

a

L. L. No. 19547

**THE
HOCKING VALLEY
RAILWAY CO.**

REPORT OF INJURY TO PERSON

Name Theodore Gill

Date January 14 1923
Waller

**All Trainmen are Required to
Use this Report.**

In all cases of personal injury make the inquiries which will enable you to furnish the within information, and you will also, in preparing this report, observe as closely as possible the following instructions, viz: Fix accurately the place at which it occurred by feet from some stationary object; if at crossing, state the spot at which the person was struck and where picked up, fixing the distance by stationary objects; give a detailed account of the cause of the accident; if you think the person was injured by his own fault state your reason for so thinking; if caused by defective machinery describe fully; give any other information not furnished by the requirement of the report; when information for this report is being collected draw the attention of others to the facts, in order that they may be able to testify to them of their own knowledge. Whenever distance from a point is to be reported, call the attention to the fact of those who will have to testify thereto, so that the statements may be accurate, and report the names of such persons. State how far the coming train that caused the accident can be seen from the point where it occurred. State who heard the whistle blow, or the bell ring, and why they remember it. Whenever possible the names, addresses and statements of persons not employees, who were witnesses, should be procured. All accidents of whatever nature must be promptly reported to the Superintendent.

Report of Inspection of Engines, Cars, Machinery and Track.

24. Number and initials of engines or cars

25. Where inspected

26. Date inspected

27. Time inspected

Conductor's and Enginemen's
REPORT OF INJURY TO PERSON

Send this Report to the Superintendent promptly with a full written statement from each member of the crew.



Date of Report Jan 16th 1923

1. Name of Person injured. Theodore Gill, 2. Age. 62 yrs.
3. Residence. Stony Ridge, Wood County Ohio.
4. Occupation, and whether a Passenger, Traveler on Highway, Employee, or Trespasser (if an Employee give the length of time he has been in the service of the Company). Coal bunk laborer, 6 yrs. in service.
5. Married or single. Married 6. What family has the person. Wife & 4 children
7. Date of Accident. Jan 14th 1923, 8. Hour. 2:00 P.M. 9. Place where accident occurred (give nearest telegraph pole, name and distance to nearest station). Walbridge coal bunk, Walbridge Wood County Ohio.
10. Train. 11. Section. 12. Engine. 13. Conductor.
14. Engineman. 15. Fireman. 16. Baggage Master.
17. Brakemen.
18. Cause and circumstances relating to accident (state fully). Theodore Gill, had gone to top of coal bunk to loosen fine coal that had frozen at chute, at time was using a coal pick, coal suddenly became dis-lodged with the result he was thrown into pit, with a second loosening of coal he was completely covered or buried being carried along, exit finally being made thru an outer chute that serves the engines.
19. If injury because of contact with Engine Cars, other Machinery or structure make careful inspection thereof and state

STATEMENT OF INJURED PERSON.

- 1. If employee, how long, and on what date did you last enter Company's service? 6 yrs
- 2. If passenger, where from and destination? _____
- 3. If married, name and residence of wife or husband, and names and ages of children? Mrs Gill Stony Ridge O.
- 4. If single, names and address of father and mother, and nearest relatives _____
- 5. State what, in your opinion, was the cause of the accident, and what were you doing at the time it occurred? I went up in coal bunk to get coal
drum and the shut was opened
and down I went with coal.
- 6. Could you, by more care on your part, have prevented your injury? No
- 7. If there was any defect in track, bridges, buildings, rolling stock, machinery, tools or other appliances, that caused, or may have assisted in causing, the injury, how long had same existed, and had same been reported, and if so, by whom and to whom? _____
- 8. Did you know of defect prior to accident? _____
- 9. State all other particulars relative to the accident None

The above is a true statement to the best of my knowledge and belief.

Witness:

A H Rice

Signed

Theodore Gill
Stony Ridge O.

Dated 1-18-23

L. D. No. 19547

UNITED STATES RAILROAD ADMINISTRATION
DIRECTOR GENERAL OF RAILROADS
HOCKING VALLEY RAILROAD

SURGEON'S INITIAL REPORT.

Name Theodore Gill

At _____

Date January 14-1923

NOTICE TO SURGEONS.

Make out this report as complete as possible leaving no heading unanswered, and send to the Chief Surgeon, at Columbus, Ohio. All reports must be signed by the injured person, and when not so signed, the reason given therefor.

N-47/23

SURGEON'S INITIAL REPORT



1. Name, Residence (street number) and P. O. address of person injured? Theodore Galt
Stony Ridge
2. Age 62 Occupation Laborer Dep't Wabau Nationality American
3. Date of injury? 1-14-23 At or near what Station? Walbridge
4. Employee, passenger, traveler on highway, or trespasser? Emp Married or single? Married
5. If employee, who was his immediate superior? Mr. Water
6. Circumstances in life Iron Accident and life insurance, \$ None
State name of Ins. Co.'s _____

7. Give description, stating the parts injured and supposed manner of infliction
Cut and bruised ~~right~~ side of face and nose, swelling on left side of head caused by going up in coal bank ~~and~~ pinned ~~up~~ and the was barred with coal.

8. What was done with and for the person? Called Dr. Reine and got him out of coal.

9. Who called Surgeon? Wabau.

10. Did you render first attention? If not, who did, and what was done? Yes
Gave him stimulants and order him home

11. What disability or deformity did injured person have which existed previous to this injury? None

12. What does injured person say as to the cause of his injuries, and what does he say he was doing at the time the accident occurred? (Give as near as possible the patient's own words)

13. Who does injured person say witnessed the accident? Mr. Stone John
Stover Neaven Few Conners

To whom was this said? Dr. Reine

14. Prognosis Good

THE HOCKING VALLEY RAILWAY COMPANY

JAN 23 1923

Walbridge O.,

Jan 23rd '23

Mr. J. E. Davis:

Referring to my report of Jan 16th, covering injury to one Theodore Gill at Walbridge coal bunk Jan 14th '23.

Req to advise Mr. Gill resumed service this date.

JCB

F. L. Weber.

2 copies.

THE HOCKING VALLEY RAILWAY CO.

MEMORANDUM OF PERSONAL INJURY



Columbus, O. Feby, 9th, 1923. 192

Date of accident **Jan, 14th, 1923.**

Time of day

2. ~~AM~~ P. M.I. C. C. class **332c**Place of accident **Coal Bunk Walbridge, O.** Division

Nearest mile post

Estimated distance in rods and direction from mile post named

Kind of accident

Clear, cloudy or foggy

Raining or snowing

Daylight or dark

Cause (briefly)

Kind of train

Number

Engine Number

Direction

Speed

miles per hour

Name of person injured **Theodore Gill**Residence **Stony Ridge, Wood County, O.**

Class of person

85Occupation **C.B. Laborer-Common.**Nature and extent of injuries **Right side of face and ear cut and bruised, body generally sore.**

Days disability

Actual

Probable **4 weeks.**

Detail of cause and nature of accident:

Mr. Gill had gone to top of coal bunk to loosen fine coal that had frozen at chute, at time was using a coal pick coal suddenly became dislodged with the result he was thrown into pit with a second loosening of coal he was completely covered or buried being carried along, exit being made through an outer chute that serves the engines.

Signature

Title

NOTE: This report must be furnished Superintendent in triplicate.