

IF YOU ARE INJURED ON DUTY:

1. Obtain medical treatment as soon as possible. You have the right to see the medical provider of your choice. You **do not** have to use railroad provided treatment centers. If threatened with insubordination, comply with managers request and then seek treatment with your own medical provider or hospital.
2. **Do not** allow railroad management into the examination room, or to discuss treatment of your injury with your medical provider or your family.
3. **Do not** fill out the accident report until you are mentally and physically able.
4. **Do not** give a taped or written statement to the railroad.
5. **Immediately** contact our Office or your Union Representative to help you fill out the accident report if unsure of how to answer any question.

1-800-447-7500

Employee Accident and Injury Reporting on the BNSF

GENERAL INFORMATION

This section deals with name, age, location of accident/injury, etc. Complete

IF THIS IS AN OCCUPATIONAL ILLNESS RATHER THAN AN ACUTE INJURY, WHEN DID YOU FIRST NOTICE SYMPTOMS?

(Repetitive Trauma, Carpal Tunnel, Hearing Loss, etc.)

Be careful how you answer this. This is to trap you into a possible statute of limitations defense. Statute of limitations is 3 years from when you knew or should have known of the illness and its cause.

WHEN WERE YOU FIRST TREATED OR DIAGNOSED?

Give date.

DESCRIBE INJURIES OR OCCUPATIONAL ILLNESS (attach additional pages if necessary):

At the present time I have pain in

DESCRIBE FULLY HOW THE INJURY OR ILLNESS OCCURRED (attach additional pages if necessary):

All I know at this time is.....

WAS THE ACCIDENT CAUSED BY THE CONDUCT OF ANOTHER PERSON? (YES)

If yes, please describe:

List all persons, management, crafts and coworkers who might have played a role in your injury.

COULD YOU, BY MORE CARE ON YOUR PART, HAVE PREVENTED YOUR INJURY? (NO)

WAS THERE ANYTHING WRONG WITH THE EQUIPMENT, WORK PROCEDURES, OR WORK AREA WHICH LED TO THIS ACCIDENT? (YES)

If yes, please describe:

List all possible defects (bent grab iron, poor walkway, etc.) even if you are unsure of the extent the defect was involved in your injury. There may be other factors unknown to me at this time.

TYPE OF MEDICAL ATTENTION ADMINISTERED (PRESCRIPTION, BRACE, SPLINT, ETC):

Give details.

NAME OF ATTENDING PHYSICIAN: Self explanatory.

IF INJURY OCCURRED WHILE WORKING WITH ON TRACK EQUIPMENT, LIST INITIALS AND NUMBERS:

As soon as possible obtain train ID, train list, car type and photos if possible.

IMPORTANT: List all persons who witnessed the injury or can give any information about it:

List coworkers, other crafts, management and prior crew members who might have known of the condition that resulted in your injury.

**THE SUGGESTED ANSWERS ARE FOR GUIDANCE ONLY. KEEP IN MIND EVERY ACCIDENT IS UNIQUE.
RAILROAD ACCIDENT REPORTS CHANGE FREQUENTLY.
UNDERSTANDING YOUR RIGHTS UNDER FELA IS THE FIRST STEP IN PROTECTING YOUR RIGHTS.**

**CONSULT WITH THE HILDEBRAND, MCLEOD & NELSON LAW FIRM
AND YOUR LOCAL UNION OFFICERS TO ENSURE THAT YOUR FORM IS COMPLETED CORRECTLY.**

1-800-447-7500

Visit our web site at:

www.hmnlaw.com