

RAILROAD INJURY AND ILLNESS SUMMARY
(Continuation Sheet)

1. Name of Reporting Railroad	2. Alphabetic Code	3. Report Month	4. Report Year

5a. Accident/Injury Number	5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/Job Code	5g. Age	
5h. Drug/Alcohol Test	5i. Injury Illness Code	5j. Physical Act	5k. Location	5l. Event	5m. Result	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Termination or Permanent Transfer? (y/n)
5s. Narrative (Up to 250 Characters)										

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