

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

BNSF
Employee Personal Injury Report
Engineer Struck Train



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 Randy E. Marlin		SENIORITY DATE 9/9/94	
ADDRESS OF INJURED PERSON (STREET, CITY, ZIP CODE) [REDACTED]			

LOCATION OF INJURY (CITY AND STATE) McPhearsen, IA	MILE POST (IF APPLICABLE) 448	SUBDIVISION (IF APPLICABLE) Creston	DATE OF INJURY 4/17/11	TIME 7:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM
TEMPERATURE	VISIBILITY (Check correct response) <input checked="" type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DAY <input type="checkbox"/> DARK	WEATHER (Check correct response) <input type="checkbox"/> CLEAR <input type="checkbox"/> RAIN <input type="checkbox"/> SLEET/ICE <input checked="" type="checkbox"/> CLOUDY <input type="checkbox"/> FOG <input type="checkbox"/> SNOW		

IF THIS IS AN ILLNESS OR CONDITION RATHER THAN AN ACUTE INJURY, WHEN DID YOU FIRST NOTICE SYMPTOMS? At impact, symptoms worsened ^{Treated} some day	WHEN WERE YOU FIRST TREATED OR DIAGNOSED? 4/17/11
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DESCRIBE INJURIES OR ILLNESS/CONDITION: (attach additional pages if necessary)
**whip lash like injury, muscle strain neck
Back + shoulders
Headache, Ringing in ears**

DESCRIBE FULLY HOW INJURY, ILLNESS OR CONDITION OCCURRED: (attach additional pages if necessary)
**stopped at red signal at MP 447.5, when I was struck
from behind by unit coal train**

WAS THE ACCIDENT CAUSED BY THE CONDUCT OF ANOTHER PERSON?
 Yes No

IF YES, PLEASE DESCRIBE:
struck by another train, impact collision

COULD YOU HAVE PREVENTED YOUR INJURY?
 Yes No

IF YES, HOW?
Railroad failed to provide safe work place

WAS THERE ANY DEFECT/FUNCTION/PROBLEM OF/WITH THE EQUIPMENT OR WORK PROCEDURES?
 Yes No

IF YES, PLEASE DESCRIBE:
Railroad failed to provide safe work place

TYPE OF MEDICAL ATTENTION ADMINISTERED (PRESCRIPTION, BRACE, SPLINT, ETC):
Treated & released at Creston Hospital (Medication prescribed)

NAME OF PHYSICIAN: ADDRESS:

NAME OF ATTENDING FACILITY: ADDRESS:
Creston Hospital

SUPERVISOR NAME: 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)
Chris Pate	Conductor	

Signed: [REDACTED] Date: **4/19/11**

PLEASE ANSWER ALL QUESTIONS (USE REVERSE SIDE IF NECESSARY)