NS Lincoln Accident

Injury Forms

226A117 Engineer A. Smith Jr.



PERSONAL INJURY REPORT

REPORT DATE: 1/18/06 TRAW Spin fate DEPART	MENT
DRT TIME (AM) or (8.09 PM) ALABAMADIV	ISION
TRAIN NO. (If applicable) 226A (Is this incident related to a Train or Crossing Accident? [X Yes [] No
TO: Supervisory = Sm 14 FROM: Injured Employee: 4 - Sm 174 ID No. 0806939	
INCIDENT DATE: 11806 INCIDENT TIME: (AM) or (4.00 PM)	
LOCATION: Select one: Line of Road Terminal Shop or Office Building Off Railroad Property	
INCIDENT CITY: COSA STATE: 42 MILEPOST: (If applicable) 758.0	
WEATHER: Select one: Clear Cloudy Rain Fog Sleet Snow Does Not Apply (Injury Occurred Indo	ors)
VISIBILITY: Select one: Dawn Day Dusk Dark Indoors-Dark Indoors-Dim Indoors-Normal Indoors-Other_	
TEMPERATURE: (60 PLUS) or (MINUS)	
HEIGHT: S FT. S IN. WEIGHT 40 LBS. OCCUPATION 5 NG / WEIGHT	_
REST DAYS: Select all that apply: Monday Tuesday Wednesday Thursday Friday Saturday None	X
ASSIGNMENT: REGULAR RELIEF EXTRA \(\tag{1} \)	
ON DUTY: [X] Yes [] No HOURS ON DUTY AT TIME OF INCIDENT 2 HR 45 M/N	
SAFETY ATTIRE WORN: Select all that apply: Head Eye Hearing Respiratory Foot Hand Other No	
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 No	ne
AL AND NUMBER: DOS NOT LEMEMBER	
WITNESS NAMES ADDRESSES	
M. QUINN	
MAGHBURN	
DO YOU DESIRE MEDICAL ATTENTION AT THIS TIME? Yes [] No	
DESCRIBE WHAT HAPPENED - GIVE SPECIFIC, DETAILED INFORMATION: ADD Clear Signal at RIVERSIDE CAMP	
TAD Clar Signer at RIVERSIDE CAME	
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Original to Supervisory Officer Photocopy to Injured

Foron. a smithge Signed



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CITY ST ZIP Copies of Injury Report will be automatically sent to Safety, Casualty Claims – Norfolk and Medical Departments. ENTER MESSAGE SWITCHING ADDRESSES FOR DISTRICT CLAIM AGENT, LOCAL CLAIM AGENT, AND APPROPRIATE SUPERVISORS OR SEVEN-CHARACTER TCAM PRINTER MSG ADDR 2 MSG ADDR 4 MSG ADDR				
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Copies of Injury Report will be automatically sent to Safety, Casualty Claims - Norfolk and Medical Departments. ENTER MESSAGE SWITCHING ADDRESSES FOR DISTRICT CLAIM AGENT, LOCAL CLAIM AGENT, AND APPROPRIATE SUPERVISORS OR SEVEN-CHARACTER TCAM PRINTER MSG ADDR MSG ADDR MSG ADDR MSG ADDR	······		· · ·	
ENTER MESSAGE SWITCHING ADDRESSES FOR DISTRICT CLAIM AGENT, LOCAL CLAIM AGENT, AND APPROPRIATE SUPERVISORS OR SEVEN-CHARACTER TCAM PRINTER				
MSG ADDR 2 MSG ADDR MSG ADDR 4 MSG ADDR		•	E SUPERVISORS OR SEVEN-CHAP	RACTER TOAM PRINTER
MSG ADDR 4 MSG ADDR				
			.,	
WOUNDING WOUNDING				
	, mod Appri			
SCREEN 5 - SUMMARY WORKSHEET COMPLETED BY TITLE TRAINMASTER DATE (1991)				

* Asterisk indicates that entry corresponds with selection table in computer. Six computer access must be completed to transmit. Computer access – 1) Thoroughbred Screen: Select R (IDMS), type in user ID & password; <u>OB</u>; Netview Access Screen: Type in user ID, password, & Group (UCRGRP); select application IDMS, 2) type the word INJURY at ENTER NEXT TASK CODE, select MENU option. Help screens available in computer program.

