## RAILROAD INJURY AND ILLNESS SUMMARY

DEPARMENT OF TRANSPORTATION (Continuation Sheet) SHEET 1 OF														OF 1				
		ROAD ADMINI	OMB Approval No:															
1. Name of Reporting Railroad										2. Alphabetic Code 3.			eport Mor		4. Report Year			
UNION PACIFIC RR CO.										UP 08				20				
5a. Accident/Injury Number		5b. 5c. Tim of I				d. ounty								te	5f. Type Person/ Job Code		5g. Age	
0820SX018			29 1:33		B PM SAN		N PATRICIO									D	40	
	ol Test	5i. Injury Illness Code	5j. Physical Act		5k. Location		5I. Event	5m. Tools		5n. Cause	50. 5p. Number of Number of Days Away Days From Work Restricted		Hazma				cial Case les	
		206G	21		A 03B4		32	18		09	0	0			N			
5s. Latitude 27.974937				1937	5t. Lo				ngitude			-97.686302						
5u. N	larrative (	Up to 250 Char	acters)															

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.