FORM 52032
Rev. 11/07

UNION PACIFIC RAILROAD
REPORT OF PERSONAL INJURY OR OCCUPATIONAL ILLNESS

RULE 1.2.5. UNION PACIFIC RAILROAD OPERATING RULES STATES: All cases of personal injury, while on duty or on company property, must be immediately reported to the proper manager and the prescribed form completed. A personal injury that occurs while off duty that will in any way affect employee performance of duties must be reported to the proper manager as soon as possible. The injured employee must also complete the prescribed written form before returning to service. All cases of occupational illness must be immediately reported to the proper manager and the prescribed form completed. Because railroads are required by Federal regulations to report injuries and occupational illnesses that meet certain medical treatment criteria, employees must report to their manager any medical treatment they receive that was directly related to their injury or illness, including any follow-up visits. Below are examples of the types of medical treatments and instructions that employees must report to their manager if they were given in relation to an injury or occupational illness: Medical treatments provided or recommended; Physical therapy or chiropractic treatments; Prescriptions and other medications issued or recommended, including dosages; Lost time instructions; Work restriction instructions.

INSTRUCTIONS: Answer all questions in each applicable section in your own handwriting as soon as possible after an accident/incident occurs if injured, either on or off duty or if you are reporting a work-related illness. (If unable to complete the report, necessary information must be furnished by the person doing so in the employee's behalf.)

SECTION I - IDENTIFICATION INFORMATION

(1) YOUR NAME (First, Middle, Last)	(2) YOUR HOME ADDRESS	(3) CITY	(4) ST	(5) ZIP CODE
John D. Smith	123 Main St.	Fort Worth	TX	76102

(6) YOUR OCCUPATION ON DAY OF INJURY	(7) YOUR HOME PHONE	(8) YOUR AGE	(9) HIRE DATE
Conductor	(817) 555 - 1234	32	03/15/2012

(10) YOUR EMPLOYEE ID NUMBER	(11) YOUR SUPERVISORS NAME	(12) ASSIGNED REST DAYS
01234567	Tom Jones	

SECTION II - DETAILS OF ACCIDENT/INJURY

(1) DATE OF INJURY	(2) TIME	(3) WHERE WERE YOU INJURED (NEAREST CITY, STATE, RR LOCATION, ETC.)?	(4) TIME SHIFT OR TRIP BEGAN
May 15, 2015	5:15 ☐ AM ☒ PM	Waco, TX	02:30

(5) MILE POST: SUB DIVISION: 133 ☒ MAIN/TRACK ☐ YARD

(6) WEATHER: ☐ CLEAR ☐ RAIN ☐ CLOUDY ☐ SLEET ☐ SNOW ☐ FOG ☐ OTHER TEMPERATURE 100 °

(7) VISIBILITY: ☒ DAYLIGHT ☐ DARK ☐ DAWN ☐ ARTIFICIAL LIGHTING ☐ DUSK

(8) WERE YOU INJURED: ☒ ON DUTY ☐ OFF DUTY ☒ ON COMPANY PROPERTY ☐ OFF COMPANY PROPERTY

(9) SPECIFIC JOB OR ACTIVITY BEING PERFORMED AT TIME OF ACCIDENT/INJURY:
Inspecting the train after unexpected emergency brake application

SECTION III - DETAILS OF ACCIDENT/INJURY/OR OCCUPATIONAL ILLNESS

(1) DESCRIBE FULLY HOW THE ACCIDENT/INJURY OCCURRED:
After the train was put into emergency, I got out, and began walking the train. During the inspection, I slipped and fell on loose ballast.

(2) WHAT SPECIFICALLY CAUSED THE ACCIDENT/INJURY:
Vegetation in walkway, loose ballast, unsafe walkway, defective brakes on train - dynamic brakes not working

(3) DID EQUIPMENT OR TOOLS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY? ☒ YES ☐ NO IF YES, PROVIDE DETAILS (INCLUDING EQUIPMENT ID NUMBER)
Unsafe walkway, loose ballast, defective brakes on the train - dynamic brakes not working

(4) DID WORKING CONDITIONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY? ☒ YES ☐ NO IF YES, PROVIDE COMPLETE DETAILS
Unsafe walkway, loose ballast, defective brakes on the train - dynamic brakes not working.