COMPLETE ALL ITEMS

Smith SIDE 2

226A117 Conductor M. M. Quinn



PERSONAL INJURY REPORT

REPORT DATE: ///8/06	TRANSporta Fran DEPARTMENT
ORT TIME (AM) or (ACABAMA DIVISION
FRAIN NO. (If applicable) 36A/ Is this incident related	ed to a Train or Crossing Accident? Yes [] No
FO: Supervisory S. E. Snull FROM: Injured Employee: M. M. G	UNN ID No. 0148730
NCIDENT DATE: 1806 INCIDENT TIME: (AM) or (, OO
LOCATION: Select one: Line of Road Terminal Shop or Of	fice Building Off Railroad Property
INCIDENT CITY: COOSA STATE: AL	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: (_52PLUS) or (MINUS)	
HEIGHT: FT IN. WEIGHT LBS. OCCUP	ATION CONDUCTOR
REST DAYS: Select all that apply: Monday Tuesday Wednesday Thu	·
ASSIGNMENT: REGULAR RELIEF EXTRA	
ON DUTY: [] Yes [] No HOURS ON DUTY AT TIME OF IN	CIDENT 2HB 45MIN
SAFETY ATTIRE WORN: Select all that apply: Head Eye Hearing L	
WAS ANY TYPE OF EQUIPMENT INVOLVED? [/ Yes [] No	STATIONARY MOVING
EQUIPMENT TYPE: Select One: Freight Passenger Mixed Work Y	ard Switching Light Locos M/W EquipmentNone
"AL AND NUMBER: 7/37 BUT NOT SUR	<i>e</i>
WITNESS NAMES	ADDRESSES
4 Smith	
B MASHBURN	
DO YOU DESIRE MEDICAL ATTENTION AT THIS TIME? [Yes []	$A \cap A \cap$
DESCRIBE WHAT HAPPENED - GIVE SPECIFIC, DETAILED INFORMATION	
Signal and Signal Was	Clear Mounded on
	urveand observed
Sissist Clear and was	Jewel Dor the
Som: Engine Disser	the DRAIN IN
and a day to the total	-IW STRUCK REAR OF
TRAIN JAZR	
	-
	100
SIGNA	1 (8% 61) 20
.ibution: Original to Supervisory Officer	TURE OF EMPLOYEE OUT. Signe



	OYEE PERSON/				·	
MENU IS THIS RELATED TO A REPORTABLE TRAIN OR C		NO	CROSSING	TRAIN	(Over Rptng Threshol	a)
OYEE EIN 0/48/30 RELATED TO	^ -					
THE TOTAL TO	<u>///</u>	QUIA	(Name Cor	mputer Generated by EIN o	nto Screen 1 – but enter first na	me)
	MEDDLE)	(UAST)				
SCREEN 1 - LOCATION AND EMPLOYEE						
4 7 7	or Generated) TIME: 4 / 7 AM	_PM				
COMPANY WORFOLK SOUTHERN	RR DEPARTMENT	TRAG	SPORATIO	The same of the sa		
DIVISION. ALABAMA	FACILITY*	VIA	CHRG TO*	S.E.	SMITH	
LOCATION * (Select One:) LINE OF ROAD TERMINAL	SHOP OR OFFIC	E BUILDING	OFF RAILROAD	PROPERTY	MILEPOST	
INCIDENT CITY LINCONN			ALLADEGA	^		60
WEATHER * (Select One:) CLEARCLOUDYRAII	N FOG SI					_
VISIBILITY * (Select Cine:) DAWN DAY DUSK					INDOORS-OTHER	30013)
TEMPERATURE: 6 PLUS MINU		ENDER: Male_			_ HIDOOTIO-OTTIETT	
HEIGHT: 6 FT. / IN. WEIGHT: 25 LBS.				JOB . 22	6A117	
REST DAYS * (Select All That Apply:) MONDAY TUESD						_
	RA L		N AREA OR ON ASS		3 - MONE	
	MAT? YESNO		ON COMPANY PRO		NO .	
The state of the s	2 m IN			Machine.	28 Has	(h)
AT COMPANY-SPONSORED EVENT OR IN COMPANY PROVI				This your or but	00000	
					× 110	
EMPLOYEE NOTIFIED COMPANY: DATE / / (X)						PM
PERIVSOR'S EIN: 00 600 1 2	N	AME	E.5n	nitt	(Computer Generate	d by EIN)
SCREEN 2 - INJURY AND TREATMENT	/	. Ω				
ACCIDENT TYPE . COLLISION RAIL	EQUIPMENT BOD	Y PART *	16HT 31tt	DULDER		-
NJURY TYPE : BRUISE, CONTUS	LON ACT	IVITY *	COING			
OBJECT OF ACTIVITY * RAIL EQUIPM	ENTITION SOU	RCE OF INJUR	PAILE	QUIPALAT	(Locomon	TUP)
SAFETY ATTIRE WORN * (Select All That Apply:) HAFID HAT		EARING	RESPIRATORY	FOOT	AND OTHER	NONE
NAME BRAND OF EYE PROTECTION WORN:	UVEX					
WAS ANY TYPE OF EQUIPMENT INVOLVED?	N) STATIONARY_		MOVING	_		
EQUIPMENT TYPE * (Select Dine) FRIEGHT PASSENCE	GER MIXED	WORKY	ARD/SWITCHING	_LIGHT LOCO	MW EQUIPMENT	NONE
INIT. AND NUMBER: NS 7/3/	\$HC	OP	от	HER		
WAS EQUIPMENT DEFECTIVE? (Yor N) IF	YES, HOW	_				
TYPE OF MEDICAL ATTENTION * (Select One:) DECLINED T	REATMENTFIRS	T AIDP	RESCRIPTION (FRA P	leportable) M	EDICAL TREATMENT (FF	(A Reportable)
DESCRIBE TREATMENT RENDERED:	SCAN, XR	Ays, C	A5 705	5		
PROVIDER CITIZEN BAR	MST MED	CAL	CENTER			
ADDRESS 604 STONE	Avenue	CITY_	TALLA	DEGA	ST A	_zi35/
DISABILITY: NONE RESTRICTED ACTIVITY	LOST TIME	PERM	ANENT			2
RESTRICTED ACTIVITY: BEGIN DATE		END D	ATE	DAYS	ACT EST _	
LOST TIME: BEGIN DATE /	· · ·	END D	ATE	DAYS	ACTEST	
PERMANENT: DEATHTERMINATED	TRANSFER	EFFECTIVE	DATE/			
SCREEN 2/1 - CIRCUMSTANCE CODE	S (Entries Will Be S	elected By D	epartment Based	Upon Content (of This Form	
*****		•	-	-	······	
IS THIS INJURY ASSOCIATED WITH FORCE ACCOUNT W	, /					
(WORK PERFORMED FOR 3 RD PARTIES WHERE THE COS	,	•				
(INDIRCELLIONALD FOR 3 - PARTIES WHERE THE COS	TO THE WORK IS REL	mounice)				

