

## EMPLOYEE PERSONAL INJURY/OCCUPATIONAL ILLNESS REPORT

19171		71.123.33 31.10 to	117/37/27						
Each employee repo	rting an injury, condition o Lto § 225.19). A copy will b	r occupational iline	ess on duty or equest.	nd/or on pro	perty must fill out	this rep	ort and p	rovide it to his or her	
AME OF INJURED PERSON		AGE	DATE OF SIRTH		SEMORITY DATE:	EMPLOYEE IO NUMBER			
ADDRESS OF INCIRED PE	REON (STREET, CITY, ZIP CODE)	J	<u></u>				TELEI	PHÓNE NÚMBER	
Servitorion of monatorial administration of the same of						12 3			
				TIME					
LOCATION OF INJURY		MILE POST	MILE POST SUBDIVISM (IF APPLICABLE) (IF APPLICABLE)		DATE OF INJURY		TIME		
(CITY AND STATE)		(it was rinning by)	(II. A. rionistr)			i	r1		
		1					АМ	PM	
TEMPERATURE	VISIBILITY	T-1		WEATHER	T	TT		SLEET/IGE	
·	(Check correct response)	DAWN		heck correct response)	GLEAR	RAI	N	SCEETAIGE-	
		DAY	DARK	rank anast	CLOUDY	F00	. [	SNOW	
IN YURO IO AND ILL NICÓS PIO	CONDITION NATHER THAN AN AC	ITE WATEN DID	YOU FIRST W	HEN WERE YO	U FIRST TREATED OR D	IAGNOSE	77		
NOTICE SYMPTOMS?	COMPUTOR INVIDENTITION IN NO.	at Endanci Più iniù	144,144						
		·							
DESCRIBE MULIRIES OR IL	LNESSICONDITION: (attach additions	d peges il necessary)							
DESCRIBE FULLY HOW IN	JURY, ILLNESS OR CONDITION OF	CURRED: (utpob addition	od pages if necessary)						
	-								
	SEO BY THE CONDUCT OF ANOTH	n nwnegud	16	YES, PLEASE	ngerbing.	<del></del>			
[]	F	eiż-Litzéniu s	- <b>i</b> i.	160 FCGMOR	otroin (neat				
Y65	No.								
GOULD YOU HAVE PREVENTED YOUR INJURY?  IF YES, HOW?									
Yes	No.								
	MALFUNCTION PROBLEM OF WIT	H THE FOURPMENT OR	WORK						
PROCEDURES?	mode principality in-		F	Yes, Pleage	OESCRIBE:				
	∏ No								
Yeş	NO.								
TYPE OF MEDICAL ATTEN	TION ADMINISTERED (PRESCRIP)	ION, BRACE, SPLINT, P	rc):						
	·								
			<del> </del>	DDRESS:					
NAME OF PHYSICIAN:				mpress;					
			· · · · · · · · · · · · · · · · · · ·		and the same				
NAME OF ATTENDING FA	GILITY:		A.	DDRESS:					
SUPERVISOR NAME:	NOTE - If you do not re	celve medical treatm	ant as the resul	t of this injur	y or occupational illi	ness, you	must pron	iptly notify your	
supervisor:									
	• if you expe	rience any complicat	tions resulting fi	rom your Inju	ry/illness.		المراجعة والمتاثر المساعدة		
	If you are to safe more than the safe more tha	meble to perform you	r normal gunes	insocuentire	atnient or observatio	maransı	your inlun	cause of this injury/litres /:	
IF IN HIRY OCCURPER W	HILE WORKING WITH ON TRACK E	CLAPMENT, LIST INITIAL	S AND NUMBERS	:	The same of the same		ALTILUMES	· · · · · · · · · · · · · · · · · · ·	
II Bidattı öbberilirek ili	Brown broad days are a said to did to be the control	en an mariante de la company	Anna Santana Can	-					
		number on letters of the sec	M ANVINEARIES	IND ADOLD IN	<del>,</del>	··		<del> </del>	
IMPORTANT: LIST ALLP	ersons who withessed the in	INDRA OK MHO CVI GIA		IUN ABOUT IT:	·				
NAME		1	OCCUPATION			ADDRESS (Show Street and City)			
		T	ر مربور و برود و برود داده های مطاعده این بازده این بازده بازده بازده بازده بازده بازده بازده بازده بازده بازد در مربور و برود و بازده بازد بازده بازد بازده بازده بازده بازده بازده بازده بازده بازده بازده بازد						
						<b></b>			
Signed						1		Oate	
"						1			

PLEASE ANSWER ALL QUESTIONS (USE REVERSE SIDE IF NECESSARY)