FORM 12032 Rev. 12/01

### UNION PACIFIC RAILROAD

i	REPORT OF PER	rsonal injury or occu	PATIONAL ILLNESS		
immediately reported to the p performance of duties must b	roper manager and the pa e reported to the proper n	IG RULES STATES: "All cases of personal in rescribed form completed. A personal injury manager as soon as possible. The Injured en al diagnosis of occupational illness, he or she	that occurs while off duty that will in approprie must also complete the pre	any way affect employee scribed written form before	
		r own handwriting as soon as possible after a complete the report, necessary information m			
	SECTIO	ON I - IDENTIFICATION INF	ORMATION		
(1) YOUR NAME (First, Middle, La	st)	(2) AGE (3) RESIDENCE PHONE	(4) SOCIAL SECURITY NUMBER	(A.5)	1. Describe Fully how the
(6) OCCUPATION		(7) IMMEDIATE SUPERVISOR	3	(8) ASSIGNED REST DAYS	
	SECTION II	- DETAILS OF ACCIDENT/III	NCIDENT/EVENT		accident occurred.
(1) DATE	(2) TIME AM	3) LOCATION (Street, Track, Building, etc.)	(City or Town) (ST) (4)	TIME SHIFT OR TRIP BEGAN	
(5) MILE POST DIVISION	MAIN/TRACK		ON DUTY ON COMPANY PR		
(7) WEATHER CLEAR	□ RAIN □ SL	EET COTHER (Explain)	(8) VISIBIUTY DAYLIGHT	DAWN ARTIFICIAL	
CLOUDY	SNOW FO	OG TEMPERATURE ME OF ACCIDENT/INGIDENT/INJURY/EVENT	☐ DARK	DUSK LIGHTING	그 그 그 그는 그리는 전 경우 없다면 그 것이다.
HUI	RT I	BACK	ATTE	MP	TING TO
		LINE	SWI	TCH	
(5) DID OTHER PERSONS CAUS	SE OR CONTRIBUTE TO TH	IE CAUSE OF THE ACCIDENT/INJURY/ILLNESS?	YES NO IF YES, PROVI	DE COMPLETE DETAILS	
(6) NAMES, OCCUPATIONS AND	DADDRESSES OF ALL CRE	EW MEMBERS AND/OR OTHER PERSONS WHO	WITNESSED OR HAVE ANY KNOWLE	DGE OF ACCIDENT/INCIDENT:	

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## 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. If an employee receives a medical diagnosis of occupational illness, he or she must report it immediately to the proper manager." Answer all questions in each applicable section in your own handwriting as soon as possible after an accidentlincident occurs if injured, either on or off duty or if you are reporting a work-related liness. (If unable to complete the report, necessary information must be furnished by the person doing so in the employee's **SECTION 1 - IDENTIFICATION INFORMATION** (4) SOCIAL SECURITY NUMBER (5) EMPLOYEE ID NUMBER (2) AGE (3) RESIDENCE PHONE (t) YOUR NAME (First, Middle, Last) (8) ASSIGNED REST DAYS (7) IMMEDIATE SUPERVISOR (6) OCCUPATION SECTION II - DETAILS OF ACCIDENT/INCIDENT/EVENT (ST) (4) TIME SHIFT OR TRIP BEGAN (1) DATE □ AM 2. What Specifically □ PM ON COMPANY PROPERTY (6) WERE YOU INJURED: ON DUTY MAIN/TRACK (5) MILE POST OFF COMPANY PROPERTY caused the accident? OFF DUTY [] YARD DIVISION (8) VISIBILITY DAYLIGHT DAWN ARTIFICIAL (7) WEATHER CLEAR RAIN SLEET OTHER (Explain) □ DUSK TEMPERATURE □ DARK FOG ☐ SNOW ☐ CLOUDY (9) SPECIFIC JOB OR ACTIVITY BEING PERFORMED AT TIME OF ACCIDENT/INCIDENT/INJURY/EVENT SECTION III - DETAILS OF ACCIDENT/INJURY/OR OCCUPATIONAL ILLNESS (1) DESCRIBE FULLY HOW THE ACCIDENTINJURY/ILLNESS OCCURRED: (2) WHAT SPECIFICALLY CAUSED THE ACCIDENTANJURYALLNESS: (3) DID EQUIPMENT/TOOLS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE DETAILS INCLUDING EDUIPMENT D NUMBERS (4) D (5) DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS (6) NAMES, OCCUPATIONS AND ADDRESSES OF ALL CREW MEMBERS AND/OR OTHER PERSONS WHO WITNESSED OR HAVE ANY KNOWLEDGE OF ACCIDENT/INCIDENT

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## 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. If an employee receives a medical diagnosis of occupational illness, he or she must report it immediately to the proper manager," Answer all questions in each applicable section in your own handwriting as soon as possible after an accident incident occurs it 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 **SECTION 1 - IDENTIFICATION INFORMATION** (4) SOCIAL SECURITY NUMBER (5) EMPLOYEE ID NUMBER (2) AGE (3) RESIDENCE PHONE (t) YOUR NAME (First, Middle, Last) (8) ASSIGNED REST DAYS (7) IMMEDIATE SUPERVISOR (6) OCCUPATION SECTION II - DETAILS OF ACCIDENT/INCIDENT/EVENT (ST) (4) TIME SHIFT OR TRIP BEGAN D AM (1) DATE ☐ PM ON COMPANY PROPERTY ON DUTY (6) WERE YOU INJURED: ☐ MAIN/TRACK (5) MILE POST OFF COMPANY PROPERTY YARD (8) VISIBILITY DAYLIGHT DAWN ARTIFICIAL SLEET OTHER (Explain) (7) WEATHER | CLEAR RAIN □ DUSK □ DARK TEMPERATURE. FOG ☐ SNOW (9) SPECIFIC JOB OR ACTIVITY BEING PERFORMED AT TIME OF ACCIDENT/INCIDENT/INJURY/EVENT

