RAILROAD INJURY AND ILLNESS SUMMARY

DEPA	RMEN	T OF TRANS	PORTA	TION					inuation		OWNARI				SHEET	1 OF 1
FEDERAL RAILROAD ADMINISTRATION (FRA)										OMB Approval No:						
1. Name of Reporting Railroad										2. Alphabe	3. Report Month			4. Repo	rt Year	
									BLF 02		02			22		
5a. Accident/Injury Number			5b. Day			5d. County Y						5e. State		5f. Type Person/ Job Code	5g. Age	
20220287			16	6:1	9 AM	PALM BEACH						12		E	55	
5h. Drug/ Alcoh A	ol Test	5i. 5j. Physic Illness Act Code		cal	5k. Location		5I. Event	5m. Tools		5n. Cause	5o. Number of Days Away From Work	y Days		5q. Exposure to Hazmat		5r. Special Case Codes
		703A	21		A 14B4		32	82		10	0	0	0			
5s. La	atitude			26.596151					5t. Longitude			-80.054709				
5u. N	larrative ((Up to 250 Cha	racters)													
		AVELING S/B C											ATE:	S AT MF	P307.47. V	EHICLE

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.