RAILROAD INJURY AND ILLNESS SUMMARY

DEPARTMENT OF TRANSPORTATION FEDERAL RAILROAD ADMINISTRATION (FRA)	R	RAILROAD INJURY AND ILLNESS SUMMARY					OMB No. 2130-0500			
1. Name of Reporting Railroad			2. Alphabetic Code	Alphabetic Code 3. Report Month & Ye			4. State Alphabetic Cod		i. County	
6. Name of Reporting Officer			I	<u> </u>	7. Offic	cial Title				
8. Address		9. Telephone (Area Code) (Number)								
10. If executed within the United State	s, its territo	ries, possession:	s, or commonwealth	I						
I declare (or certify, verify, or state) und	er penalty of	perjury that the infe	ormation on this form i	s true and	d correct.					
Executed on										
(Signature).										
If executed without (i.e., outside of) the United	d States:								
I declare (or certify, verify, or state) und correct.	er penalty of	perjury under the la	aws of the United State	es of Ame	erica that	the inform	nation on this form is true	and		
Executed on (date).										
(Signature).										
OPERATIONAL DATA & ACCIDENT/INCIDENT COUNTS FOR REPORT MONTH										
11. Freight Train Miles 12	13. Yard Swi	13. Yard Switching Train Miles 14. Other Tra								
15. Railroad Worker Hours	16. Passenger M	liles Operated			 17. Numt	er of Passengers Transported				
	10									
18. REPORTED CASUALTIES				19. NUMBER OF FRA FORMS ATTACHE					under an Attack and	
Type of Person Fatal Nonfata				FRA Form Number					umber Attached	
Worker on duty – railroad employee			6180.54							
Railroad employees not on duty			6180.55a							
Passengers on trains			6180.56							
ontrespassers/ on railroad property			6180.57	6180.81						
Trespassers Worker on duty - contractor			0100.01							
Contractor - other										
Worker on duty - volunteer										
Volunteer - other										
Nontrespassers/ off railroad property										
Grand total										
20. Remarks Section. Please describe ope	rational, envi	ironmental, or othe	r circumstances that a	ccount for	r unusua	I fluctuatio	ons in train miles operated	, emp	loyee hours, or	
passenger counts.										
NOTE: This report is part of the reporting ra	ailroad's acci	ident report pursual	nt to the accident repo	rts statute	and as	such sha'	Il not "be admitted as evid	ence		
or used for any purpose in any suit See 49 C.F.R. 225.7 (b).								chee		
This collection of information is mandato 10 minutes per response, including the t and reviewing the collection of informati note that an agency may not conduct or	ime for revie on. The info	ewing instructions ormation collected	s, searching existing d is a matter of public	database record,	es, gathe and no o	ering and confidenti	maintaining the data ne iality is promised to any	eded resp	and completing ondent. Please	