

# **HILDEBRAND MCLEOD & NELSON LLP**

REPRESENTING INJURED RAILROAD WORKERS SINCE 1926

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## **IF YOU ARE INJURED WHILE ON DUTY:**

700 NORTH BRAND BLVD  
SUITE 860  
GLENDALE, CA 91203

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 you are unsure of how to answer any question.

**Call Hildebrand McLeod & Nelson LLP 1-800-447-7500**  
**Employee Accident and Injury Reporting on Amtrak**

### Incident Information:

(1-8) Incident date, time and location. Complete in full.

### Injured Person Information:

(9-30) Personal information, Name, Address etc. Complete in full.

### Description of Injury/Illness:

(31) What task does the injured person say he/she was performing when they became injured or ill?  
(i.e. Cleaning Coach)

Briefly describe what you were doing at the time of the accident.

(32) How does the injured person say the injury/illness occurred? (Tripped over loose carpet)

All I know at this time is....

(33) What object of substance does the injured person say caused the injury/illness? (i.e. Loose carpet)

Detail all possible causes: improper walkways, switches not maintained, equipment defects not repaired, management's failure to correct known safety issues.

(34) What injury/illness does the injured person report? (i.e. Bruised knee and sprained wrist)

At the present time I have pain in....

(35-37) Train, Car information: Complete in full.

### Treating or Medical Facility/Provider:

(38-41) Medical provider information: Complete in full.

### EMPLOYEE PERSONAL STATEMENT

How did accident happen? All I know at this time is....

What caused the accident? Detail all possible causes: improper walkways, switches not maintained, equipment defects not repaired, management's failure to correct known safety issues.

Describe the injury/illness: At the present time I have pain in....

Witnesses: List coworkers, other crafts, management and prior crews 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 HILDEBRAND, MCLEOD & NELSON LLP**  
**AND YOUR LOCAL UNION OFFICERS TO ENSURE THAT YOUR FORM IS COMPLETED CORRECTLY.**

### **Designated Legal Counsel- Investigators/Consultants**

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