NJ TRANSIT

TRO-75
Y2482-4/98

REPORT OF PERSONAL INJURY

ONE PENN PLAZA EAST, NEWARK, NJ 07105-2246

INSTRUCTIONS: WHERE APPLICABLE, FILL IN THE BLANKS OR CHECK (✓) THE APPROPRIATE CHOICES.
COMPLETE SHADED AREAS FIRST TO SUBMIT INITIAL REPORT OF PERSONAL INJURY.

INCIDENT NO.

CLASS OF PERSON CHECK (✓) ONE:
- [ ] 1. EMPLOYEE ON DUTY
- [ ] 2. EMPLOYEE OFF DUTY
- [ ] 3. PASSENGER ON TRAIN
- [ ] 4. TRESPASSER
- [ ] 5. CONTRACTOR
- [ ] 6. OTHER NON-TRESPASSER

NAME OF INJURED

MGT CTR NO. | EMPLOYEE NO. | SOCIAL SECURITY NUMBER

SEX: [ ] M-MALE [ ] F-FEMALE

MARITAL-STATUS: [ ] M-MARRIED [ ] S-SINGLE

DATE OF BIRTH | AGE | WORK TELEPHONE NUMBER

STREET ADDRESS

CITY | STATE | ZIP CODE

DATE ENTERED SERVICE | OCCUPATION | ASSIGNED DIVISION [ ] H-HOBOKEN [ ] N-NEWARK

IMMEDIATE SUPERVISOR'S NAME | TITLE | TELEPHONE NUMBER

DEPT.
- [ ] 1. ENGINEERING
- [ ] 2. MECHANICAL
- [ ] 3. TRANSPORTATION
- [ ] 4. STATION & FACILITIES
- [ ] 5. POLICE
- [ ] 6. VP & GM
- [ ] 7. HUMAN RESOURCES
- [ ] 8. DEVELOPMENT
- [ ] 9. FINANCE
- [ ] 0. OTHER

CHECK (✓) ONE LOCATION (IF SCHEDULED TRAIN IS NOT INVOLVED) OTHERWISE, CHECK LINE (BASED ON TRAIN'S ORIGIN/DESTINATION)
- [ ] REMF (RAIL MAINT. FACILITY)
- [ ] HOBT (HOBOKEN TERMINAL)
- [ ] NYCP (NEW YORK PENN STA.)
- [ ] NWKP (NEWARK PENN STA.)

SCHEDULED LINE:
- [ ] PVL
- [ ] BCRR
- [ ] MAIN
- [ ] PTJL
- [ ] BNTN
- [ ] MONT
- [ ] MORR
- [ ] GLAD
- [ ] RVL
- [ ] NEC
- [ ] PRIN
- [ ] NJC
- [ ] ACRL
- [ ] NONE

TRAIN NUMBER | CAR/ENGINE NUMBER OF INCIDENT | POWER [ ] D - DIESEL [ ] E-ELECTRIC [ ] O-OTHER | SPEED MPH | TOTAL CARS IN CONSIST:

ENGINE AND CAR NUMBERS OF TRAIN
1 | 2 | 3 | 4 | 5 | 6 | 7
8 | 9 | 10 | 11 | 12 | 13 | 14

CREW NAMES
ENGINEER | ON CAR/ENGINER NUMBER AT TIME OF ACCIDENT
CONDUCTOR | ON CAR NUMBER AT TIME OF ACCIDENT

DIRECTION
- [ ] N-NORTH
- [ ] S-SOUTH
- [ ] E-EAST
- [ ] W-WEST

TYPE OF CONSIST:
- [ ] 1. PASSENGER
- [ ] 2. WORK TRAIN
- [ ] 3. YARD SWITCHING
- [ ] 4. FREIGHT TRAIN
- [ ] 5. SINGLE CAR
- [ ] 6. CUT OF CARS
- [ ] 7. LIGHT LOCOMOTIVE
- [ ] 8. OTHER

FOR INCIDENTS AT HIGHWAY GRADE CROSSING:
1. WAS CROSSING PROTECTION WORKING? [ ] YES [ ] NO
2. WAS TRAIN HORN WORKING? [ ] YES [ ] NO
3. WAS TRAIN HEADLIGHT WORKING? [ ] YES [ ] NO
4. WAS A MOTOR VEHICLE INVOLVED? [ ] YES [✓] NO
5. DESCRIBE TYPE OF PROTECTION:

CIRCUMSTANCES

NATURE OF INJURY

DATE TOUR OF DUTY BEGAN | TIME TOUR OF DUTY BEGAN [ ] A.M. [ ] P.M.

