

FOR Entry (~~NY 20060803~~)
 GAP
 N. P20060819

NON-EMPLOYEE ACCIDENT/
 INCIDENT REPORT

PART 1 - INJURED PERSON INFORMATION

NAME (LAST, FIRST) <u>[REDACTED]</u>		MO <u>EX</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	<u>FBA</u>	INITIAL TERMINAL	YRS OF RAILROAD TRAVEL
DAYS OF WEEK 1 2 3 4 5 6 7	INFREQUENT	TRAVEL RTE	<u>WBY</u>	END TERMINAL	0-5 5-10 10-15 20+

PART 2 - ACCIDENT/INCIDENT DETAILS

DATE OF INCIDENT <u>8/11/2006</u>	TIME <u>6:08</u> ^{AM} <u>PM</u>	WEATHER CONDITIONS CLEAR <input checked="" type="checkbox"/> RAIN <input type="checkbox"/> INDOORS <input type="checkbox"/> CLOUDY <input type="checkbox"/> SNOW <input type="checkbox"/>			TEMPERATURE <u>80</u> ° F
CHECK ALL THAT APPLY	ON TRAIN <input checked="" type="checkbox"/>	ON STAIRS <input checked="" type="checkbox"/>	GAP <input checked="" type="checkbox"/>	PARKING LOT <input type="checkbox"/>	SUBSTATION <input type="checkbox"/>
	AT STATION <input type="checkbox"/>	ESCALATOR/ELEVATOR <input type="checkbox"/>	DETRAINING <input checked="" 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 type="checkbox"/>	YARD <input type="checkbox"/>	
EXACT LOCATION: STATION <u>Westbury</u>		GAP <u>1728</u> FT WESTEND OR EASTEND	Middle of Platform North side		
PLATFORM <u>[REDACTED]</u> FT WESTEND OR EASTEND	ON/OFF TRAIN <u>1728</u>	CAR# <u>9014</u>			
STAIRS WESTEND <input type="checkbox"/> EASTEND <input type="checkbox"/>	NORTHSIDE <input type="checkbox"/> SOUTHSIDE <input type="checkbox"/>	PARKING LOT ROW LOCATION <u>[REDACTED]</u> FT FROM NEAREST LANDMARK			
GRADE CROSSING LOCATION <u>[REDACTED]</u>		TRACK: NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/>	EST. TRAIN SPEED IF MOVING <u>[REDACTED]</u> MPH		
DESCRIBE INJURY IN DETAIL (Example: Right Forearm requiring six stitches) <u>Injury sustained to the head, neck, shoulders and most visibly on right ear where blood was seen.</u>					
DESCRIBE HOW ACCIDENT/INCIDENT OCCURRED AND WAS ACTIVITY WAS BEING DONE IMMEDIATELY BEFORE OCCURRENCE (Include as much detail as possible) <u>Passenger was detrainning car # 9014 when she lost footing and tripped on the gap between train and platform (platform about 2-3 inches higher than train car.)</u>					
TYPE OF FOOTWEAR WORN BY INJURED FLAT HEELS <input checked="" type="checkbox"/> SNEAKERS <input type="checkbox"/> OTHER <input type="checkbox"/> HIGH HEELS <input type="checkbox"/> SANDALS <input type="checkbox"/> (Explain)		DID INJURED PARTY APPEAR TO BE IMPAIRED? YES <input type="checkbox"/> (DESCRIBE) <u>NO</u>		HANDICAPPED 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 YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input checked="" type="checkbox"/> NOT APPLICABLE <input type="checkbox"/>
FIRST AID AT SCENE <input checked="" type="checkbox"/>	NAME:	
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
<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>	<u>[REDACTED]</u>

PART V - TRAIN CREW

CONDUCTOR <u>D. Wilkie</u>	EMPLOYEE NO. <u>[REDACTED]</u>	RUN NO. <u>168</u>
ENGINEER <u>ER. James</u>	EMPLOYEE NO. <u>[REDACTED]</u>	RUN NO. <u>168</u>
OTHER <u>CA. Gerena Jr</u>	EMPLOYEE NO. <u>[REDACTED]</u>	RUN NO. <u>168</u>

PART VI - PROPERTY DAMAGE

DESCRIBE DAMAGE, ORIGINAL COST (If possible, include receipt)
N/A

PART VII - REMARKS

She landed on the platform after hitting one of the platform billboard's metal edges with the right side of her head, neck, and shoulders. Her right ear was cut and bleeding.

TO WHOM WAS ACCIDENT REPORTED? 204 TIME OF REPORT 6:15 ^{AM} PM DATE OF REPORT 8/11/06

PREPARED BY: NAME: Carlos A. Gerena Jr. TITLE: Asst. Conductor PHONE: [REDACTED]
 EMPLOYEE NO. [REDACTED] LOCATION: FBA

8/21/06
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