

PART 1 - INJURED PERSON INFORMATION

NAME (LAST, FIRST) <u>[REDACTED]</u> M <input type="checkbox"/> F <input type="checkbox"/>		HOME ADDRESS <u>[REDACTED]</u>		HOME PHONE <u>[REDACTED]</u>
DATE OF BIRTH <u>[REDACTED]</u>	SOCIAL SECURITY NO. <u>[REDACTED]</u>	EMPLOYER, BUSINESS ADDRESS <u>[REDACTED]</u>		BUSINESS PHONE <u>[REDACTED]</u>
RAILROAD TRAVEL FREQUENCY		NORMAL <input type="checkbox"/>	FAR TRACK <input checked="" type="checkbox"/>	INITIAL TERMINAL <input type="checkbox"/>
DAYS OF WEEK 1 2 3 4 5 6 7 INFREQUENT <input type="checkbox"/>		TRAVEL RTE	END TERMINAL <input type="checkbox"/>	YRS OF RAILROAD TRAVEL 0-5 5-10 10-15 20+

PART 2 - ACCIDENT/INCIDENT DETAILS

DATE OF INCIDENT <u>10' 29' 03</u>	TIME <u>9:50</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	WEATHER CONDITIONS CLEAR <input type="checkbox"/> RAIN <input checked="" type="checkbox"/> INDOORS <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/>			TEMPERATURE <u>55</u> F
CHECK ALL THAT APPLY	ON TRAIN <input type="checkbox"/>	ON STAIRS <input type="checkbox"/>	GAP <input checked="" type="checkbox"/>	PARKING LOT <input type="checkbox"/>	SUBSTATION <input type="checkbox"/>
	AT STATION <input checked="" type="checkbox"/>	ESCALATOR/ELEVATOR <input type="checkbox"/>	DETRAINING <input type="checkbox"/>	ALONG R.O.W. <input type="checkbox"/>	OTHER <input type="checkbox"/>
	ON PLATFORM <input checked="" type="checkbox"/>	GRADE CROSSING <input type="checkbox"/>	BOARDING TRAIN <input checked="" type="checkbox"/>	YARD <input type="checkbox"/>	
EXACT LOCATION: STATION <u>Hewlett</u> GAP _____ FT WESTEND OR EASTEND					
PLATFORM <u>A</u> FT WESTEND OR EASTEND ON/OFF TRAIN <u>BOARDING</u> CAR# <u>4<sup>th</sup> car ?</u>					
STAIRS WESTEND <input type="checkbox"/> NORTHSIDE <input type="checkbox"/>		PARKING LOT _____ FT FROM NEAREST LANDMARK		ROW LOCATION _____ FT FROM NEAREST LANDMARK	
EASTEND <input type="checkbox"/> SOUTHSIDE <input type="checkbox"/>		ROW LOCATION _____ FT FROM NEAREST LANDMARK		GRADE CROSSING LOCATION _____ TRACK: NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EST. TRAIN SPEED IF MOVING _____ MPH	
DESCRIBE INJURY IN DETAIL (Example: Right Forearm requiring six stitches)					
<u>Right leg with a gash on the lower portion, which required bandages at the scene.</u>					
DESCRIBE HOW ACCIDENT/INCIDENT OCCURRED AND WAS ACTIVITY WAS BEING DONE IMMEDIATELY BEFORE OCCURRENCE (Include as much detail as possible)					
<u>LADY WAS BOARDING train at Hewlett AND fell between the GAP TRAIN# 2829</u>					
TYPE OF FOOTWEAR WORN BY INJURED		DID INJURED PARTY APPEAR TO BE IMPAIRED?		HANDICAPPED	
FLAT HEELS <input type="checkbox"/> SNEAKERS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (Explain) <u>Loafer</u>		YES <input type="checkbox"/> (DESCRIBE) <u>NO</u>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
HIGH HEELS <input type="checkbox"/> SANDALS <input type="checkbox"/>					

PART III - MEDICAL INFORMATION

MEDICAL AID REFUSED <input type="checkbox"/>	HOSPITAL/TREATING PHYSICIAN	INJURED PERSON LOSING TIME FROM EMPLOYMENT	
FIRST AID AT SCENE <input checked="" type="checkbox"/>	NAME: <u>South Nassau ?</u>		YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>
PERSONAL PHYSICIAN <input type="checkbox"/>	ADDRESS:		
HOSPITAL <input checked="" type="checkbox"/>	TREATED AND RELEASED <input type="checkbox"/> ADMITTED <input type="checkbox"/>		

PART IV - WITNESS INFORMATION

NAME	ADDRESS	PHONE	BUSINESS PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PART V - TRAIN CREW

CONDUCTOR <u>Bill (Job 175)</u>	EMPLOYEE NO. _____	RUN NO. <u>175</u>
ENGINEER <u>Collected G. Webb</u>	EMPLOYEE NO. <u>[REDACTED]</u>	RUN NO. _____
OTHER _____	EMPLOYEE NO. _____	RUN NO. <u>706</u>

PART VI - PROPERTY DAMAGE

DESCRIBE DAMAGE, ORIGINAL COST (If possible, include receipt)

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PART VII - REMARKS

(1) Collector stayed w/ passenger, due to this party. Her shoe fell on the tracks and needed 2 people to hold her from falling.

TO WHOM WAS ACCIDENT REPORTED? 204 TIME OF REPORT 9:50 AM  PM  DATE OF REPORT 10/29/03

REPAIRED BY: DOUGLAS WATKINSON TITLE collector (left at scene) PHONE [REDACTED]

EMPLOYEE NO. [REDACTED] LOCATION: Hewlett