

WT Tally - New

SANTA FE

REPORT OF PERSONAL INJURY TO EMPLOYEES, PASSENGERS, OR OTHER PERSONS

INSTRUCTIONS.—This report must be PROMPTLY MADE BY EACH EMPLOYEE PRESENT, answering every question fully, if known. Report should be sent to head of department who will attach any information he has and forward ORIGINAL report to General Claim Agent of the line on which the accident occurred.

1. GENERAL INFORMATION (To be completed for all accidents)

- A. Name of injured person.....
- B. Occupation (If employe).....
- C. Age..... D. Address.....
- E. Date of Accident.....
- F. Hour..... AM PM G. Nearest station or Mile Post.....
- H. Weather.....
- I. What did injured person claim caused accident?.....
- J. What injuries were claimed?.....
- K. Did you witness accident?..... L. Names and addresses of other witnesses.....
- M. If train involved, advise (1) Train No..... (2) Eng. No..... (3) No. cars.....
- 4. Direction moving (R.R.)..... (5) Approximate speed.....(MPH) (6) Main or other track?.....
- 7. Names and occupations of all crew members.....

2. IF PASSENGER INJURED, FURNISH FOLLOWING ADDITIONAL INFORMATION:

- A. Destination address.....
- B. Ticket No. or Pass No.....
- C. Pullman or Coach passenger?.....
- D. Car Name or No.....
- E. Pullman space or Seat No.....
- F. In which car did accident occur?.....
- G. If in vestibule, on vestibule steps, or on step box, advise car number.....
- H. If on platform or in station, give details.....
- I. Additional Comments.....

3. IF TRAVELER ON HIGHWAY, FURNISH FOLLOWING ADDITIONAL INFORMATION:

- A. Name and address of registered owner.....
- B. Name and address of driver (If other than owner).....
- C. Names and addresses of other occupants.....
- D. License No.....
- E. Make and model.....
- F. Approached from right or left side of train.....
- G. Estimated speed of vehicle..... MPH. H. Mile Post location of crossing, crossing number, or street name.....
- I. Other remarks or information.....

4. IF OTHER THAN EMPLOYEE, PASSENGER OR TRAVELER ON HIGHWAY INJURED, FURNISH ADDITIONAL PARTICULARS AND CIRCUMSTANCES

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(Reverse side may be used for additional comments)

(Sign here).....

Date..... 19.....

Occupation.....