

**RIO GRANDE PACIFIC CORPORATION**  
**PERSONAL INJURY REPORT**

This form must be completed by each employee reporting an injury while on duty and by employees who witnessed or have pertinent information regarding the incident.

When an incident is caused by malfunction or breakage of tools, equipment, or safety appliances, the parts must be so marked as to be readily identified and returned for safe keeping to be produced thereafter if needed.

The employee reporting a personal injury must complete all lines. Witnesses and others with pertinent information are to complete lines *1 - 6 and 18-22 (bold type face)*.

1. **Date of Incident:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **(circle) AM / PM**
2. **Full Name :** \_\_\_\_\_ **Job Title:** \_\_\_\_\_
3. **Home address:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_
4. **Place of Incident:** \_\_\_\_\_
5. **Weather (circle):** Clear Cloudy Windy Rain Sleet Snow Ice Fog **Temperature:** \_\_\_\_\_
6. **Visibility (circle):** Dawn Day Dusk Dark **Comments:** \_\_\_\_\_
7. Employee ID #: \_\_\_\_\_
8. Assigned Tour of duty: \_\_\_\_\_ Previous Rest Day(s): \_\_\_\_\_
9. Nature of Reported Injury: \_\_\_\_\_
10. Was medical treatment obtained (circle): Yes No
11. Doctor: \_\_\_\_\_ Location: \_\_\_\_\_
12. Number of rail cars involved in incident/accident: \_\_\_\_\_
13. Locomotive Number(s): \_\_\_\_\_ Train No.: \_\_\_\_\_ No. of cars: \_\_\_\_\_
14. Speed: \_\_\_\_\_ Direction: \_\_\_\_\_
15. Engineer: \_\_\_\_\_ Conductor: \_\_\_\_\_  
Others: \_\_\_\_\_
16. Name of Manager notified: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
17. If not reported immediately provide reason for delay: \_\_\_\_\_
18. **Did any tool/equipment/safety appliance involved malfunction or break (circle)? Yes No (describe):**  
\_\_\_\_\_  
\_\_\_\_\_
19. **Did you see incident occur (circle)? Yes No**
20. **Provide detailed description of how the injury/incident occurred, including details of your involvement:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

