

RAILROAD INJURY AND ILLNESS SUMMARY

1. Name of Reporting Railroad	2. Alphabetic Code	3. Report Month & Year	4. State Alphabetic Code	5. County
6. Name of Reporting Officer			7. Official Title	
8. Address			9. Telephone (Area Code) (Number)	

10. If executed within the United States, its territories, possessions, or commonwealths:
 I declare (or certify, verify, or state) under penalty of perjury that the **information on this form** is true and correct.
 Executed on _____ (date).
 _____ (Signature).

If executed without (i.e., outside of) the United States:
 I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the **information on this form** is true and correct.
 Executed on _____ (date).
 _____ (Signature).

OPERATIONAL DATA & ACCIDENT/INCIDENT COUNTS FOR REPORT MONTH

11. Freight Train Miles	12. Passenger Train Miles	13. Yard Switching Train Miles	14. Other Train Miles
15. Railroad Worker Hours	16. Passenger Miles Operated	17. Number of Passengers Transported	

18. REPORTED CASUALTIES			19. NUMBER OF FRA FORMS ATTACHED	
Type of Person	Fatal	Nonfatal	FRA Form Number	Number Attached
Worker on duty – railroad employee			6180.54	
Railroad employees not on duty			6180.55a	
Passengers on trains			6180.56	
Nontrespassers/ on railroad property			6180.57	
Trespassers			6180.81	
Worker on duty - contractor				
Contractor - other				
Worker on duty - volunteer				
Volunteer - other				
Nontrespassers/ off railroad property				
Grand total				

20. Remarks Section. Please describe operational, environmental, or other circumstances that account for unusual fluctuations in train miles operated, employee hours, or passenger counts.

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).

This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail **safety**. **Public** reporting burden is estimated to average XX minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.