

IF YOU ARE INJURED WHILE ON DUTY:

- 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.
- Remember - The FELA is fault based and the railroad will want to argue that this injury is your fault.
- Limit speaking to any company official and do not allow company officials in the examination room or allow them to talk with you, your family, or your doctor.
- Make mental and written notes of the location and/or equipment involved in the injury, and take photographs if possible.
- Have coworkers take notes of the accident scene, i.e. location, equipment involved, witnesses, and the area surrounding the accident scene. What work was being performed at the time of the injury? What repairs or cleanup was done after the accident?
- Immediately contact your Local Union Representative and the Approved union legal Counsel.
- Do not give any written or taped statements to any company official as you are not required to do so under any rule or law.
- You must fill out an accident report for the company, but not until you are mentally and physically able. It should not be done in the examination room, while under medication, or the stress of being injured. Wait until you can reflect on what happened and why it happened.
- Have your Local Union Representative or legal Counsel help you fill out the accident report when you have recovered enough to think clearly and can accurately answer all of the questions on the accident report. An outline of typical questions on a BNSF Accident Report is provided on the next page to help you prepare.
- Approved union legal Counsel will protect the rights you have under the FELA. You are not covered under any state workers compensation.

UNDERSTANDING YOUR RIGHTS UNDER FELA IS THE FIRST STEP IN PROTECTING YOUR RIGHTS.

COMMON ACCIDENT AND INJURY REPORT QUESTIONS ON THE BNSF

GENERAL INFORMATION

Complete this section with your name, age, location of accident/injury, etc.

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.

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