

RAILROAD INJURY AND ILLNESS SUMMARY

| | | | | |
|-------------------------------|--------------------|------------------------|-----------------------------------|-----------|
| 1. Name of Reporting Railroad | 2. Alphabetic Code | 3. Report Month & Year | 4. State Alphabetic Code | 5. County |
| 6. Name of Reporting Officer | | | 7. Official Title | |
| 8. Address | | | 9. Telephone (Area Code) (Number) | |

10. If executed within the United States, its territories, possessions, or commonwealths:
I declare (or certify, verify, or state) under penalty of perjury that the information on this form is true and correct.
Executed on _____ (date).

(Signature).

If executed without (i.e., outside of) the United States:
I declare (or certify, verify, or state) under penalty of perjury under the laws of the United States of America that the information on this form is true and correct.
Executed on _____ (date).

(Signature).

OPERATIONAL DATA & ACCIDENT/INCIDENT COUNTS FOR REPORT MONTH

| | | | |
|---------------------------|---------------------------|--------------------------------|--------------------------------------|
| 11. Freight Train Miles | 12. Passenger Train Miles | 13. Yard Switching Train Miles | 14. Other Train Miles |
| 15. Railroad Worker Hours | | 16. Passenger Miles Operated | 17. Number of Passengers Transported |

| 18. REPORTED CASUALTIES | | | 19. NUMBER OF FRA FORMS ATTACHED | |
|---------------------------------------|-------|----------|----------------------------------|-----------------|
| Type of Person | Fatal | Nonfatal | FRA Form Number | Number Attached |
| Worker on duty – railroad employee | | | 6180.54 | |
| Railroad employees not on duty | | | 6180.55a | |
| Passengers on trains | | | 6180.56 | |
| Nontrespassers/ on railroad property | | | 6180.57 | |
| Trespassers | | | 6180.81 | |
| Worker on duty - contractor | | | | |
| Contractor - other | | | | |
| Worker on duty - volunteer | | | | |
| Volunteer - other | | | | |
| Nontrespassers/ off railroad property | | | | |
| Grand total | | | | |

20. Remarks Section. Please describe operational, environmental, or other circumstances that account for unusual fluctuations in train miles operated, employee hours, or passenger counts.

NOTE: This report is part of the reporting railroad's accident report pursuant to the accident reports statute and, as such shall not "be admitted as evidence or used for any purpose in any suit or action for damages growing out of any matter mentioned in said report. . . ." 49 U.S.C. 20903. See 49 C.F.R. 225.7 (b).

This collection of information is mandatory under 49 CFR 225, and is used by FRA to monitor national rail safety. Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing databases, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information collected is a matter of public record, and no confidentiality is promised to any respondent. Please note that an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this collection is 2130-0500.