILL								17		C			
5h. Drug/ Alcohol Test		5i. Injury Illness Code		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				999		60		A 15A7		32		18		11		0		0		N	
5s. Latitude				41.456326				5t. Longitude				-87.724760									
5u. Narrative (Up to 250 Characters)																					
#5 - TRAIN #393 STRUCK BOX TRUCK AT GRADE CROSSING, PAX TRANSPORTED TO HOSPITAL WITH UNKNOWN																					

5a. Accident/Injury Number				5b. Day		5c. Time of Day		5d. County								5e. State		5f. Type Person/ Job Code		5g. Age	
160293				28		5:003 PM		WILL								17		C		23	
5h. Drug/ Alcohol Test		5i. Injury Illness Code		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		205F		60		A 14A7		32		18		11		0		0		N			

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RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION		(Continuation Sheet)		SHEET 3 OF 4	
FEDERAL RAILROAD ADMINISTRATION (FRA)					
1. Name of Reporting Railroad		2. Alphabetic Code	3. Report Month	OMB Approval No: 4. Report Year	
AMTRAK		ATK	07	19	

5s. Latitude	41.456326	5t. Longitude	-87.724760
5u. Narrative (Up to 250 Characters)			
#12-TRAIN 393 STRUCK AN OVERSIZED BOX TRUCK, PAX EXPERIENCED WHIP LASH DUE TO IMPACT			

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age
160293		28	5:003 PM	WILL				17	C	37
5h. Drug/ Alcohol Test	5i. Injury Illness Code	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	999	60	A 14A7	32	18	11	0	0	N
5s. Latitude		41.456326		5t. Longitude		-87.724760				
5u. Narrative (Up to 250 Characters)										
#13 - PAX EXPERIENCED NUMBNESS IN TOES AND TINGLING IN LEFT LEG DOWN TO FOOT, TRANSPORTED TO HOSPITAL										

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age
160293		28	5:003 PM	WILL				17	C	81
5h. Drug/ Alcohol Test	5i. Injury Illness Code	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	103C	60	A 14A7	32	18	11	0	0	N
5s. Latitude		41.456326		5t. Longitude		-87.724760				
5u. Narrative (Up to 250 Characters)										

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RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION		(Continuation Sheet)		SHEET 4 OF 4	
FEDERAL RAILROAD ADMINISTRATION (FRA)					
1. Name of Reporting Railroad		2. Alphabetic Code	3. Report Month	OMB Approval No: 4. Report Year	
AMTRAK		ATK	07	19	

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age
160293		28	5:003 PM	WILL				17	C	
5h. Drug/ Alcohol Test	5i. Injury Illness Code	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	208	60	A 14A7	32	18	11	0	0	N
5s. Latitude		41.456326			5t. Longitude			-87.724760		
5u. Narrative (Up to 250 Characters)										

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