

EDERAL RAILROAD ADM . Name of Reporting Railro		ON		(Continua	ation Sheet)					SHEET	<u>1</u> OF
. Name of Reporting Rainc	INISTRATION				2 Alphob	-the Oedee	Deport M		OME	B Approva	
1. Name of Reporting Railroad					2. Alphabe	2. Alphabetic Code 3. Re		eport Month		4. Report Year	
KANSAS CITY SOUTHERN RWY CO.					KCS	05		20			
5a. 5b. Accident/Injury Number Day		5c. Time of Day	5d. County						5e. 5f. State Typ Per Jol		5g. Age
0052102	21	1:45 PM	CAMP					48	3	A 617	44
5h. 5i. Drug/ Injury Alcohol Test Illness D Code	5j. Physical Act	5k. Location	5I. Event	5m. Tools	5n. Cause	5o. Number of Days Away From Work	5p. Number Days Restricte		5q. Exposi Hazma		5r. Special Cas Codes
101F	60	A 03B4	32	82	11	10	N/A		N		N
is. Latitude	3	3.000925		5t.	Longitude		-94.	95918	33		
5a. Accident/Injury Number	5b. Day	5c. Time of Day	5d. County					5e. Sta	ite	5f. Type Person/	5q. Age
Accident/Injury Number	Day	Time of Day	County					Sta	ite	Type Person/ Job Code	Age
Accident/Injury Number	Day 21	Time of Day 1:45 PM	County						ate	Type Person/	Age 51
Accident/Injury Number	Day	Time of Day	County CAMP 5I.	5m. Tools	5n. Cause	50. Number of Days Away From Work	5p. Number Days Restricte	Sta 48 of	ite	Type Person/ Job Code E ure to	Age
Accident/Injury Number 0052102 5h. 5i. Drug/ Injury Ncohol Test Illness	Day 21 5j. Physical	Time of Day 1:45 PM 5k.	County CAMP 5I.	-	-	Number of Days Away	Number Days	Sta 48 of	5q. Exposu	Type Person/ Job Code E ure to	e Age 51 5r. Special Cas
Accident/Injury Number 0052102 5h. 5i. Drug/ Injury Ncohol Test Code	Day 21 5j. Physical Act 21	Time of Day 1:45 PM 5k. Location	County CAMP 5I. Event	Tools 7K	Cause	Number of Days Away From Work	Number Days Restricte	Sta 48 of	5q. Exposu Hazma	Type Person/ Job Code E ure to	e Age 51 5r. Special Cas

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.