

**SECTION III - ACCIDENTS AND PERSONAL INJURY REPORTING**

**EMPLOYEE'S REPORT OF ACCIDENT**  
 (THIS REPORT MUST BE MADE IN TRIPLICATE)  
 (This section to be filled out for all accidents)

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Nearest Station \_\_\_\_\_ Nearest Milepost \_\_\_\_\_ State \_\_\_\_\_  
 Clear, Cloudy \_\_\_\_\_ Raining \_\_\_\_\_ Daylight, Dusk \_\_\_\_\_ Kind of \_\_\_\_\_  
 or Foggy \_\_\_\_\_ Snowing \_\_\_\_\_ or Dark \_\_\_\_\_ Accident \_\_\_\_\_  
 Did you see accident \_\_\_\_\_ Where were you when it occurred \_\_\_\_\_  
 Names and Addresses of witnesses \_\_\_\_\_  
 \_\_\_\_\_  
 How could accident have been avoided \_\_\_\_\_  
 \_\_\_\_\_

**TRAIN PARTICULARS**

Kind of Train \_\_\_\_\_ Train No. \_\_\_\_\_ Engine No. \_\_\_\_\_ Loads, Empties Tons \_\_\_\_\_  
 Speed \_\_\_\_\_ Direction \_\_\_\_\_ Distance run after accident \_\_\_\_\_ Any unusual train handling at time of accident \_\_\_\_\_  
 Location of cars involved in train \_\_\_\_\_ If showing, who was on leading end \_\_\_\_\_  
 What signals given; by whom and in what way \_\_\_\_\_ Headlight burning \_\_\_\_\_ Engine bell ringing \_\_\_\_\_  
 Engine horn sounded; at what distance \_\_\_\_\_ Any defects in car or engine; if so, what \_\_\_\_\_  
 Did these defects contribute to accident \_\_\_\_\_ Track—main, siding, yard \_\_\_\_\_  
 \_\_\_\_\_  

Crew Location at Time of Accident

 Conductor \_\_\_\_\_  
 Brakeman \_\_\_\_\_  
 Brakeman \_\_\_\_\_  
 Brakeman \_\_\_\_\_  
 Engineer \_\_\_\_\_  
 Fireman \_\_\_\_\_  
 Hlpr. Engr. \_\_\_\_\_  
 Hlpr. Fireman \_\_\_\_\_

**PERSONAL INJURY**

(One Form to be filled out by each person injured, foreman and other gang or crew members)

Name of Person Injured \_\_\_\_\_ Address of Person Injured \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Married \_\_\_\_\_ What done with or for Injured Person \_\_\_\_\_  
 Single \_\_\_\_\_  
 Extent of Injuries \_\_\_\_\_ Days of Disability \_\_\_\_\_  
 Employer; state occupation \_\_\_\_\_ Other; Explain \_\_\_\_\_  
 What did injured person say as to cause of accident \_\_\_\_\_  
 To whom \_\_\_\_\_ What was injured person doing at time of accident \_\_\_\_\_

**ACCIDENTS INVOLVING ROAD VEHICLES**

Year, Make and Type of Vehicle \_\_\_\_\_ License No. \_\_\_\_\_ Owned by (Name and Address) \_\_\_\_\_  
 \_\_\_\_\_ Name and Address of Driver \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
 Condition of Driver \_\_\_\_\_ Operator's License No. \_\_\_\_\_ Date Issued \_\_\_\_\_  
 No. of Persons in Vehicle \_\_\_\_\_ From whose side of engine vehicle approached \_\_\_\_\_ Speed of vehicle \_\_\_\_\_  
 Was view of driver obstructed \_\_\_\_\_  
 If so, by what \_\_\_\_\_  
 Estimated damage to vehicle \_\_\_\_\_ No. of Crossing \_\_\_\_\_ Type of road crossing protection \_\_\_\_\_  
 If signals automatic, were they working \_\_\_\_\_ If accident occurred after dark, was crossing illuminated \_\_\_\_\_

**DAMAGE TO PROPERTY**

(This section to be filled out whenever any equipment or property is damaged in accident)

Engine \_\_\_\_\_ Cars (give initial and number, loaded or empty, full billing particulars) \_\_\_\_\_  
 \_\_\_\_\_  
 Track \_\_\_\_\_ Bridges or Buildings \_\_\_\_\_  
 \_\_\_\_\_

**DETAIL STATEMENT**

(This section to be filled out for ALL accidents)

Give cause and description of accident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I, the undersigned, have carefully read this report and hereby certify it is true and correct.

