

NAME OF INJURED PERSON		AGE	DATE OF BIRTH	SENIORITY	SOCIAL SECURITY NUMBER		
ADDRESS OF INJURED PERSON (CITY, STREET, ZIP CODE)					TELEPHONE NUMBER		
LOCATION OF INJURY (CITY AND STATE)		MILE POST (IF APPLICABLE)	STATION NO. (IF APPLICABLE)	DATE OF INJURY	TIME AM PM		
TEMPERATURE	VISIBILITY (Circle correct response)	DAWN DAY	DUSK DARK	WEATHER (Circle correct response)	CLEAR CLOUDY	RAIN FOG	SLEET SNOW
IF THIS IS OCCUPATIONAL ILLNESS RATHER THAN AN ACUTE INJURY, WHEN DID YOU FIRST NOTICE SYMPTOMS?				WHEN WERE YOU FIRST TREATED OR DIAGNOSED?			
This date may start Statute of Limitations.				Date may start Statute of Limitations.			
DESCRIBE INJURIES OR OCCUPATIONAL ILLNESS:							
BE VERY ACCURATE – DESCRIBE EVERYTHING ON YOUR BODY THAT HURTS.							
DESCRIBE FULLY HOW INJURY OR OCCUPATIONAL ILLNESS OCCURRED: You must find and describe the unsafe condition/s or practice that caused your injury. Example: unsafe place to work, unsafe equipment, roadbed, structures, work practices, etc. Even those conditions that you believe are normal and work with daily may be a defect or unsafe condition.							
WAS THE ACCIDENT CAUSED BY THE CONDUCT OF ANOTHER PERSON? IF YES, PLEASE DESCRIBE:							
YES NO (If someone caused the injury, name that person. (i.e., van driver))							
COULD YOU BY MORE CARE ON YOUR PART, HAVE PREVENTED YOUR INJURY? IF YES, HOW?							
YES NO IF YOU ANSWER YES, YOU MAY ASSUME SOME OR ALL OF THE RESPONSIBILITY FOR YOUR INJURY.							
WAS THERE ANYTHING WRONG WITH THE EQUIPMENT, WORK PROCEDURES, OR WORK AREA, WHICH LED TO HIS ACCIDENT/INJURY? IF YES, PLEASE DESCRIBE:							
YES NO ESTABLISH FACTS TO PROVE RAILROAD FAULT. TELL OTHER EMPLOYEES. HAVE A CREWMEMBER INSPECT THE AREA IF POSSIBLE.							
TYPE OF MEDICAL ATTENTION ADMINISTERED (PRESCRIPTION, BRACE, SPLINT, ETC):							
YOU DO NOT HAVE TO SIGN A MEDICAL RELEASE. To do so would allow the railroad the right to see your doctor to discuss and actually direct your medical treatment. However, do not be insubordinate in your refusal. Your insurance will pay most of the medical bills.							
NAME OF ATTENDING PHYSICIAN:				ADDRESS:			
SEE YOUR OWN DOCTOR FOR TREATMENT -Tell your doctor about the railroad accident and describe every part of your body that hurts, including head and back. Advise your doctor if you have recovered from all previous injuries. Whatever you tell your doctor will be part of the medical record.							
NAME OF ATTENDING PHYSICIAN:				ADDRESS:			
IF INJURY OCCURRED WHILE WORKING WITH ON TRACK EQUIPMENT, LIST INITIALS AND NUMBERS:							
Get car number, locomotive number or other equipment number. Describe any problems with the equipment.							
IMPORTANT: LIST ALL PERSONS WHO WITNESSED THE INJURY OR THAT CAN GIVE ANY INFORMATION ABOUT IT:							
NAME		OCCUPATION		ADDRESS (SHOW STREET AND CITY)			
Witnesses are crucial to your case. You should		tell them you were injured and how.		If possible have them make an inspection of area.			
If you say nothing, it may be your word against		the railroad and their entire legal staff.					
SIGNED					DATE		

KEEP A COPY OF RECORDS !