

**PART 1 - INJURED PERSON INFORMATION**

P2060809

NAME (LAST, FIRST)		MO	FD	HOME ADDRESS		HOME PHONE
DATE OF BIRTH		SOCIAL SECURITY NO.		EMPLOYER, BUSINESS ADDRESS		BUSINESS PHONE
RAILROAD TRAVEL FREQUENCY		NORMAL	INITIAL TERMINAL	YRS OF RAILROAD TRAVEL		
DAYS OF WEEK	② 3 4 5 6 7	INFREQUENT	TRAVEL RTE	END TERMINAL	0-5	5-10 10-15 20+

**PART 2 - ACCIDENT/INCIDENT DETAILS**

DATE OF INCIDENT	TIME	WEATHER CONDITIONS	TEMPERATURE		
8'28'06	11:55 PM	CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> INDOORS <input type="checkbox"/> CLOUDY <input checked="" type="checkbox"/> SNOW <input type="checkbox"/>	70° F		
CHECK ALL THAT APPLY	ON TRAIN	ON STAIRS	GAP	PARKING LOT	SUBSTATION
	AT STATION	ESCALATOR/ELEVATOR	DETRAINING	ALONG R.O.W.	OTHER
	ON PLATFORM	GRADE CROSSING	BOARDING TRAIN	YARD	
EXACT LOCATION: STATION		GAP		WEST END OR EAST END	
Laurelton		Herbich			
PLATFORM	FT WEST END OR EAST END	ON/OFF TRAIN	CAR#		
		2833	9505		
STAIRS	WEST END <input type="checkbox"/> NORTH SIDE <input type="checkbox"/>	PARKING LOT	FT FROM NEAREST LANDMARK		
	EAST END <input type="checkbox"/> SOUTH SIDE <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)					
Middle of left shin has a scrape on it.					
DESCRIBE HOW ACCIDENT/INCIDENT OCCURRED AND WAS ACTIVITY WAS BEING DONE IMMEDIATELY BEFORE OCCURRENCE (Include as much detail as possible)					
Customer was boarding train at Laurelton and the train was higher than the platform.					
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 type="checkbox"/>	HIGH HEELS <input type="checkbox"/> SANDALS <input checked="" type="checkbox"/> (Explain)	YES <input type="checkbox"/> (DESCRIBE)	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>

**PART III - MEDICAL INFORMATION**

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

**PART IV - WITNESS INFORMATION**

NAME	ADDRESS	PHONE	BUSINESS PHONE
None			

**PART V - TRAIN CREW**

CONDUCTOR	EMPLOYEE NO.	RUN NO.
		277
ENGINEER	EMPLOYEE NO.	RUN NO.
OTHER	EMPLOYEE NO.	RUN NO.

**PART VI - PROPERTY DAMAGE**

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

None

**PART VII - REMARKS**

Customer states she was getting onto the train when she misjudged her step and hit her left shin on the train.

TO WHOM WAS ACCIDENT REPORTED?	TIME OF REPORT	AM	DATE OF REPORT
		PM	/ /

PREPARED BY:	TITLE	PHONE:
NAME: Paul Sullivan	Transportation Manager	718-558-8216
EMPLOYEE NO.	LOCATION:	
	Jamaica	