DATE OF INCIDENT | TIME OF INCIDENT [ ] A.M. [ ] P.M.

DATE OF INCIDENT
- [ ] 1. SUNDAY
- [ ] 2. MONDAY
- [ ] 3. TUESDAY
- [ ] 4. WEDNESDAY
- [ ] 5. THURSDAY
- [ ] 6. FRIDAY
- [ ] 7. SATURDAY

DATE INJURED REPORTED INCIDENT

TIME INCIDENT REPORTED [ ] A.M. [ ] P.M.

GEOGRAPHIC LOCATION OF INCIDENT

STREET ADDRESS OR HIGHWAY NAME | MILE POST

CITY | STATE | COUNTY

NJ TRANSIT

TRO-75
Y2482-4/98

REPORT OF PERSONAL INJURY

ONE PENN PLAZA EAST, NEWARK, NJ 07105-2246

NAME OF INJURED:

SECTION III CONTINUED

DID ACCIDENT OCCUR ON COMPANY PROPERTY? ☐ YES ☐ NO

TYPE OF FACILITY ☐ 1. SIDING ☐ 2. YARD ☐ 3. MAIN TRACK ☐ 4. STATION ☐ 5. SHOP ☐ 6. OFFICE ☐ 7. OTHER

TEMPERATURE ENTER (-) IF BELOW ZERO

VISIBILITY (CHECK [✓] ONE) ☐ 1. DAWN ☐ 2. DAYLIGHT ☐ 3. DUSK ☐ 4. DARK

WEATHER (CHECK [✓] ONE) ☐ 1. CLEAR ☐ 2. CLOUDY ☐ 3. RAIN ☐ 4. FOG ☐ 5. SLEET ☐ 6. SNOW

CLASS OF ACCIDENT - CHECK (✓) ONE
- ☐ 1. COLLISION
- ☐ 2. DERAILMENT
- ☐ 3. HIGHWAY GRADE CROSSING
- ☐ 4. OTHER TRAIN ACCIDENT
- ☐ 5. NON-TRAIN ACCIDENT

PASSENGER ACTIVITY - CHECK (✓) ONE
- ☐ 1. ON BOARD R.R. CAR
- ☐ 2. BOARDING - HIGH LEVEL PLATFORM
- ☐ 3. BOARDING - LOW LEVEL PLATFORM
- ☐ 4. ALIGHTING - HIGH LEVEL PLATFORM
- ☐ 5. ALIGHTING - LOW LEVEL PLATFORM

TRESPASSER ACTIVITY - CHECK (✓) ONE
- ☐ 1. WALKING ALONG TRACK
- ☐ 2. CROSSING TRACK AT PUBLIC HIGHWAY CROSSING
- ☐ 3. CROSSING TRACK AT OTHER PLACES
- ☐ 4. OTHER _____

SELECT ONE FROM EACH GROUP FOR EACH INJURY (UP TO THREE INJURIES) AND FILL IN THE SUMMARY OF SELECTIONS BELOW

A. BODY PARTS INJURED:

- ☐ 1A-UPPER ARM
- ☐ 1B-ELBOW
- ☐ 1C-LOWER ARM
- ☐ 1D-WRIST
- ☐ 1E-HAND
- ☐ 1F-THUMB-FINGERS
- ☐ 3A-UPPER LEG
- ☐ 3B-KNEE
- ☐ 3C-LOWER LEG
- ☐ 3D-ANKLE
- ☐ 3E-HEEL
- ☐ 3F-TOES
- ☐ 3G-FOOT
- ☐ 5A-EYE
- ☐ 5B-EAR
- ☐ 5C-NOSE
- ☐ 5D-MOUTH/TEETH
- ☐ 5E-SKULL/SCALP
- ☐ 5F-NECK/THROAT
- ☐ 6A-SPINE
- ☐ 6B-BACK, UPPER
- ☐ 6C-BACK, LOWER
- ☐ 6D-SHOULDER
- ☐ 6E-COLLAR BONE
- ☐ 6F-RIB/RIB CAGE
- ☐ 6G-ABDOMEN, INT.
- ☐ 6H-ABDOMEN, EXT.
- ☐ 6I-HIPS
- ☐ 9-OTHER

