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		T OF TRANS			۵)			(Con	itinuation	Sheet)					OM	SHEET B Approva		OF <u>1</u>
FEDERAL RAILROAD ADMINISTRATION (FRA) 1. Name of Reporting Railroad									2. Alphabetic Code			3. Report Month			4. Report Year			
AMTRAK								ATK 12			12			19				
5a. Accident/Injury Number		1 '				5d. County					'			te	5f. Type Person/	•	5g. Age	
162530 2			27	7:41	I PM	WILL									Job Cod E	е		
5h. 5i. Drug/ Injury Alcohol Test Illness A D Code		5j. Physical Act		5k. Location		5I. 5m. Event Tools			5n. Cause		5o. Number of Days Away From Work		of d	5q. Expos Hazm		5r. Spe Cod	ecial Case des	
I		108	21		A 14B4		32	18		10	0		0		N			
5s. Latitude			4	41.663350						5t. Longitude			-88.033		3886		1	
5u. N	arrative	(Up to 250 Ch	aracters)															
	ent/Injur	y Number	5b.	5c. Tim	ne	5d. Cour	nty							5e. Sta		5f. Type		5g. Age
	ent/Injur	y Number		Tim			nty									1		
		y Number		Tim of [ne										te	Type Person/		
Accid		y Number 5i. Injury Illness Code	Day	Tim of [ne Day	Cour		5m. Tools		5n. Cause	5o. Numbe Days A From N	way	5p. Number of Days Restricted	Sta 17	te	Type Person/ Job Cod C	e 5r.	Age
Accid 16253 5h. Drug/ Alcoh	0 ol Test	5i. Injury Illness	Day 27 5j. Physical	7:41	ne Day PM 5k.	WIL	L 51.			1	Number Days A	way	Number of Days	Sta 17	5q. Expos	Type Person/ Job Cod C	e 5r. Spe	Age
Accid 16253 5h. Drug/ Alcoh A	D Test	5i. Injury Illness Code	Day 27 5j. Physical Act 60	7:41	PM 5k. Location A 14A7	WIL	L 5I. Event	Tools	5t. Lon	Cause	Number Days From V	way	Number of Days Restricted	Sta 17	5q. Expos Hazm	Type Person/ Job Cod C	e 5r. Spe	Age

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.