(5) DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY? ☒ YES ☐ NO IF YES, PROVIDE COMPLETE DETAILS
People who maintain main track walkways, ballast, and who maintain engine brakes

(6) NAMES, OCCUPATIONS AND ADDRESSES OF ALL CREW MEMBERS AND/OR OTHER PERSONS WHO WITNESSED OR HAVE ANY KNOWLEDGE OF ACCIDENT/INCIDENT:
Al Bundy - Engineer, Dispatcher Brown, Trainmaster

SECTION IV - IF OCCUPATIONAL ILLNESS - PROVIDE ADDITIONAL DETAILS

(1) WHAT IS YOUR ILLNESS OR CONDITION?

(2) WHEN DID YOU FIRST BECOME AWARE THAT THIS CONDITION MAY HAVE BEEN CAUSED BY YOUR WORK? HOW DID YOU LEARN THIS?

(3) LIST ANY JOB(S), EXPOSURE(S), OR LOCATION(S) THAT YOU BELIEVE MAY HAVE CAUSED OR CONTRIBUTED TO YOUR SYMPTOMS (PLEASE PROVIDE DATES):

(4) DO YOU HAVE ANY CURRENT EXPOSURES? IF SO, PLEASE EXPLAIN:

SECTION V - NATURE OF INJURY/OCCUPATIONAL ILLNESS AND TREATMENT

(1) DESCRIBE INJURY OR ILLNESS: Broken leg / Back and Shoulder pain

(2) WHAT ARE YOUR SYMPTOMS? Pain in right leg, back & shoulders

(3) WHEN DID YOU FIRST NOTICE SYMPTOMS? (GIVE DATE) At the time of the injury - May 15, 2015

(4) WHEN WERE YOU FIRST TREATED OR DIAGNOSED? May 15, 2015

(5) PARTS OF BODY AFFECTED Right leg, back, shoulders SIDE OF BODY ☐ RIGHT ☐ LEFT ☑ BOTH

(6) WERE YOU EXAMINED BY A MEDICAL PROFESSIONAL? ☑ YES ☐ NO IF YES, GIVE MEDICAL PROFESSIONAL'S NAME AND ADDRESS: Paul Chaney - Baylor Scott & White, Waco, TX

(7) TREATMENT REQUIRED: ☐ NONE ☐ FIRST AID ☑ TREATED & RELEASED ☐ X-RAYS ☐ HOSPITALIZED ☐ OTHER (Explain):

IF HOSPITALIZED, NAME AND ADDRESS OF HOSPITAL Baylor Scott & White Hillcrest Medical Center

(8) WHAT TREATMENT WAS GIVEN?

Set my broken leg and put in splint. X-rays taken and physical exam performed. Prescribed medication.

(9) MEDICATION INSTRUCTIONS

WAS A PRESCRIPTION WRITTEN? ☑ YES ☐ NO IF YES: MEDICATION Hydrocodone DOSAGE 15 mg

IF NO PRESCRIPTIONS WERE WRITTEN, WERE OTHER MEDICATIONS ISSUED OR RECOMMENDED?

☐ YES ☐ NO IF YES: MEDICATION _____ DOSAGE _____

(10) INDICATE YOUR CURRENT HEALTH CARE COVERAGE PLAN: ☐ UPREHS ☑ UHC ☐ OTHER LIST:

SECTION VI - EQUIPMENT INVOLVED IN ACCIDENT/INJURY (IF APPLICABLE)

(1) TRAIN SYMBOL	(2) ENGINE NUMBER	(3) CONSIST (Loads, Empties, Tons)	(4) IDENTIFYING INITIALS & NUMBERS OF EQUIPMENT INVOLVED IN ACCIDENT/INCIDENT
MFWWE	2010	24-73-6298	2010

(5) WAS EQUIPMENT ON ☑ MAINTRACK ☐ YARD TIMETABLE DIRECTION _____

(6) WERE THERE ANY DEFECTS IN THE EQUIPMENT? ☑ YES ☐ NO

(7) IF THE ANSWER TO QUESTION 6 IS YES, STATE THE NATURE OF THE DEFECTS, IDENTIFY THE DEFECTIVE EQUIPMENT, AND COMPLETE (8).

Unsafe walkway, loose ballast, defective brakes

(8) WERE THE DEFECTIVE CONDITIONS MARKED? ☐ YES ☑ NO

(9) DID THIS ACCIDENT/INCIDENT RESULT FROM RIDING ON, BOARDING, OR ALIGHTING FROM, OR BEING STRUCK OR RUN OVER BY MOVING EQUIPMENT? ☐ YES ☑ NO

(10) COMMENTS:

I certify that the foregoing information is true and correct.

Jaclyn Smith
(Signature of Employee)

5/16/2015 20 15
(Date Completed)

Al Bundy
(Signature of Witness)

Al Bundy
(Printed Name of Witness)