RAILROAD INJURY AND ILLNESS SUMMARY

(Continuation Sheet)

SHEET ___ OF

OMB No. 2130-0500

Name of Reporting Railroad							nabetic Code	3. Repo	3. Report Month 4. Report Year		
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5a. Accident/Injury Number Day		5c. Time						5f . Type		5g. Age	
, issuedia ilijariji klainise.		of Day						Person/		3	
								Job Code			
5h.	5i.	5j.	5k.	5I.	5m.	5n.	50.	5p.	5q.	5	ir.
Drug/ Alcohol Test	Injury Illness	Physical	Location	Event	Tools	Cause	Number of Days Away	Number of	Exposure		Special Case
A D	Code	Act					From Work	Days Restricted	Hazmat		Codes
5s. Latitude						5t. Longitude					
5u. Narrative (Up to 250 Characters)											
5a. 5b.			5c. 5d.						5f.		5g.
Accident/Injury Number Day		Time of Day	County	County			State	Type Age Person/		Age	
		·						Job Code			
5h.	5i.	 _E :				F	50.	5p.	F.,		<u> </u>
Drug/	Injury	5j. Physical	5k. Location	5I. Event	5m. Tools	5n. Cause	Number of	Number of	5q. Exposure		ir. Special Case
Alcohol Test	Illness	Act					Days Away	Days	Hazmat		Codes
A D	Code						From Work	Restricted			
5s. Latitude	•	•		•		5t. Longitude					
5u. Narrative (Up to 250 Characters)											
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5a. 5b.		5c.	5d.				5e.	5f.		5g.	
Accident/Injury Number		Day	Time of Day	County	County			State	Type Person/		Age
			Ol Day						Job Code		
				<u> </u>			T -	_			
5h. Drug/	5i. Injury	5j. Physical	5k. Location	5I. Event	5m. Tools	5n. Cause	5o. Number of	5p. Number of	5q. Exposure		ir. Special Case
Alcohol Test	Illness	Act	Location	Lvein	10013	Cause	Days Away	Days	Hazmat		Codes
A D	Code						From Work	Restricted			
5s. Latitude	<u> </u>	<u> </u>		ı		5t. Longitude			<u> </u>		
	n to 250 Char	actore)									
5u. Narrative (Up to 250 Characters)											
							atute and, as such			ence	
	for any purpo C.F.R. 225.7		or action for da	ımages growing	out of any ma	πer mentioned	I in said report	49 U.S.C. 20	903.		
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											
							pases, gathering a				

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.

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)