

**FEDERAL RAILROAD SAFETY ACT**  
**RAILROAD WORKER INJURY REPORT FORM**

My name is: \_\_\_\_\_.

My address is:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

My cell phone and home phone numbers are: \_\_\_\_\_.

I am a railroad employee who was injured on \_\_\_\_\_ at \_\_\_\_\_

as a result of working for \_\_\_\_\_ Railroad.

My injury or illness is \_\_\_\_\_.

I reported this injury or occupational illness to my employer railroad on \_\_\_\_\_.

In order to ensure the preservation of all my rights and protections under the Federal Railroad Safety Act, 49 USC Section 20109(a)(4), I am hereby notifying the Secretary of Transportation of this work-related personal injury or work-related illness and also am hereby notifying my employer railroad that I have notified the Secretary of Transportation of my injury.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Mailed by Certified Mail to:

Secretary of Transportation  
U.S. Department of Transportation  
1200 New Jersey Ave., SE  
Washington, DC 20590

Mailed by Certified Mail to:

- Metro-North Railroad  
347 Madison Avenue  
NY, NY 10017
- Secretary of the Corporation  
National Railroad Passenger Corp.  
60 Massachusetts Ave.  
Washington, DC 20002