RAILROAD INJURY	AND ILLNESS	SUMMARY
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		F OF TRANS			.)			(Cont	nuation \$	Sheet)					OM	SHEET B Approva		_OF
1. Name of Reporting Railroad							2. Alphabetic Code			3. Report Month				4. Report Year				
FLORIDA EAST COAST RWY CO.									FEC	10				22				
5a. Accident/Injury Number		5b. Day	Day Tim				1						5e. State		5f. Type Person/ Job Code		5g. Age	
X43101222		12	5:10 PM		PALM BEACH							12			D		76	
5h. Drug Alcoh A	nol Test	5i. Injury Illness Code	5j. Physical Act		5k. Location		5I. 5m. Event Tools			5n. Cause	5o. Number of Days Away From Work	/  I	5p. Number o Days Restricted		5q. Exposure to Hazmat			ecial Cas des
		908 21 A 03B4			32 99			09	0		0							
5s. Latitude 0.000000 5u. Narrative (Up to 250 Characters)						1	5t. Long	jitude	0.000	0000								
							D TRAFFIC. A			CHED, THE	GATES CAM	IE DO	WN AND	) TR	AFFIC	REMAINE	D ST	OPPE

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.