| | NT OF TRANS | | | | | (Continuatio | n Sheet) | | | | SHEET | | | |
|--|----------------------------------|------------------------|-----------------|------|-------------------------|--------------|--------------|--|-----------------------------------|------------------------------------|-----------------------------|------------------------------|--|--|
| | AILROAD ADMII | | (FRA) | | 2. Alphabe | tic Code | 3. Report Mo | | /B Approval No: 4. Report Year | | | | | |
| UNION PA | CIFIC RR CO. | | | | UP | UP | | | 20 | | | | | |
| 5a. 5b. Accident/Injury Number Day | | | | | ty | | | | 5e. State | 5f. Type Person/ Job Code | 5g. Age | | | |
| 620NC026 | | 16 | 8:40 PM | CON | CONTRA COSTA | | | | | 06 | D | 40 | | |
| ih. Drug/ Alcohol Test | 5i. Injury Illness Code | 5j. Physical Act | 5k. Location | | 5I. Event | 5m. Tools | 5n. Cause | 5o. Number of Days Away From Work | / Days | Hazr | sure to nat | 5r. Special Case Codes | | |
| | 908 | 58 | D 05A9 | | 18 | 14 | 09 | 0 | 0 | N | | | | |
| s. Latitude | | 38 | 8.056001 | | | 5t. Lo | ongitude | | -122 | 122.224886 | | | | |
| | | | | | | | | | | | | | | |
| | | 5b. | 5c. | 5d. | | | | | | 5e. | 5f. | 5g. | | |
| Accident/Inju | ury Number | Day | Time of Day | Coun | | | | | | State | Type Person/ Job Code | Age | | |
| 5a. Accident/Inju 0620NC026 5h. | ıry Number | | Time | Coun | ty ITRA COSTA 51. | 5m. | 5n. | 50. | 5p. | | Type Person/ | Age | | |

| 5a. Accident/Injury Number | 5b. Day | 5c. Time of Day | 5d. County | 5e. State | 5f. Type Person/ Job Code | 5g. Age |
|-------------------------------|------------|-----------------------|---------------|--------------|------------------------------------|------------|
| 0620NC026 | 16 | 8:40 PM | CONTRA COSTA | 06 | D | 40 |

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.

908

5u. Narrative (Up to 250 Characters)

5s. Latitude

58

D 05A9

38.056001

18

14

09

5t. Longitude

N

-122.224886

RAILROAD INJURY AND ILLNESS SUMMARY

| | INT OF TRAM | | | | inuation \$ | Sheet) | | OME | <u>2</u> OF <u>2</u> al No [:] | | | | |
|------------------------------------|------------------------------------|------------------------|-----------------|--------------|-------------------------|--------|--------------|--|--|------------------------------------|--------------------------------|--|------------------------------|
| | Reporting Railr | | (1104) | | 2. Alphabetic Code 3. R | | | oort Month | | | Approval No: 4. Report Year | | |
| UNION P | ACIFIC RR CO | | | | UP (| | | | | 20 | | | |
| 5h. Drug/ Alcohol Tesi AD | 5i. Injury t Illness Code | 5j. Physical Act | 5k. Location | 5I. Event | 5m. Tools | | 5n. Cause | 5o. Number of Days Away From Work | / D | o. umber of ays estricted | 5q. Exposu Hazma | | 5r. Special Case Codes |
| | 908 | 21 | D 05A9 | 18 | 14 | | 09 | 0 | 0 | N | | | |
| 5u. Narrativ | /е (Up to 250 С | haracters) | | | | | | | | | | | |
| | | | | | | | | | | | | | |

| Accident/Injury Number | | | er Day | | ne Day | Gounty | | | | | | | | state | Type Person/ Job Code | | Age | |
|--|----------|-------------------|----------------------|------|-----------------|--------------|--------------|--------------|-----|--------------|--|---------------------------------|--|----------------------|-----------------------------|-------------------|-------------------|--|
| 0620NC026 | | | 16 | 8:40 | D PM | co | CONTRA COSTA | | | | | | | 06 | D | | 40 | |
| 5h. 5i. Drug/ Injury Alcohol Test Illness A D Code | | Injury Illness | 5j. Physic Act | al | 5k. Location | 5I. Event | | 5m. Tools | | 5n. Cause | 5o. Number of Days Away From Work | 5p. Numbe Days Restrie | | 5q. Expos Hazm | sure to nat | 5r. Spe Cod | ecial Case des | |
| | | 908 | 58 | | D 05A9 | | 18 | 8 14 | | 09 | 0 | 0 | | N | | | | |
| 5s. Latitude 38.056001 | | | | | 5t. Longitude | | | | -12 | -122.224886 | | | | | | | | |
| 5u. N | arrative | (Up to 250 Cha | racters) | | | | | | | | | | | | | | | |

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.