



Long Island Rail Road

REF 20060210
P2060825

AR - NE
10/05

NON-EMPLOYEE ACCIDENT/
INCIDENT REPORT

PART I - INJURED PERSON INFORMATION

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

PART II - ACCIDENT/INCIDENT DETAILS

DATE OF INCIDENT <u>8/30/06</u>		TIME <u>840</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	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>67</u> F
CHECK ALL THAT APPLY	<input type="checkbox"/> ON TRAIN	<input type="checkbox"/> ON STAIRS	<input checked="" type="checkbox"/> GAP	<input type="checkbox"/> PARKING LOT	<input type="checkbox"/> SUBSTATION
	<input type="checkbox"/> AT STATION	<input 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 type="checkbox"/> GRADE CROSSING	<input type="checkbox"/> BOARDING TRAIN	<input type="checkbox"/> YARD	
EXACT LOCATION STATION <u>WESTWOOD</u> GAP <u>MID</u> FT WESTEND OR EASTEND _____					
PLATFORM <u>MID</u> FT WESTEND OR EASTEND _____ ON/OFF TRAIN <u>OFF</u> CAR# _____					
STAIRS WESTEND <input type="checkbox"/> NORTHSIDE <input checked="" type="checkbox"/> EASTEND <input checked="" type="checkbox"/> SOUTHSIDE <input type="checkbox"/> PARKING LOT <u>WESTWOOD</u> FT FROM NEAREST LANDMARK _____					
ROW LOCATION _____ FT FROM NEAREST LANDMARK _____					
GRADE CROSSING LOCATION _____ TRACK: NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EST. TRAIN SPEED IF MOVING <u>0</u> MPH					
DESCRIBE INJURY IN DETAIL (Example: Right Forearm requiring six stitches) <u>LEFT LEG SUPPED ON GRATING & FELL THROUGH GAP</u>					
DESCRIBE HOW ACCIDENT/INCIDENT OCCURRED AND WHAT WAS ACTIVITY BEING DONE IMMEDIATELY BEFORE OCCURRANCE (Include as much detail as possible) <u>BOARDING TRAIN - SUPPED ON GRATING - LEFT LEG FELL THROUGH GAP - GENTLEMAN HELPED ME UP</u>					
TYPE OF FOOTWEAR WORN BY INJURED FLAT HEELS <input type="checkbox"/> SNEAKERS <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> (Explain) <u>SHOES</u>		DID INJURED PARTY APPEAR TO BE IMPAIRED? YES <input type="checkbox"/> (DESCRIBE) _____ NO <input checked="" type="checkbox"/>		HANDICAPPED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

PART III - MEDICAL INFORMATION

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

PART IV - WITNESS INFORMATION

NAME	ADDRESS	PHONE	BUSINESS PHONE
<u>NO ONE</u>			

PART V - TRAIN CREW

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

PART VI - PROPERTY DAMAGE

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

PART VII - REMARKS

SUR OR GRATING

TO WHOM WAS ACCIDENT REPORTED? AT PENNA STA TIME OF REPORT _____ AM _____ DATE OF REPORT _____ PM _____

PREPARED BY: [Signature] NAME: _____ TITLE _____ PHONE: [REDACTED]

EMPLOYEE NO. _____ LOCATION: _____

9/8/06