DCA11FR002
Collision - BNSF
Red Oak, Iowa
April 17, 2011

BNSF
Employee Personal Injury Report
Conductor Struck Train

BNSF RAILWAY

EMPLOYEE PERSONAL INJURY/OCCUPATIONAL ILLNESS REPORT

Each employee reporting an injury, condition or occupational illness on duty and/or on property must fill out this report and provide it to his or her supervisor (pursuant to § 225.19). A copy will be provided upon request.

NAME OF INJURED PERSON	AGE	DATE OF BIRTH	SENIORITY DATE	EMPLOYEE ID NUMBER
CHRISTOPHER D. PATE	[redacted]		2/2/04	[redacted]

ADDRESS OF INJURED PERSON (STREET, CITY, ZIP CODE): [redacted]

TELEPHONE NUMBER: [redacted]

LOCATION OF INJURY (CITY AND STATE)	MILE POST (IF APPLICABLE)	SUBDIVISION (IF APPLICABLE)	DATE OF INJURY	TIME
NEAR RED OAK IOWA	447/448	CRESTON	4/17/11	☒ AM ☐ PM

TEMPERATURE	VISIBILITY (Check correct response)			WEATHER (Check correct response)			
30 - 40°F	☒ DAWN	☐ DUSK		☐ CLEAR	☐ RAIN	☐ SLEET/ ICE	
	☐ DAY	☐ DARK		☒ CLOUDY	☐ FOG	☐ SNOW	

IF THIS IS AN ILLNESS OR CONDITION RATHER THAN AN ACUTE INJURY, WHEN DID YOU FIRST NOTICE SYMPTOMS?
IMMEDIATELY

WHEN WERE YOU FIRST TREATED OR DIAGNOSED?
4/17/11 APPROX 12:00

DESCRIBE INJURIES OR ILLNESS/CONDITION: (attach additional pages if necessary)
MENTAL DISTRESS, NERVES, TIGHTNESS IN HEAD, NECK, AND BACK, UPSET STOMACH

DESCRIBE FULLY HOW INJURY, ILLNESS OR CONDITION OCCURRED: (attach additional pages if necessary)
OUR TRAIN WAS REAR ENDED WHILE WE WERE STOPPED BY A LOADED COAL TRAIN. NO CONTACT WITH OPERATING SUPERVISORS UNTIL AFTER 30 - 40 MINS AFTER THEY HAD ARRIVED @ SCENE.

WAS THE ACCIDENT CAUSED BY THE CONDUCT OF ANOTHER PERSON?
☒ Yes ☐ No
IF YES, PLEASE DESCRIBE: UNKNOWN AT THIS TIME

COULD YOU HAVE PREVENTED YOUR INJURY?
☐ Yes ☒ No
IF YES, HOW?

WAS THERE ANY DEFECT/MALFUNCTION/PROBLEM OF/WITH THE EQUIPMENT OR WORK PROCEDURES?
☒ Yes ☐ No
IF YES, PLEASE DESCRIBE: RAILROAD (BNSF) FAILED TO PROVIDE A SAFE WORK ENVIRONMENT

TYPE OF MEDICAL ATTENTION ADMINISTERED (PRESCRIPTION, BRACE, SPLINT, ETC):
SIMPLE EXAMINATION AND PRESCRIPTION

NAME OF PHYSICIAN:
ON DUTY E.R. DOCTOR

ADDRESS:

NAME OF ATTENDING FACILITY:
CRESTON E.R.

ADDRESS:
CRESTON, IA

SUPERVISOR NAME:
SANED KNUDSTRUM

NOTE - If you do not receive medical treatment as the result of this injury or occupational illness, you must promptly notify your supervisor:
- if you experience any complications resulting from your injury/illness.
- if you are unable to perform your normal duties or absent yourself from your regular assignment because of this injury/illness.
- before visiting a health care professional for subsequent treatment or observation due to your injury.

IF INJURY OCCURRED WHILE WORKING WITH ON TRACK EQUIPMENT, LIST INITIALS AND NUMBERS:
BNSF 9470

IMPORTANT: LIST ALL PERSONS WHO WITNESSED THE INJURY OR WHO CAN GIVE ANY INFORMATION ABOUT IT:

NAME	OCCUPATION	ADDRESS (Show Street and City)
RE MARLIN	LOCOMOTIVE ENGINEER	—

Signed [redacted] Date 4/19/11

PLEASE ANSWER ALL QUESTIONS (USE REVERSE SIDE IF NECESSARY)