

UNION PACIFIC RAILROAD COMPANY.

REPORT OF PERSONAL INJURY TO EMPLOYEES, PASSENGERS OR OTHER PERSONS.

INSTRUCTIONS.—A separate blank must be filled out for each person injured, whether the injury is severe or slight, by each employee present. **EVERY QUESTION THAT WOULD PERTAIN TO THE ACCIDENT REPORTED MUST BE ANSWERED FULLY.** If blank spaces are insufficient for full statement, answer further in form of letter and attach hereto.

1. Name, residence (street and number) and P. O. address of person injured.
Robert W. Armstrong, 321 N. 8th St Cedar Rapids Ia
2. Age.
32 Occupation.
Line Man. U. P. Second Shift
3. A. Married or single.
Married If married, name and residence of wife or husband.
Mrs Robert W. Armstrong, 321 N. 8th St Cedar Rapids Ia
- B. If single, names and addresses of father, mother or nearest relatives.
4. A. Employee, passenger, traveler on highway or trespasser?
Employee If employee, how long in service of this Company, and in what capacity?
27 days
- B. If passenger, where from and destination? Ticket or pass?
- C. If unknown, give full description (height, weight, hair, eyes, marks and clothing) and state what articles found on person.
5. State fully the nature and extent of injuries.
Killed by second mine explosion at #1 Coal Mine Hamma, Mo
6. A. What was done with and for the person?
still in the mine By whose direction?
- B. If not sent to hospital, why not?
- C. Name and address of surgical attendant?
- D. If dead, state disposition of remains. (Attach copy of verdict of Coroner's Jury, if inquest is held.)
7. A. Date, hour (day or night), and exact point where accident occurred.
10:30 PM March 28th 1908. East end #1 Coal mine
- B. If at night, was it very dark? Kind of weather.
night *Clear*
- C. Did accident occur on or near a crossing? (State name, and distance and direction from same.) Was watchman on duty?
- D. Was view of trainmen or injured person obstructed? If so, by what? State fully.
- E. Distance person was seen before accident.
- F. Could train possibly have been stopped between the time collision was imminent and time of accident?
- G. On main or side track? Curve or straight line? (State whether curve to right or left.) Up or down grade?
8. A. Train No. Conductor, yardmaster or foreman.
- B. Engine No. Engineer. Fireman.
- C. Baggage man. Head Brakeman. Rear Brakeman and Porter.
- D. Switchman. Other Employees.
- E. No. cars in train No. loads. No. cars with air brakes. In what direction was train moving?
- F. Were all air brakes connected? If not, state why.
- G. Was headlight burning? What kind of headlight?
- H. Speed of engine or cars at time of accident. If train late, how much? If backing up, who was on rear end?
9. State your location with reference to point of accident, and whether you were an eye witness.
no
10. What was injured person doing at time accident occurred?
slipping down mine for electrical work
11. Give full particulars of cause of accident.
Was killed in the second explosion at #1 mine. Union Pacific Coal Co Hamma, Mo while slipping down for electrical work
12. A. Was person injured while making coupling or uncoupling? Who examined coupling apparatus, and was it in good order?
- B. State kind of draw-bars. Were draw-heads of equal height?
13. Give initials and numbers of engines and cars immediately connected with this injury, and condition of same. If in bad order, were they so marked?
14. A. Was there any defect in track, bridges, building, rolling stock, machinery, tools or other appliances, that caused, or may have assisted in causing the injury? If so, state fully.
- B. If there was a defect, how long had same existed? Had same been reported? If so, when, by whom, and to whom?

14. C. Did injured person know of defects?
- D. Give your reasons for knowing or believing injured person knew of defect prior to accident.
15. State what precautions were taken, and by whom, to prevent the accident.
16. A. In your opinion what further precautions could have been taken?
more
- B. How many persons were assisting in the work?
two all killed
- C. Was there sufficient assistance to do the work safely?
17. Was the engine properly handled? Was the engine equipped with automatic bell ringer?
18. A. What signals or warnings were given and by whom and in what way?
- B. Were the signals or warnings acted upon; If not, why?
19. A. Was whistle sounded? Was bell rung and by whom? Was bell rung by automatic ringer?
- B. When and where, with reference to the accident, was whistle sounded and bell rung?
20. What distance did engine or cars run after the accident occurred?
21. What does injured person say as to extent of his injuries?
22. A. What does injured person say was cause of accident?
- B. In whose hearing was statement made?
23. Was injured person insane, intoxicated, blind or deaf?
no
24. Was anyone at fault? If so, who?

Name, occupation, postal address, and residence of every person who witnessed the accident, or can give any information regarding it.
(Attach hereto the written statements of such persons, signed by each.)

NAME	OCCUPATION	RESIDENCE AND P. O. (Give street and number.)

25. REMARKS: State fully any further information you can.

(Dated) *April 2* Month. *2* Day of Month, 190*8*

(Sign here) *J. A. [Signature]* (Occupation) *Chief Engineer* (Address) *[Address]*

Dept. No.

Name

Address

Occupation

Date of Accident

Place (Sta. or M. P.)

Supt.'s No.

THE UNION PACIFIC COAL COMPANY

Hanna, Wyo., May 16th, 1908.

Mr. F. M. Wilson,

Glenns Ferry, Idaho.

Dear Sir:--

Replying to your letter of the 14th inst., Mr. F. W. Armstrong was killed in the ~~exp~~ second explosion of March 28th, in our No. One Mine. He was in the employ of the Signal Dep't. of the Union Pacific Railroad Co. at the time and went into the mine as a volunteer after the first explosion of the above date.

Mrs. Armstrong lives in Cedar Rapids, Iowa, and was notified of her husband's death the next day, as soon as we can verify the list of those killed.

Yours truly,

A. H. Buttery

Mine Superintendent.

WCJ