	,						
LOYEE'S DESCRIPTION	ON OF INCIDENT:	At Poll City	n and	Mosel Synal y	ollan ?	RAW &	DR, got
5 RIVERSK	de signe	I and Signa	Q was	Class Moceed	ded on	10 Coos	A come
Ame avored	CURÚR C	und observe	d sognas	a clair and) Street	1. ROAR &	F TRAW 20K
RVISOR'S DESCRIP	TION OF INCIDENT: _	Employe	e was	crew ment	nof	Y nan	206A117
that u	spacted	rear of	TRAM	80RA116.	CAC	Be U	VOIR
100 0051	16ATTON	, ,					
SCREEN 3/	A - <u>special cap</u>	TURE CODES / COVE	RED DATA:				
PRESCRIBED TIME	E OFF, BUT NO DAYS	WERE ACTUALLY TAKEN	l	(TYPE A)			
PRESCRIBED RES	STRICTION OF ROUTH	NE WORK DUTIES,		(TYPE R)			
BUT RESTRICTION	N DID NOT OCCUR	``	•.	·*	•		•
PRESCRIBED OTO	C MEDICATION AT PR	ESCRIPTION STRENGTH,		(TYPE P)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
OR SINGLE EXTER	RNAL APPLICATION (OF PRESCRIPTION MEDICA	ATION				
NOTE: CHECK AL	LL THAT APPLY - TYP	PE PRECEDENCE = (TYPE	A < TYPER	< TYPE P)			
	*	LONGITUDE (OPITONAL)					
	_ DEGREES	(066 - 098)	<u> </u>	DECIMAL (000000 - 999999)			
		LATITUDE (OPITONAL)				٠.	
· · _ · · _	_ DEGREES	(024- 049)		DECIMAL (000000 - 999999))		
		**.	•	· ,			•
SCREEN A	4 - TESTING AND	WITNESSES		•			
YPE OF DRUG TESTS	S ADMINISTERED	NONE BLOOD_	URINE _	BOTH			
YPE OF ALCOHOL TE	ESTS ADMINISTERED	NONE BLOOD	BREATI	H BOTH			
TNESSES (If Employ	yee: ENTER ONLY NA	ME, EIN AND TELEPHONE	NUMBER)	90100	7.		
ME	SMITT	+ 92	EIN	0806930		TELEPHONE	,
ADDRESS				CITY	· · · · · · · · · · · · · · · · · · ·	ST	ZIP
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NAME	in. In.	ASHBURN	E!N	016369	0	TELEPHONE	
ADDRESS				спу		ST	Z#P
3				. 1			
			EIN			TELEPHONE _	··-
NAME	• • • • • • • • • • • • • • • • • • • •						
ADDRESS	· ·	i i i		cny		ST	ZIP
ADDRESS Copies of Injury Report	201.11	ent to Safety, Casualty Claim		edical Departments.		ST	
ADDRESS Copies of Injury Report	201.11					ST	
ADDRESS Copies of Injury Report	WITCHING ADDRESSI		GENT, LOCAL CL	edical Departments.	MSG ADDR_	ST	
ADDRESS Copies of Injury Report	MSG ADDR	ES FOR DISTRICT CLAIM A	GENT, LOCAL CL	edical Departments.	MSG ADDR	S OR SEVEN-CH	
ADDRESS Copies of Injury Report	WITCHING ADDRESSI	ES FOR DISTRICT CLAIM A	GENT, LOCAL CL	edical Departments.	MSG ADDR_	S OR SEVEN-CH	
ADDRESS Copies of Injury Report	MSG ADDR	ES FOR DISTRICT CLAIM A	GENT, LOCAL CL	edical Departments.	MSG ADDR	S OR SEVEN-CH	
ADDRESS Copies of Injury Report (ENTER MESSAGE SI 1 3 5	MSG ADDR	ES FOR DISTRICT CLAIM A	GENT, LOCAL CL	edical Departments. LAIM AGENT, AND APPROPRIA 2 4 6	MSG ADDR MSG ADDR MSG ADDR	S OR SEVEN-CH	

