

N. P. ^{512 REV.}₈₋₃₅ **NORTHERN PACIFIC RAILWAY COMPANY**

REPORT OF PERSONAL INJURY TO EMPLOYEES, PASSENGERS OR OTHER PERSONS

INSTRUCTIONS: A separate blank Form 512 must be filled out by each employee present in every case of accident resulting in personal injury, whether severe or slight. INJURED EMPLOYEE SHOULD ALSO MAKE REPORT OF ACCIDENT ON THIS FORM. If blank spaces are insufficient for full details of accident, give further information in letter form and attach hereto. Every question bearing on an accident must be fully answered.

Name of Injured Married or single? Age

Place of Accident Nearest Milepost Estimated distance and direction from Sta.

On day of 19..... about (time of day)

Clear or foggy? Raining or snowing? Daylight or dark?

Was injured person—Employee? Passenger? Outsider? Trespasser?

Occupation: P. O. Address

Did you see this accident? Describe below fully how it occurred

Describe injuries:

If doctor called give name and address

What was done with and for injured person?

What does injured person say was cause of accident? }

Who, if anyone, does he blame for accident? }

In your opinion, who was to blame for accident? }

Why?

In your opinion, could injured person have prevented or avoided accident?

If so, explain how

Was there any defect in: Machinery? Tools? Structures? Equipment?

If so, indicate which and describe here:

Did injured person know of defect? Had same been reported? If so, by whom?

IMPORTANT

Show below names of all who witnessed the accident or can give any information about it:

Names	Occupation	Residence and P. O. (Give Street Nos.)
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THE ABOVE IS A CORRECT STATEMENT:

Signature..... Occupation..... Dept.....

This report made at..... Date.....

(SEE OTHER SIDE)

ANSWER ALL QUESTIONS FULLY

READ AND FOLLOW INSTRUCTIONS AT TOP OF PAGE

IF INJURY OCCURRED ON OR ABOUT TRAIN OR MOVING CARS OR ENGINES OR IF THEY ARE IN ANY WAY INVOLVED, ANSWER FOLLOWING QUESTIONS IN ADDITION TO FOREGOING:

Train No.....Engine No.....Pass. or Frt.?.....Direction.....Speed.....
 ConductorHead brakeman.....
 EngineerRear brakeman.....
 FiremanSwing brakeman.....
 Number of cars in train.....Describe signals sounded

IF INJURY OCCURRED WHILE COUPLING CARS OR ENGINES OR AS A RESULT OF FALLING FROM MOVING CARS OR ENGINES, ANSWER FOLLOWING QUESTIONS IN ADDITION TO FOREGOING:

Initials and numbers of cars or engine involved.....
 Was this equipment in good order?.....
 If not, describe defect.....

IF INJURY OCCURRED ON OR NEAR CROSSING, ANSWER FOLLOWING QUESTIONS IN ADDITION TO FOREGOING:

Exact location of crossing.....
 Daylight or dark.....
 Was whistle signal sounded for crossing?.....
 Was engine bell ringing?.....
 Was crossing protected by: Flagman?.....Gates?.....Automatic signal?.....King sign?.....
 (Check kind of protection afforded)

IN SPACE BELOW GIVE ANY INFORMATION YOU CAN COVERING FACTS NOT SHOWN IN FOREGOING:

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ANSWER ALL QUESTIONS FULLY

READ AND FOLLOW INSTRUCTIONS AT TOP OF PAGE ONE