

**RAILROAD INJURY AND ILLNESS SUMMARY**  
(Continuation Sheet)

1. Name of Reporting Railroad	2. Alphabetic Code	3. Report Month	4. Report Year

5a. Accident/Injury Number		5b. Day	5c. Time of Day	5d. County				5e. State	5f. Type Person/ Job Code	5g. Age	
5h. Drug/ Alcohol Test		5i. Injury Illness Code	5j. Physical Act	5k. Location	5l. Event	5m. Result	5n. Cause	5o. Number of Days Away From Work	5p. Number of Days Restricted	5q. Exposure to Hazmat	5r. Special Case Codes
A	D										
5s. Latitude (optional)				5t. Longitude (optional)							
5u. Narrative (Up to 250 Characters)											

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5u. Narrative (Up to 250 Characters)											

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not " be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report . . ." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).