CODEEN A INCIDENT DECODIDATIONS

* Asterisk indicates that entry corresponds with selection table in computer. Six computer screens must be completed to transmit. Computer access – 1) Thoroughbred Screen: Select R (IDMS), type in user ID & password; OR; Netview Access Screen: Type in user ID, password, & Group (UCRGRP); select application IDMS. 2) type the word INJURY at ENTER NEXT TASK CODE, select MENU option. Help screens available in computer program.

* MM QUINN SIDE 2

COMPLETE ALL ITEMS

226A117 ACT B. M. Mashburn



PERSONAL INJURY REPORT

EPORT DATE: //18/06DEPARTMENT
DRT TIME (8:30 pm M) or (8:30 pm) Alabama, Birmingham DIVISION
RAIN NO. (If applicable) 326 AUT Is this incident related to a Train or Crossing Accident? [Yes [] No
Officer:
NCIDENT DATE: 1/18/06 INCIDENT TIME: (AM) or (4.00 PM)
OCATION: Select one: Line of Road Terminal Shop or Office Building Off Railroad Property
NCIDENT CITY: STATE: AL MILEPOST: (If applicable) 758.0
NEATHER: Select one: ClearCloudy Rain Fog Sleet Snow Does Not Apply (Injury Occurred Indoors)
/ISIBILITY: Select one: DawnDay 🔟 Dusk Dark Indoors-Dark Indoors-Dim Indoors-Normal Indoors-Other
TEMPERATURE: (60 PLUS) or (MINUS)
HEIGHT: 5 FT. 8 IN. WEIGHT 150 LBS. OCCUPATION ACT
REST DAYS: Select all that apply: Monday Tuesday Wednesday Thursday Friday Saturday Sunday None
ASSIGNMENT: REGULAR RELIEF EXTRA
ON DUTY: [1] Yes [] No HOURS ON DUTY AT TIME OF INCIDENT 1/2 - 2 hrs
SAFETY ATTIRE WORN: Select all that apply: HeadEye! Hearing Respiratory Foot/_ Hand Other None
WAS ANY TYPE OF EQUIPMENT INVOLVED? [1/] Yes [] No STATIONARY MOVING
EQUIPMENT TYPE: Select One: Freight Passenger Mixed Work Yard Switching Light Locos M/W Equipment None
AL AND NUMBER: BMM
WITNESS NAMES ADDRESSES
A. sm.th
M.M. auino
DO YOU DESIRE MEDICAL ATTENTION AT THIS TIME? [Yes [] No
DESCRIBE WHAT HAPPENED - GIVE SPECIFIC, DETAILED INFORMATION: We Come up on a clear
signal & proceeded around the curve where we noticed
we were fined in on top of another train in the siding
<u> </u>
<u> </u>
SIGNATURE OF EMPLOYEE

aribution:

Original to Supervisory Officer Photocopy to Injured



نرء

REPORT OF EMPLOTEE PERSONAL INJURY	ILLNESS/INCIDEN I
	CROSSING TRAIN (Over Rpting Threehold)
OYEE EIN 016364 CRELATED TO REPORT NO.	
	(Name Computer Generated by EIN onto Screen 1 – but enter first name)
(FIRST) (MIDDLE) (LAST)	
SCREEN 1 - LOCATION AND EMPLOYEE	
CIDENT NUMBER(Computer Generated)	
CIDENT DATE 18061 TIME: 4: 7 AM PM	
DMPANY - NORFOLK SONTHEN RAILLON BEPARTMENT TRAN	15PORTATION
VISION * ALABAMA FACILITY* NA	CHRG TO' S. E. SMITH
DCATION * (Select One.) LINE OF ROAD TERMINAL SHOP OR OFFICE BUILDING	OFF RAILROAD PROPERTY MILEPOST 58.
CIDENT CITY LINCOLN COUNTY 179	A
EATHER* (Select One:) CLEAR / CLOUDY RAIN FOG SLEET Sh	
SIBILITY * (Select One:) DAWN DAY DUSK DARK INDOORS-DARK INDOORS	
EMPERATURE: 6 PLUS MINUS GENDER: Male	Female
EIGHT: 5 FT. 8 IN. WEIGHT: 50 LBS. EMPLOYEE RIN NUMBER 2/	1530 JOB. 226A117
REST DAYS (Select All That Apply:) MONDAY TUESDAY WEDNESDAY THURSDAY	
ASSIGNMENT: REGULAR RELIEF EXTRA MONTHS IN	
ON DUTY? YESNO EXPOSURE TO HAZMAT? YESNO	
IOURS ON DUTY AT TIME OF INCIDENT 3 HR. 2 mw. REST H	
T COMPANY-SPONSORED EVENT OR IN COMPANY PROVIDED TRANSPORTATION: YES	
PLOYEE NOTIFIED COMPANY: DATE 1 18 106 PERSON NOTIFIED: 5, E	50.71
PERIVSOR'S EIN: 0060012 NAME 3	. E · 5/h LTH (Computer Generated by EIN)
SCREEN 2 - INJURY AND TREATMENT	
ACCIDENT TYPE . COLLISION RULL EQUIPMENT BODY PART . RI	GHT ANKLE, BACK
NJURY TYPE . BRUISE, CONTUSION ACTIVITY .	\$101WG
OBJECT OF ACTIVITY · RALL EQUIPMENT (TRAIN) SOURCE OF INJURY	· RAIL BQ (pment (LOCOMOTILE)
SAFETY ATTIRE WORN * (Select All That Apply:) HARD HAT EYEHEARINGF	
NAME BRAND OF EYE PROTECTION WORN: *	
WAS ANY TYPE OF EQUIPMENT INVOLVED?	MOVING
EQUIPMENT TYPE * (Select One:) FRIEGHT PASSENGER MIXED WORK YAR	D/SWITCHINGLIGHT LOCO MW EQUIPMENT NONE
INIT. AND NUMBER: 15 7/37 SHOP	OTHER
WAS EQUIPMENT DEFECTIVE? Y OF N) IF YES, HOW	<u>:</u>
TYPE OF MEDICAL ATTENTION * (Select One:) DECLINED TREATMENT FIRST AID PRE	SCRIPTION (FRA Reportable) MEDICAL TREATMENT (FRA Reportable
DESCRIBE TREATMENT RENDERED: SPLIWT RIGHT FOOT	
PROVIDER CM220 PAPTIST MEDICAL CEA	TER
ADDRESS 604 STONE AVENUE CITY	TALLADEGA ST AL ZEO
DISABILITY: NONE RESTRICTED ACTIVITY LOST TIME PERMA	NENT
	TEDAYSACTEST
The last of the la	TE / / DAYS ACT EST
	DATE
SCREEN 2A - CIRCUMSTANCE CODES (Entries Will Be Selected By Dep	
	•
	NT SECTION
IS THIS INJURY ASSOCIATED WITH FORCE ACCOUNT WORK? (Y or N)	
(WORK PERFORMED FOR 3™ PARTIES WHERE THE COST OF THE WORK IS REIMBURSED)	