<b>DEPARTMENT OF T</b>	RANSPORTATION
FEDERAL DAILBOAR AF	AMMUNTD ATION (FD A)

## **RAILROAD INJURY AND ILLNESS SUMMARY**

					_		
$\alpha$		No.	71	20	חו	En	v
L JI	VI D	INCL			/=L/	371	"

Name of Reporting Railroad		2. Alphabetic Code	Iphabetic Code 3. Report Month & Year		4. State Alphabetic Code	5. County				
6. Name of Reporting Officer				7	7. Official Title					
. 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) ur correct.	nder penalty of	perjury under the l	aws of the United State	es of Americ	ica that the inform	nation on this form is true a	nd			
Executed on	(date).									
		(Signature).								
	OPERATION	ONAL DATA & AC	CIDENT/INCIDENT C	OUNTS FO	OR REPORT MO	NTH				
11. Freight Train Miles	12. Passenge		13. Yard Swi			14. Other Train Miles				
				10. Tara Ownorming Train wind		17. Outer Haill Willes				
15. Railroad Worker Hours	15. Railroad Worker Hours 16. Passenger N		iles Operated	perated 17. Nur		ber of Passengers Transported				
18. <b>REPORTED</b>	CASUALTIES		19.	19. NUMBER OF FRA FORMS ATTACHED						
Type of Person	Fatal	Nonfat	al FRA Form N	A Form Number			Number Attached			
Worker on duty – railroad employee			6180.54							
Railroad employees not on duty			6180.55a	6180.55a						
Passengers on trains			6180.56	6180.56						
Nontrespassers/ on railroad property			6180.57	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 10 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.