Date \_\_\_\_\_ Occupation \_\_\_\_\_ Signed \_\_\_\_\_

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**SUPERVISOR'S REPORT OF INJURY**  
(This report must be made in triplicate)

Personal Injury Report No. \_\_\_\_\_, 19 \_\_\_\_

**PART I**

Name \_\_\_\_\_ Occupation \_\_\_\_\_ Date of Injury \_\_\_\_\_

Department \_\_\_\_\_ Time of Injury \_\_\_\_\_

Part of Body Injured \_\_\_\_\_

What Work Was Injured Man Doing? \_\_\_\_\_  
\_\_\_\_\_

Exact Location of Occurrence \_\_\_\_\_

How Did the Injury Occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why Did the Injury Occur? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Injured  
Employee's Recommendation to Prevent Recurrences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Do You Suggest to Prevent Recurrences? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are You Able to Install? Yes \_\_\_\_\_ No \_\_\_\_\_ Requires Approval of My Supervisor \_\_\_\_\_

List Names of Witnesses \_\_\_\_\_  
\_\_\_\_\_

Is There a Record in Your Department of a Previous Injury to Anyone Under the Same Circumstances? Yes \_\_\_\_\_ No \_\_\_\_\_

Supervisor Making Report \_\_\_\_\_ Date Signed \_\_\_\_\_

**PART II — REVIEW:**

What Action Will Be Taken to Prevent Recurrences? \_\_\_\_\_  
\_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Date Signed \_\_\_\_\_

(Attached sheet for any additional information)

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## FLASH REPORT OF ACCIDENT/INCIDENT

No. \_\_\_\_\_

IF ADDITIONAL SPACE REQUIRED FOR EXPLANATION USE REVERSE SIDE OF THIS SHEET

1. Specify type of accident such as personal injury, derailment, crossing accident, break-in (two, fire, explosion, etc.) \_\_\_\_\_

2. Date and time: \_\_\_\_\_

3. Weather and temperature \_\_\_\_\_

4. Nearest station, nearest milepost and type of track.  
(Main, yard, siding, industry.) \_\_\_\_\_

5. DOT grade crossing number, name of crossing, city, county and state.  
Type of crossing protection: (Standard No. 1. Crossing Signs, flashing light signals, wigwags, traffic signals, automatic gates) \_\_\_\_\_

6. Speed of train(s): \_\_\_\_\_

7. Personal injuries: Name, occupation, social security number, age, extent of injuries and estimated disability. \_\_\_\_\_

8. Disposition of injured persons \_\_\_\_\_

9. Witnesses \_\_\_\_\_

10. Train No. and Symbol, Direction, Number of locomotive units, No. of lead diesel unit, Conductor, engineer, loads, empties and tons. \_\_\_\_\_

11. Is main track obstructed? \_\_\_\_\_ 12. Is there a siding on either track by which trains can pass? \_\_\_\_\_

13. Approximate time to clear main track \_\_\_\_\_ 14. Is derrick required? \_\_\_\_\_

15. What was damage to track? \_\_\_\_\_

16. What was damage to bridges, buildings, signals and communication equipment? \_\_\_\_\_

17. If engine derailed, describe position \_\_\_\_\_

18. Damage to engine \_\_\_\_\_

19. If cars derailed or damaged, give initial, number, contents, weight, destination and location of train (The location is to be determined by counting from the first derailed unit towards the rear of the train) \_\_\_\_\_

20. Position of cars derailed: Initial, number and position (example: upright, etc.) \_\_\_\_\_

21. If item 5 has been completed, furnish the following in connection with the vehicle involved: year and make, license number, owner, address, operator, address, operator's license number, direction of vehicle and speed \_\_\_\_\_

22. Cause: \_\_\_\_\_

23. Statement of circumstances: \_\_\_\_\_

24. Signature: \_\_\_\_\_

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