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FEDERAL RAILRC 1. Name of Report		ORTAT		A )				tinuation	Sheet)					~~~	SHEET		OF <u>4</u>
		STRATIC	)N (FR/	4)					2. Alphabet	ic Code	3. R	eport Mor	nth	OM	B Approva		ar
AMTRAK									ATK		07				19		
5a. Accident/Injury Nu		5b. Day	5c. Tim of [		5d. Cour	nty			:				5e. State	)	5f. Type Person/ Job Code		5g. Age
160293		28	5:03	B PM	WIL	L							17		E		77
Alcohol Test Illn	jury ness ode	5j. Physica Act		5k. Location		5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Worl	F Y	5p. Number o Days Restricted	of E	ōq. Exposi Hazma		5r. Spec Code	cial Case es
90		21		A 14B4		32	18		10	0		0	N	I			
5s. Latitude			41.456	326				5t. Lon	gitude			-87.7	24760				
5a. Accident/Injury Nu	umber	5b. Day	5c. Tim		5d. Cour	nty							5e. State	)	5f. Type		5g. Age
			of E	Day											Person/ Job Code	e	
60293		28		Day D3 PM	WIL	L							17				34
5h. 5i. Drug/ Inji Alcohol Test Illn		28 5j. Physica Act	5:00		WIL	L 5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work	y	5p. Number o Days Restricted	of E	ōq. Exposi Hazma	Job Code C ure to	3 5r.	cial Cas
5h. 5i. Drug/ Inji Alcohol Test Illn	jury ness ode	5j. Physica	5:00	03 PM 5k.		51.				Number of Days Away	y k	Number o Days	of E	Exposi Hazma	Job Code C ure to	5r. Spec	cial Cas
5h. 5i. Drug/ Inj Alcohol Test IIIn A D Cc 938 5s. Latitude	jury ness ode i5E	5j. Physica Act 60	5:00	5k. Location		5I. Event	Tools	5t. Lon	Cause	Number of Days Away From Work	y k	Number o Days Restricted	of E	Exposi Hazma	Job Code C ure to	5r. Spec	cial Cas
Drug/ Inj Alcohol Test IIIn A D Co	jury ness ode i5E	5j. Physica Act 60	5:00	5k. Location		5I. Event	Tools	5t. Lon	Cause	Number of Days Away From Work	y k	Number o Days Restricted	of E H H	Exposi Hazma	Job Code C ure to	5r. Spec	cial Cas
5h. 5i. Drug/ Inj Alcohol Test Illn A D Cc 938 5s. Latitude 5u. Narrative (Up	jury ness ode 5E o to 250 Chara	5j. Physica Act 60	41.456	58. Location A 14A7 3326		5I. Event 32	Tools	5t. Lon	Cause	Number of Days Away From Work	y k	Number o Days Restricted	of E H H	Exposi Hazma	Job Code C ure to	5r. Spec Code	cial Cas

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## **RAILROAD INJURY AND ILLNESS SUMMARY**

					NAIL		-							0	
							(Cont	inuation \$	Sheet)				0145	SHEET	
		ROAD ADMI		ON (FRA)				2. Alphabetic	c Code	3. Re	port Month		Approva	ort Year	
AM	ITRAK							АТК		07			19		
5h. Drug/ Alcoh A	/ nol Test D	5i. Injury Illness Code	5j. Physic Act	-	5k. ∟ocation	5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work	/ [	ip. Jumber of Days Restricted	5q. Exposu Hazma		5r. Special Cas Codes
		999	60	A	14A7	32	18		11		N				
ōs. La	atitude			41.45632	26	I		5t. Long	gitude	1	-87.7247	60		1	
ōu. N	Varrative	(Up to 250 Ch	aracters)												
#4	- TRAIN #	¥393 STRUCł	( BOX TR	UCK AT G	RADE CRO	SSING, PAX TF	RANSPOR	FED TO F	HOSPITAL WI	ITH UNKNO'	WN IN	JURIES			

5a. Accide	ənt/Injury	/ Number	5b. Day	5c. Tim of E		5d. County							5e. Sta		5f. Type Person/ Job Code		5g. Age
16029	3		28	5:00	03 PM	WIL	.L						17	,	с		
	Drug/ Injury Physical Location Event Tools Alcohol Test Illness Act									5m. 5n. 5o. 5p. 5q.   Tools Cause Number of Number of Exposure   Days Away Days Hazmat   From Work Restricted						5r. Spe Cod	ecial Case des
		999	60		A 15A7		32	18		11	0	0		N			
5s. La	titude			41.456	326				5t. Long	jitude		-87.7	2476	30			
5u. N	arrative (	(Up to 250 Char	acters)														
#5 - TRAIN #393 STRUCK BOX TRUCK AT GRADE CROS							SING, PAX TRA	NSPORT	ED TO F	HOSPITAL WI	TH UNKNOWN						

