

# NORTHERN PACIFIC RAILWAY COMPANY

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

INSTRUCTIONS: Form 512 must be filled out by each employee injured on duty; by all employees on locomotive in grade crossing accident; by conductor if vehicle collides with side of train or when passenger on train alleges injury; and by conductor or switch foreman when injury to any outsider is caused by train movement.

Name of Injured \_\_\_\_\_ Married or Single? \_\_\_\_\_ Age \_\_\_\_\_

Was injured person - Employee? \_\_\_\_\_ Passenger? \_\_\_\_\_ Outsider? \_\_\_\_\_ Trespasser? \_\_\_\_\_

Occupation \_\_\_\_\_ P.O. Address \_\_\_\_\_

Place of Accident (nearest station) \_\_\_\_\_

On \_\_\_\_\_ day of \_\_\_\_\_ 19 \_\_\_\_\_ about \_\_\_\_\_ (time of day)

Clear or foggy? \_\_\_\_\_ Raining or Snowing? \_\_\_\_\_ Daylight or dark? \_\_\_\_\_

Did you see this accident? \_\_\_\_\_ Describe below fully how accident occurred and what caused it.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe Injuries: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If doctor called give name \_\_\_\_\_ and address \_\_\_\_\_

In your opinion, who was to blame for the accident? \_\_\_\_\_

Why? \_\_\_\_\_

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

If so, indicate which and describe here: \_\_\_\_\_

\_\_\_\_\_

### 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.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

THE ABOVE IS A CORRECT STATEMENT:

Signature \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

(SEE OTHER SIDE)

**ANSWER ALL QUESTIONS FULLY**