

WESTERN PACIFIC RAILROAD COMPANY
OFFICER'S ACCIDENT REPORT



1. NAME OF PERSON INJURED/INVOLVED IN ACCIDENT		SOCIAL SECURITY NUMBER
2. TITLE/OCCUPATION		3. JOB
4. SERVICE DATE	5. TIME ON PRESENT JOB	6. REST DAYS
7. DATE OF ACCIDENT	8. TIME OF ACCIDENT	9. LOCATION OF ACCIDENT
10. NATURE OF INJURY (Laceration, Bruise, Sprain, etc.)		11. PART(S) OF BODY AFFECTED
12. WAS PERSON ASSIGNED TO RESTRICTED DUTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	13. ATTENDING PHYSICIAN	14. DESCRIPTION OF MEDICAL ATTENTION GIVEN
15. UNSAFE MECHANICAL/PHYSICAL/ENVIRONMENTAL CONDITIONS AT TIME OF ACCIDENT		
16. UNSAFE ACTS AND/OR PERSONAL FACTORS CONTRIBUTORY TO ACCIDENT (Fatigue, Lack of Knowledge of Skill Required, etc.)		
17. DESCRIBE ACCIDENT FULLY		
18. WITNESS TO ACCIDENT		
19. WHAT HAS BEEN DONE TO PREVENT A SIMILAR ACCIDENT? (Corrective Action Taken)		
20. OFFICER MADE PERSONAL INSPECTION OF ACCIDENT <input type="checkbox"/> YES <input type="checkbox"/> NO		21. DATE AND TIME INITIAL CONTACT WAS MADE
22. LIST OF PERSONAL PROTECTIVE EQUIPMENT WORN		23. WILL INJURY RESULT IN LOST TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO

DATE PREPARED _____ SIGNATURE OF SUPERVISORY OFFICER _____