FORM 22 (REV. 5/04) ITEM # (162612)

PERSONAL INJURY REPORT

REPORT DATE:____DEPARTMENT

REPORT TIME (____________AM) or (______________PM) ______________________DIVISION

TRAIN NO. *(If applicable)* ______________ Is this incident related to a Train or Crossing Accident? [ ] Yes [ ] No

TO: Supervisory Officer: ________________ FROM: Injured Employee: ______________ Employee ID No. ________________

INCIDENT DATE: ________________ INCIDENT TIME: (________ AM) or (__________ PM)

LOCATION: Select one: Line of Road ________ Terminal ________ Shop or Office Building ________ Off Railroad Property ________

INCIDENT CITY: ____________________ STATE: ________ MILEPOST: *(If applicable)* ____________

WEATHER: Select one: Clear _____ Cloudy _____ Rain _____ Fog _____ Sleet _____ Snow _____ Does Not Apply _____ *(Injury Occurred Indoors)*

VISIBILITY: Select one: Dawn ____ Day ____ Dusk ____ Dark ____ Indoors-Dark ____ Indoors-Dim ____ Indoors-Normal ____ Indoors-Other____

TEMPERATURE: (________ PLUS) or (________ MINUS)

HEIGHT: ________ FT. ______ IN. WEIGHT ______ LBS. OCCUPATION ____________________

REST DAYS: *Select all that apply:* Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ Saturday ____ Sunday ____ None ____

ASSIGNMENT: REGULAR ______ RELIEF ______ EXTRA ______

ON DUTY: [ ] Yes [ ] No HOURS ON DUTY AT TIME OF INCIDENT ____________________

SAFETY ATTIRE WORN: *Select all that apply:* Head _____ Eye _____ Hearing _____ Respiratory _____ Foot _____ Hand ____ Other ____ None ____

WAS ANY TYPE OF EQUIPMENT INVOLVED? [ ] Yes [ ] No STATIONARY __________ MOVING __________

EQUIPMENT TYPE: Select One: Freight ___ Passenger ___ Mixed ___ Work ___ Yard Switching ___ Light Locos ___ M/W Equipment ___None ___

INITIAL AND NUMBER: ________________________

WITNESS NAMES	ADDRESSES

DO YOU DESIRE MEDICAL ATTENTION AT THIS TIME? [ ] Yes [ ] No

DESCRIBE WHAT HAPPENED – GIVE SPECIFIC, DETAILED INFORMATION: ____________________

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SIGNATURE OF EMPLOYEE

Distribution: Original to Supervisory Officer
Photocopy to Injured