				RA	ILROAD	INJURY AN	ND ILL	NESS S	UMMARY	,						
DEPARMENT FEDERAL RAILF	OF TRANSF	PORTA	TION			(Con	tinuation	Sheet)					OM	SHEET : 3 Approval		OF <u>2</u>
1. Name of Repo			JN (FRA)					2. Alphabe	etic Code	3. Re	port Mor	nth	OIVII	4. Repor		
AMTRAK								ATK		12				20		
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5a. Accident/Injury	Number	5b. Day	5c. Time of Day	У	5d. County							5e. Stat	te	5f. Type Person/ Job Code		5g. Age
165947		01	5:39	PM	FRESNO							06		E	2	23
Drug/ Alcohol Test	5i. Injury Illness Code	5j. Physica Act	al Lo	k. ocation	5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work	ا ا /	5p. Number o Days Restricted	mber of E		5q. Exposure to Hazmat		cial Case es
	08	21	A	14B4	32	18		10	0	0			N			
5s. Latitude			36.77945	55			5t. Long	gitude			-119.	8024	79			
5u. Narrative (L	Jp to 250 Char	acters)					•									
#3																
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5a. Accid	lent/Injury	jury Number 5b. 5c. 5d. County County								5e. State		5f. Type Person/ Job Code	e	5g. Age			
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5s. Latitude 36.779455 5u. Narrative (Up to 250 Characters)								5t. Long	gitude		-11	9.802	2479				
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5a. Accident/Injury Number	5b. Day		5d. County	5e. State	5f. Type Person/ Job Code	5g. Age
165947	01	5:39 PM	FRESNO	1 ()6:	E	01

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.

				RAI	LROAD IN	JURY AI	ND ILI	NESS S	SUMMARY	,			
DEPARMEN FEDERAL RAI				.\		(Con	tinuation	Sheet)			01	SHEET B Approv	
1. Name of Re			ZIN (I IXA	A)				2. Alphab	etic Code	3. Report Mo			ort Year
AMTRAK								ATK		12		20	
5h. Drug/ Alcohol Test A D	5i. Injury Illness Code	5j. Physical Act		5k. Location	5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work		Hazn	sure to	5r. Special Case Codes
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5u. Narrative	(Up to 250 Cl	haracters)											
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