	NT OF TRAN						(Con	tinuation Sheet)				,	SHEE		_OF
FEDERAL RAILROAD ADMINISTRATION (FRA) 1. Name of Reporting Railroad								2. A	2. Alphabetic Code 3. Re			Report Month			Approval No: 4. Report Year	
AMTRAK						ATK	ATK 11				20					
5a. 5b. Day					5d. County								5e. State			
65904 25		25	5:02 PN		HARR	RIS							48	D		30
h. 5i. Injury Iloohol Test D Code		5j. Physical Act	5k. Loca	5k. Location		5l. 5m. Event Tools		5n. Cau	5n. Cause	5o. Number of Days Away From Work		5p. Number o Days Restricted	Ha	posure to zmat		ecial Cas
	90	58	A 14	B4	32	2	18	09		0	0)	N			
s. Latitude	re (Up to 250 Ch		29.868200			5t.			ongitude			-95.12	28190	8190		
	ury Number	5b. Day	5c. Time of Day		5d. County	y							5e. State	5f. Type Person/		5g. Age
Accident/Inj	ury Number	Day	Time of Day		County								State	Type Person/ Job Co		Age
Accident/Inj 65904 5h. Drug/ Alcohol Test	5i. Injury	I	Time	М	HARR 5		5m. Tools	5n. Cau	se	5o. Number of Days Away From Work	, [5p. Number o Days Restricted	State 48 5q. Exi Ha	Type Person/ Job Co	5r. Sp	Age 32
Accident/Inj 65904 5h. Drug/ Alcohol Test	5i. Injury	Day 25 5j. Physical	Time of Day 5:002 P	M	HARR 5	RIS 51. Event			Se Se	Number of Days Away	, [Number o Days Restricted	State 48 5q. Exi Ha	Type Person/ Job Co D posure to	5r. Sp	Age 32 ecial Ca
5h. Drug/ Alcohol Test A D	5i. Injury Illness Code	Day 25 5j. Physical Act 21	Time of Day 5:002 Pl 5k. Loca	M	HARR 5	RIS 51. Event	Tools	Cau		Number of Days Away From Work	, [Number o Days Restricted	State 48 5q. Explicit Hall	Type Person/ Job Co D posure to	5r. Sp	Age 32 ecial Ca

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.