

# personal injury report



F-0475  
Rev. C 3/88  
(Formerly 475)

This form must be completed by each employee injured on duty and by all witnesses as well as those who have pertinent information concerning the accident. When an accident is caused by the breaking of machinery, tools or appliances, broken parts must be so marked as to be readily identified and returned for safe keeping to be produced thereafter if needed.

**FORM MUST BE COMPLETED IN DUPLICATE — SEND ORIGINAL TO IMMEDIATE SUPERVISING OFFICER AND COPY TO LOCAL CLAIM AGENT.**

**INSTRUCTIONS:** The injured party and all witnesses will complete Form F-0475, each using a separate form F-0475.

Injured employee to complete lines 1 through 18 and lines 20 and 21. Witnesses and others having pertinent information complete line 1 and lines 6 through 21.

1. Name of injured \_\_\_\_\_ Occupation \_\_\_\_\_
2. Married or single \_\_\_\_\_ Age \_\_\_\_\_ No. of dependents \_\_\_\_\_
3. Home address \_\_\_\_\_ Telephone No. \_\_\_\_\_
4. Length of service \_\_\_\_\_ Employee No. \_\_\_\_\_ SSA# \_\_\_\_\_
5. Assigned tour of duty \_\_\_\_\_ Rest days \_\_\_\_\_
6. Date of accident \_\_\_\_\_ Time \_\_\_\_\_ AM/PM \_\_\_\_\_
7. Place of accident \_\_\_\_\_ Weather \_\_\_\_\_
8. Nature of injuries \_\_\_\_\_
9. Doctor \_\_\_\_\_ Hospital \_\_\_\_\_
10. Describe how injury occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What was cause of accident? \_\_\_\_\_  
\_\_\_\_\_
12. Was accident caused by any defects in tools or equipment? \_\_\_\_\_
13. If answer is "yes" describe \_\_\_\_\_  
\_\_\_\_\_
14. Initial and number of cars involved in accident \_\_\_\_\_  
\_\_\_\_\_
15. Engine no. \_\_\_\_\_ Train no. \_\_\_\_\_ Kind of train \_\_\_\_\_  
No. of cars \_\_\_\_\_ Speed \_\_\_\_\_ MPH direction \_\_\_\_\_
16. Conductor—Foreman \_\_\_\_\_ Baggage man \_\_\_\_\_  
Brakeman—Switchman \_\_\_\_\_  
Engineer \_\_\_\_\_ Fireman \_\_\_\_\_
17. Was the work being done in the usual and customary manner? \_\_\_\_\_
18. Name of Company Officer notified of accident \_\_\_\_\_
19. Did you see the accident? \_\_\_\_\_
20. Name, occupation and address of every person who witnessed the accident or can give any information regarding it \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. \_\_\_\_\_  
Signature Occupation Date