

PORT HURON & DETROIT RAILROAD COMPANY REPORT OF INJURY TO PERSONS OR PROPERTY

Immediate report must be made in all injury or death cases. In all cases of injury this report must be completed and signed in person by employe. A prompt and full report is expected from each employe in every department having any knowledge whatsoever of any personal injury, whether to an employe, a passenger or other person.

Precise location of accident.....
(Shop, Plant, Track, Train, Station, etc.) (Nearest City or Village, and distance therefrom.)

Date of accident..... 19..... hour.....
Month Day A. M. P. M. Daylight or Dark.....

Full name of injured person.....

Address.....
(Street and Number)

.....
(City or Village) Weather conditions
(Rain, Snow, Foggy, Cloudy, Clear)

Age..... Occupation..... Male or Female..... Nationality.....
Race or Color.....

Number of children under 16 years..... If employe..... A. M.
Hour began work..... P. M.

Nature and extent of injury.....

Was medical attention provided?..... Name and Address of Physician..... Hospital.....

Describe in full how accident occurred.....

Was engine bell ringing?..... Was whistle sounded?..... Was crossing bell ringing?.....

Describe condition of cars, locomotive, track, platform or appliances.....

Engine No..... Direction..... Speed..... Miles Per Hour.....

Names and Addresses of Crew		Names and Addresses of Other Witnesses	
Conductor.....			
Brakeman.....			
Brakeman.....			
Engineer.....			
Fireman.....			

IN EMPLOYE CASES, THE FOLLOWING ADDITIONAL INFORMATION MUST BE GIVEN

If injury occurred on or between engines or cars, show numbers and initials, whether loaded or empty and shipping point and destination.

Number	Initial	Names of Couplers	Loaded or Empty	Shipping Point	Destination

Give initial and number of car or engine on which employe was working.....

Sign here..... Position.....

Address.....
House Number Street Town

Dated..... 192.....

Additional information, if any, may be written on back of this report.