5a. Accid	ent/Injury	/ Number	5b. Day	5c. Time of Da		5d. County								5f. Type Person/ Job Code		5g. Age
16029	160293 28 5:003 PM WILL											17		С		23
	ol Test	5i. Injury Illness Code	5j. Physical Act		5k. Location			5m. Tools	5n. Cause		5p. Number o Days Restricted	f E H	iq. Exposi Iazma	ure to	5r. Spe Coc	ecial Case les
	205F 60 A 14A7 32 18 11 0 0							0	N							

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).

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## RAILROAD INJURY AND ILLNESS SUMMARY

DEPARMENT OF TRANSPORTA	TION (Cont	inuation	Sheet)			SHEET 3 OF	4
FEDERAL RAILROAD ADMINISTRATI	ON (FRA)					Approval No:	
1. Name of Reporting Railroad			2. Alphabetic Code	3. Rep	port Month	4. Report Year	
AMTRAK			АТК		19		
5s. Latitude	41.456326	5t. Long	gitude		-87.724760		
5u. Narrative (Up to 250 Characters)							
#12-1 KAIN 393 STRUCK AN OVER	SIZED BOX TRUCK, PAX EXPERIENCED WHI	LASHI	JUE TU IMPACT				

5a. Accid	ent/Injur	y Number	5b. Day			5d. County							5e. Sta	te	5f. Type Person/ Job Code	e	5g. Age
16029	3		28	5:0	003 PM	WIL	LL						17		с		37
5h. Drug/ Alcoh A	ol Test	5i. Injury Illness Code	l	5k. Location		5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work	5p. Number o Days Restricted	of	5q. Expos Hazm		5r. Spe Cod	ecial Case les	
		999	60		A 14A7		32	18		11	0	0		N			
5s. La	atitude			41.45	6326				5t. Long	gitude		-87.7	2476	60			
5u. Narrative (Up to 250 Characters) #13 - PAX EXPERIENCED NUMBNESS IN TOES AN						) TIN	GLING IN LEFT	LEG DO	WN TO I	FOOT, TRANS	SPORTED TO H	IOSPITAL					

5a. Accident/I	Injury Number	5b. Day		f Day									5e. State		5f. Type Person/ Job Code		5g. Age
160293		28	5:0	03 PM	WIL	-L							17		с		81
5h. Drug/ Alcohol Te A D	5i. Injury Illness Code	5j. Physica Act	al	5k. Location		5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted		Hazmat			5r. Spe Coo	ecial Case des
	103C	60		A 14A7		32	18		11 0		0			N			
5s. Latitud	le		41.456326				gitude		-	87.72	2476	0					
5u. Narra	tive (Up to 250 Cha	racters)															
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per respon- collection of respectivel sponsor, at	tion of information is se, including the tim of information. In trea y. The information of nd a person is not re s 2130-0500.	nstructions nd in cases ter of publi	, sear of su c reco	ching existing outlicide/attempted brd, and no con	databases d suicides, ifidentiality	, gatherin , the estin , is promi	ng and mainta mated average ised to any res	ining the data ne e time to complet spondent. Please	eded, e this note	and form that a	comp is 50 an ag	oleting ) minut jency n	and reviev es and 65 nay not co	wing minu onduc	the utes, ct or		

					RA	ILR				NESS S	UMMARY	,						
FEDE	RAL RA	IT OF TRAN	IINISTRATIO		A)			(Cont	tinuation						OM	SHEET B Approva	al No:	
1. Na	me of Re	eporting Railro	bad							2. Alphabe	etic Code	3. F	Report Mor	nth		4. Repo	ort Ye	ear
AN	ITRAK									АТК		07				19		
5a.		N. 1	5b.	5c.		5d.								5e.		5f.		5 <u>g</u> .
ACCIO	aent/injui	ry Number	Day	Tin of I	ne Day	Cou	inty							State		Type Person/ Job Cod	e	Age
1602	93		28	5:00	03 PM	wi	LL							17		с		
5h. Drug Alcoł A	/ nol Test	5i. Injury Illness Code	5j. Physical Act		5k. Location		5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Worl	y	5p. Number o Days Restricted	н		ure to at	5r. Spe Coo	ecial Case les
<u> </u>		208	60		A 14A7		32	18		11	0	-	0	N				
5s. L	atitude		4	11.456	) 326				5t. Lon	gitude			-87.72	24760				
5u. I	Varrative	(Up to 250 C	haracters)															

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