3. Did equipment –tools cause or contribute to the cause of the accident?

YES

## SWITCH HUNG UP

3) DID EQUIPMENT/	TOOLS GAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? 🔲 YES 🗍 NO 💚 YES, PROVIDE DETAILS (MICLIDIAG EDUIPMENT)	ED MUNIQUE
4) DID WORKING CO	ONDITIONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENTANJURYALLINESS? YES NO IF YES, PROVIDE COMPLETE DE	TAILS
5) OID OTHER PERS	SONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAIL	LS
6) NAMES, OCCUPA	PATIONS AND ADDRESSES OF ALL CREW MEMBERS AND/OR OTHER PERSONS WHO WITNESSED OR HAVE ANY KNOWLEDGE OF ACCIDENT/III	NCIDEN

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#### UNION PACIFIC RAILROAD

(6) NAMES, OCCUPATIONS AND ADDRESSES OF ALL CREW MEMBERS AND/OR OTHER PERSONS WHO WITNESSED OR HAVE ANY KNOWLEDGE OF ACCIDENT/INCIDENT

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. If an employee receives a medical diagnosis of occupational illness, he or she must report it immediately to the proper manager." Answor all questions in each applicable section in your own handwriting as soon as possible after an accidentificident 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 lumished by the person doing so in the emp 4. Did working conditions SECTION I - IDENTIFICATION INFORMATION cause or contribute to the (2) AGE (3) RESIDENCE PHONE (1) YOUR NAME (First, Middle, Last) (8) ASSIGNED cause of the accident? (7) IMMEDIATE SUPERVISOR (6) OCCUPATION SECTION II - DETAILS OF ACCIDENT/INCIDENT/EVENT (ST) (4) TIME SHIFT OR TRIP BEGAN (1) DATE MA [ □ PM ON COMPANY PROPERTY (6) WERE YOU INJURED: ☐ ON DUTY (5) MILE POST MAIN/TRACK OFF COMPANY PROPERTY OFF DUTY YARD (B) VISIBILITY DAYLIGHT DAWN ARTIFICIAL OTHER (Explain) RAIN SLEET (7) WEATHER CLEAR □ DUSK □ DARK TEMPERATURE FQG ☐ SNOW ☐ CLOUDY (9) SPECIFIC JOB OR ACTIVITY BEING PERFORMED AT TIME OF ACCIDENT/INCIDENT/INJURY/EVENT SECTION III - DETAILS OF ACCIDENT/INJURY/OR OCCUPATIONAL ILLNESS (1) DESCRIBE FULLY HOW THE ACCIDENT/INJURY/ILLNESS OCCURRED. YES SWITCHRUNGUE (4) DID WORKING CONDITIONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENTANJURYALLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS (5) DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROVIDE COMPLETE DETAILS

## UNION PACIFIC RAILROAD REPORT OF PERSONAL INJURY OR OCCUPATIONAL ILLNESS

RULE 1.2.5. UNION PACIFIC RAILROAD OPERATING RULES STATES: "As 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. If an employee receives a medical diagnosis of compational illness, he or she must report it immediately to the proper manager."

INSTRUCTIONS:
Answer all questions in each applicable section in your own handwriting as soon as possible after an accidentification 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

YARD

RAIN

SLEET OTHER (Explain)

behalf I

DIVISION

(7) WEATHER [] CLEAR

	SECTION	I - IDENTIFICATION I	NFORMATION		A STOP TO THE DATE OF THE PROPERTY OF
1) YOUR NAME (First, Mid	die. Last)	(2) AGE (3) RESIDENCE PHONE	(4) SOCIAL SECURITY NUMBER	R (5) EM	5. Did other persons cause
6) OCCUPATION		(7) IMMEDIATE SUPERV	ISOR	(8) A.S.	or <b>contribute</b> to the <b>cause</b> of
(I) DATE	SECTION II - D	PETAILS OF ACCIDENT SCATION (Street, Track, Building, etc.)	(City or Town) (ST) 1 (4		the accident?
(5) MILE POST	□ PM □ MAIN/TRACK	(6) WERE YOU INJURED:	ON DUTY ON COMPANY P	ROPERTY	

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YES

OFF COMPANY PROPERTY

(8) VISIBILITY DAYLIGHT DAWN ARTIFICIAL

# THOSE RESPONSIBLE TO MAINTAIN THE SWITCH

DID WORKING CONDITIONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENTANJURYALLNESS? YES NO IF YES, P	ROVIDE COMPLETE DETAILS
DID OTHER PERSONS CAUSE OR CONTRIBUTE TO THE CAUSE OF THE ACCIDENT/INJURY/ILLNESS? YES NO IF YES, PROV	IOE COMPLETE DETAILS
NAMES, OCCUPATIONS AND ADDRESSES OF ALL CREW MEMBERS AND/OR OTHER PERSONS WHO WITNESSED OR HAVE ANY KNOWN	EDGE OF ACCIDENT/INCIDEN