

<p><u>IF YOU ARE INJURED WHILE ON DUTY:</u></p> <ol style="list-style-type: none"> 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. Do not allow railroad management into the examination room, or to discuss treatment of your injury with your medical provider or your family. Do not fill out the accident report until you are mentally and physically able. Do not give a taped or written statement to the railroad. Immediately contact our Office or your Union Representative to help you fill out the accident report if you are unsure of how to answer any question. <p style="text-align: center;">1-800-447-7500</p>	<p style="text-align: center;">SECTION IV <u>OCCUPATIONAL ILLNESS- PROVIDE ADDITIONAL DETAILS</u></p> <ol style="list-style-type: none"> What is your illness or condition? Describe your illness or condition to the best of your knowledge. When did you first become aware that this condition may have been caused by your work? How did you learn this? Caution: this question is designed to trap you into a statute of limitations defense. Include the time period that you noticed the illness/condition, and connection to your job. List any job(s), exposure(s), or location(s) that you believe may have caused or contributed to your symptoms (please provide dates). List all your past jobs, exposures and locations that may have contributed to your illness/ condition. Do you have any current exposures? If so please explain. Explain your continuing problems to the best of your ability and knowledge.
<p style="text-align: center;">Accident and Injury Reporting on the UPRR</p> <p style="text-align: center;">SECTION I <u>IDENTIFICATION INFORMATION</u></p> <p>(1-13) Name, Address, Phone number and Occupation Complete in full.</p> <p style="text-align: center;">SECTION II <u>DETAILS OF ACCIDENT/INCIDENT/EVENT</u></p> <p>(1-8) General information regarding weather and location at time of accident. Complete in full.</p> <p>(9) Specific job or activity being performed at time of accident/injury. Accurately describe ALL of your duties and activities at the time of injury.</p> <p style="text-align: center;">SECTION III <u>DETAILS OF ACCIDENT/INJURY/OR OCCUPATIONAL ILLNESS</u></p> <p>(1) Describe fully how the Accident/Injury occurred. All I know at this time is....</p> <p>(2) What specifically caused accident/injury. Detail all possible causes: improper walkways, switches not maintained, equipment defects not repaired, management's failure to correct known safety issues.</p>	<p style="text-align: center;">SECTION V <u>NATURE OF INJURY/ILLNESS AND TREATMENT</u></p> <ol style="list-style-type: none"> Describe injury or illness. At the present time I have pain in my.... What are your symptoms? Generally describe your medical symptoms. When did you first notice symptoms? (Give date) This question is designed to trap you into a statute of limitations defense. Statute of limitations is three years from the time you knew or should have known of the illness or injury and its cause. Self explanatory, answer all the questions to the best of your ability. <p style="text-align: center;">SECTION VI <u>EQUIPMENT INVOLVED IN ACCIDENT/INJURY/EVENT</u></p> <ol style="list-style-type: none"> Self explanatory. Were there any defects in the equipment? (YES) If the answer to question 6 was yes, state the nature of the defects, Identify the defective equipment and complete #8 To the best of your ability describe all the defects with the equipment or tool being used at the time of injury. Self explanatory.
<ol style="list-style-type: none"> Did equipment or tools cause or contribute to the cause of the accident/injury? (YES) Give a detailed list of the equipment/tools used at the time, defective tools or the lack of the proper tools for job being performed. Did working conditions cause or contribute to the cause of the accident/injury? (YES) Railroad did not provide safe work environment, defective equipment, lack of or improper tools. Did other persons cause or contribute to the cause of the accident/injury? (YES) List all possible employees from all crafts, management, and coworkers. Names, occupations and addresses of all crew members and/or other persons who witnessed or have any knowledge of accident. List coworkers and other crafts, management and prior crews who might have known of the condition that resulted in your injury. 	<p style="text-align: center;">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.</p> <p style="text-align: center;">CONSULT WITH THE HILDEBRAND, MCLEOD & NELSON LAW FIRM AND YOUR LOCAL UNION OFFICERS TO ENSURE THAT YOUR FORM IS COMPLETED CORRECTLY.</p> <p style="text-align: center;">Call 1-800-447-7500 Visit our web site at: <u>www.hmnlaw.com</u></p> <p>1/08</p>