

PART 1 - INJURED PERSON INFORMATION

NAME (LAST, FIRST) <u>[REDACTED]</u>		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 TRAVEL RTE <u>Sussex Down</u>	INITIAL TERMINAL <u>Sussex Down</u>	YRS OF RAILROAD TRAVEL
DAYS OF WEEK 1 2 3 4 (5) 6 7	INFREQUENT		END TERMINAL	0-5 <input checked="" type="checkbox"/> 10-15 20+

PART 2 - ACCIDENT/INCIDENT DETAILS

DATE OF INCIDENT <u>Jan 28 2004</u>	TIME <u>5:20</u>	WEATHER CONDITIONS CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> INDOORS <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input checked="" type="checkbox"/>	TEMPERATURE <u>15</u> F		
CHECK ALL THAT APPLY	ON TRAIN <input type="checkbox"/>	ON STAIRS <input type="checkbox"/>	<input checked="" type="checkbox"/> GAP	PARKING LOT <input type="checkbox"/>	SUBSTATION <input type="checkbox"/>
	<input checked="" type="checkbox"/> AT STATION	ESCALATOR/ELEVATOR <input type="checkbox"/>	DETRAINING <input type="checkbox"/>	ALONG R.O.W. <input type="checkbox"/>	OTHER <input type="checkbox"/>
	ON PLATFORM <input type="checkbox"/>	GRADE CROSSING <input type="checkbox"/>	<input checked="" type="checkbox"/> BOARDING TRAIN	YARD <input type="checkbox"/>	
EXACT LOCATION: STATION <u>Sussex</u> GAP <u> </u> FT WESTEND OR EASTEND <u> </u>					
PLATFORM <u> </u> FT WESTEND OR EASTEND ON/OFF TRAIN <u> </u> CAR# <u>5-#9859</u>					
STAIRS WESTEND <input type="checkbox"/> NORTH SIDED <input type="checkbox"/>		PARKING LOT <u> </u> FT FROM NEAREST LANDMARK		EASTEND <input type="checkbox"/> SOUTH SIDED <input type="checkbox"/>	
GRADE CROSSING LOCATION <u> </u>		TRACK: NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/>		EST. TRAIN SPEED IF MOVING <u> </u> MPH	
DESCRIBE INJURY IN DETAIL (Example: Right Forearm requiring six stitches) <u>Feel quite bruised left side especially upper outer left leg, inner lower left leg and right shoulder</u>					
DESCRIBE HOW ACCIDENT/INCIDENT OCCURRED AND WAS ACTIVITY WAS BEING DONE IMMEDIATELY BEFORE OCCURRENCE (Include as much detail as possible) <u>Stepped off platform onto train and slipped through gap between train and platform.</u>					
TYPE OF FOOTWEAR WORN BY INJURED <u>Flat heels</u>		DID INJURED PARTY APPEAR TO BE IMPAIRED?		HANDICAPPED	
FLAT HEELS <input type="checkbox"/> SNEAKERS <input type="checkbox"/> OTHER <input type="checkbox"/>		YES <input type="checkbox"/> (DESCRIBE)		YES <input type="checkbox"/>	
HIGH HEELS <input type="checkbox"/> SANDALS <input type="checkbox"/> (Explain) <u>boots</u>		NO <input checked="" type="checkbox"/>		NO <input checked="" type="checkbox"/>	

PART III - MEDICAL INFORMATION

MEDICAL AID REFUSED <input checked="" type="checkbox"/>	HOSPITAL/TREATING PHYSICIAN	INJURED PERSON LOSING TIME FROM EMPLOYMENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>
FIRST AID AT SCENE <input type="checkbox"/>	NAME: <u> </u>	
PERSONAL PHYSICIAN <input type="checkbox"/>	ADDRESS: <u> </u>	
HOSPITAL <input 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>M. # [REDACTED] M. FIEBER</u>	EMPLOYEE NO. <u>[REDACTED]</u>	RUN NO. <u>90</u>
ENGINEER <u>K. BISHOFF</u>	EMPLOYEE NO. <u>[REDACTED]</u>	RUN NO. <u>[REDACTED]</u>
OTHER <u>Asst Conductor - R. THIES</u>	EMPLOYEE NO. <u>[REDACTED]</u>	RUN NO. <u>Cell 401</u>

PART VI - PROPERTY DAMAGE

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

PART VII - REMARKS

As passenger was boarding train at Sussex station, left leg fell between gap & train due to snow on platform. Passenger said she couldn't see edge of platform & states that she is alright, but will monitor condition. States that she feels quite bruised on left side. No Dr visit intended at the moment.

TO WHOM WAS ACCIDENT REPORTED? <u> </u>	TIME OF REPORT	AM <input type="checkbox"/> DATE OF REPORT
	PM <input type="checkbox"/>	/ /

PREPARED BY: NAME <u>E. R. James</u>	TITLE <u>Asst Conductor</u>	PHONE <u>[REDACTED]</u>
EMPLOYEE NO. <u>[REDACTED]</u>	LOCATION: <u> </u>	

WHITE: SYSTEM SAFETY DEPT

YELLOW: CLAIMS DEPT

PINK: CUSTOMER SERVICE DEPT.

1/30/04