

REPORT DATE: _____ DEPARTMENT _____

REPORT TIME (_____ AM) or (_____ PM) _____ DIVISION _____

Train No. (if applicable) _____ Is this incident related to a Train or Crossing Accident? [] Yes [] No

TO: Supervisory Officer: _____ FROM: Injured Employee: _____ Employee SS No.: _____

INCIDENT DATE: _____ INCIDENT TIME: (_____ AM) or (_____ PM)

LOCATION: Select one: Line of Road _____ Terminal _____ Shop or Office Building _____ Off Railroad Property _____

INCIDENT CITY: _____ STATE: _____ MILEPOST: (if applicable) _____

WEATHER: Select one: Clear _____ Cloudy _____ Rain _____ Fog _____ Sleet _____ Snow _____ Does Not Apply _____ (Injury Occurred Indoor: _____)

VISIBILITY: Select one: Dawn _____ Day _____ Dusk _____ Dark _____ Indoors-Dark _____ Indoors-Dim _____ Indoors-Normal _____ Indoors-Other _____

TEMPERATURE: (_____ PLUS) or (_____ MINUS)

HEIGHT: _____ FT. _____ IN. WEIGHT _____ LBS. OCCUPATION _____

REST DAYS: Select all that apply: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____ None _____

ASSIGNMENT: REGULAR _____ RELIEF _____ EXTRA _____

ON DUTY: [] Yes [] No HOURS ON DUTY AT TIME OF INCIDENT _____

SAFETY ATTIRE WORN: Select all that apply: Head _____ Eye _____ Hearing _____ Respiratory _____ Foot _____ Hand _____ Other _____ None _____

BRAND OF EYE PROTECTION WORN: _____ AO F9949 _____ AO DEFENDER _____ ADEN ONYX _____ CREWES ENGINEER _____ CREWES FOREMAN _____ CREWES INNOVATOR _____ NORTH 180 _____ UVEX CRICKET _____ UVEX ULTRASPEC 2000 _____ VISTALUX _____ WILLSON TURBO _____ RX _____ OTHER _____

WAS ANY TYPE OF EQUIPMENT INVOLVED? [] Yes [] No STATIONARY _____ MOVING _____

EQUIPMENT TYPE: Select one: Freight _____ Passenger _____ Mixed _____ Work _____ Yard Switching _____ Light Locos _____ M/W Equipment _____ None _____

INITIAL AND NUMBER: _____

WITNESS NAMES

ADDRESSES

DO YOU DESIRE MEDICAL ATTENTION AT THIS TIME? [] Yes [] No

DESCRIBE WHAT HAPPENED - GIVE SPECIFIC, DETAILED INFORMATION: _____

