FEDERAL RA	IT OF TRAN						(Con	tinuation	Sheet)						SHEE		_OF <u>1</u>
FEDERAL RAILROAD ADMINISTRATION (FRA) 1. Name of Reporting Railroad								2. Alphabetic Code		3. Report Mont		OMB Approva					
NORTHEAST ILLINOIS REGIONAL COMMUTER RAIL COR								NIRC C		09				19			
5a. Sb. Accident/Injury Number Day					5d. County								5e. State		5f. Type Person/ Job Co	de	5g. Age
2019071586	13	3:18	PM COOK								17		A 616		41		
5h. Drug/ Alcohol Test A D	5i. Injury Illness Code	5j. Physical Act		5k. Location		5I. 5m. Tools		5n. Cause		5o. Number of Days Away From Work	Days		Hazma				5r. Special Case Codes
	206B	51		A 10B4		32	34		11	180	N	/A					
5s. Latitude			.0000	000		1	'	5t. Lon	gitude			0.0000	0000				
5a. Accident/Inju	ry Number	5b. Day	5c.		5d. Coun	nty							5e. Stat	te	5f. Type		5g. Age
Accident/Inju	ry Number	Day	Tim of D	Day	Coun								Stat		Type Person/ Job Co	de	Age
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Accident/Inju	si. Injury Illness Code	Day	Tim of D	Day	Coun		5m. Tools		5n. Cause	5o. Number of Days Away From Work	/ C		Stat		Type Person/ Job Co C	5r.	Age 24 ecial Case
Accident/Inju 2019071586 5h. Drug/ Alcohol Test	5i. Injury Illness	Day 13 5j. Physical	Tim of D	Day B PM 5k.	Coun	OK 51.			Cause	Number of Days Away	/ C	p. Jumber of Days Restricted	Stat	5q. Expos	Type Person/ Job Co C	5r. Spe	Age 24 ecial Case
Accident/Inju 2019071586 5h. Drug/ Alcohol Test A D 5s. Latitude	5i. Injury Illness Code	Day 13 5j. Physical Act 60	Tim of D	5 PM 5k. Location A 15A7	Coun	OK 5I. Event	Tools	5t. Lon	Cause	Number of Days Away From Work	/ C	p. Jumber of Days Restricted	17	5q. Expos	Type Person/ Job Co C	5r. Spe	Age 24 ecial Case

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.