B. NATURE OF INJURY:

- ☐ 10-BRUISE/CONTUSION
- ☐ 20-SPARIN/STRAIN
- ☐ 30-CUT/LACERATION/ABRASION
- ☐ 35-PUNCTURE WOUND
- ☐ 40-ELECTRICAL SHOCK/BURNS
- ☐ 50-OTHER BURNS
- ☐ 60-DISLOCATION
- ☐ 70-FRACTURE
- ☐ 75-DENTAL RELATED INJURIES
- ☐ 80-AMPUTATION
- ☐ 90-KILLED
- ☐ 91-FOREIGN OBJECT IN EYE
- ☐ 92-HERNIA
- ☐ 93-CONCUSSION
- ☐ 94-NERVOUS SHOCK
- ☐ 95-INTERNAL INJURY
- ☐ 96-LOSS OF EYE
- ☐ 97-SKIN REACTION ONE TIME CHEMICAL EXPOSURE
- ☐ 98-ONE TIME EXPOSURE-LOUD NOISE
- ☐ 9A-ONE-TIME EXPOSURE-FUMES
- ☐ 99-OTHER

C. SIDE OF BODY:

- ☐ 0-NONE
- ☐ 1-LEFT
- ☐ 2-RIGHT
- ☐ 3-BOTH

SUMMARY OF SELECTIONS

	A	B	C
1.			
2.			
3.			

JOB RELATED ILLNESS (EMPLOYEES ONLY) - CHECK (✓) ONE

- ☐ 110 OCCUPATIONAL SKIN DISEASE OR DISORDERS
- ☐ 111 DUST DISEASE OF THE LUNGS (PHEUMOCIONIOSES)
- ☐ 112 RESPIRATORY CONDITIONS DUE TO TOXIC AGENTS
- ☐ 113 POISIONING (SYSTEM EFFECTS OF TOXIC MATERIAL)
- ☐ 114 DISORDERS DUE TO PHYSICAL AGENTS (OTHER THAN TOXIC MATERIALS)
- ☐ 115 DISORDERS DUE TO REPEATED TRAUMA
- ☐ 119 ALL OTHER OCCUPATIONAL ILLNESS OF EMPLOYEE

INJURED

1. WAS OFFERED FIRST AID OR MEDICAL ATTENTION?	☐ YES	☐ NO	5. WAS SENT TO HOSPITAL	☐ YES	☐ NO
2. DECLINED MEDICAL ATTENTION?	☐ YES	☐ NO	6. WILL SEE OWN DOCTOR?	☐ YES	☐ NO
3. OBTAINED FIRST AID?	☐ YES	☐ NO	7. DID INJURED LEAVE SCENE WITHOUT REPORTING?	☐ YES	☐ NO
4. OBTAINED MEDICAL ATTENTION	☐ YES	☐ NO			

NAME OF ATTENDING PHYSICIAN | ADDRESS

NAME OF HOSPITAL | ADDRESS

DESCRIPTION OF MEDICAL TREATMENT

ESTIMATED DAYS OF DISABILITY

ESTIMATED LIGHT DUTY DAYS

ASSIGNMENT - CHECK (✓) ONE
- ☐ 1. EXTRA
- ☐ 2. REGULAR (5 DAYS)
- ☐ 3 REGULAR (6 DAYS)

REST DAYS
- ☐ 1. SUNDAY
- ☐ 2. MONDAY
- ☐ 3. TUESDAY
- ☐ 4. WEDNESDAY
- ☐ 5. THURSDAY
- ☐ 6. FRIDAY
- ☐ 7. SATURDAY

NAME OF WITNESS | PHONE NUMBER

STREET ADDRESS | CITY | STATE | ZIP CODE

NAME OF PREPARER | TITLE | SIGNATURE | DATE

SIGNATURE OF INJURED PERSON | DATE