

NARCOA INCIDENT REPORT FORM

THIS FORM SHALL BE COMPLETED WHEN THERE IS A MOTORCAR INCIDENT ON A MOTORCAR EXCURSION. IT SHALL BE COMPLETED BY THE EXCURSION COORDINATOR OR HIS/HER DESIGNEE AND SHALL BE SENT TO THE NARCOA INSURANCE ADMINISTRATOR WITHIN 30 DAYS OF THE DATE OF THE INCIDENT. THIS FORM MUST BE LEGIBLE AND EMAIL ADDRESSES MUST BE PROVIDED.

Date of this report: _____ Date of Incident: _____ Time of Incident: _____

Name of Railroad Where Incident Occurred: _____

Subdivision: _____ Milepost: _____

Nearest City/State/Province to Location of Occurrence: _____

Were photographs taken? Yes No By Whom? _____

Weather Conditions at Time of Incident: _____

Track Conditions at Location of Incident: _____

What other factors may have contributed to this incident? _____

Person Completing this Report:

First Name Middle Initial Last Name

Street Address City/Town State Zip

Home Telephone Business Telephone Email Address

Please state briefly, in your opinion, what caused this incident and/or why did this incident occur:

I have completed my investigation of this incident. I am the Certified Meet Coordinator or his/her designee and represent that everything stated in this report is true and accurate to the best of my knowledge.

Signature of Person Completing Report Date

First Party (Motorcar Operator):

First Name Middle Initial Last Name

Street Address City/Town State Zip

Home Telephone Business Telephone Email Address

Driver's License Number State Issued Expiration Date

NARCOA Insurance Card Number _____ NARCOA Operator Certification Card Number _____

Make of Motorcar: _____ Model of Motorcar: _____

Estimated Speed at Time Danger Noticed: _____ Estimated Speed at Time of Impact/Derailment: _____

List Passengers: _____

Were there injuries to anyone in this vehicle? _____ List those who were injured including the extent of their injuries:

Name Extent of Injuries Treated at Scene? Transported to Medical Facility? How transported?

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Vehicle operable after incident? _____ Describe damage to Vehicle: _____

Second Party (Motorcar Operator, Vehicle Driver, Pedestrian, Other Physical Object):

First Name Middle Initial Last Name

Street Address City/Town State Zip

Home Telephone Business Telephone Email Address

Driver's License Number State Issued Expiration Date

NARCOA Insurance Card Number _____ NARCOA Operator Certification Card Number _____

Make of Motorcar/Vehicle: _____ Model of Motorcar/Vehicle: _____

Vehicle License Number State Issued Expiration Date

Estimated Speed at Time Danger Noticed: _____ Estimated Speed at Time of Impact/Derailment: _____

(Second Party – Continued)

List Passengers: _____

Were there injuries to anyone in this vehicle? _____ List those who were injured including the extent of their injuries:

Name	Extent of Injuries	Treated at Scene?	Transported to Medical Facility?	How transported?

Name	Extent of Injuries	Treated at Scene?	Transported to Medical Facility?	How transported?

Vehicle operable after incident? _____ Describe damage to Vehicle: _____

Describe Object (if applicable): _____

Third Party (Motorcar Operator, Vehicle Driver, Pedestrian, Other Physical Object):

First Name	Middle Initial	Last Name

Street Address	City/Town	State Zip

Home Telephone	Business Telephone	Email Address

Driver's License Number	State Issued	Expiration Date

NARCOA Insurance Card Number _____ NARCOA Operator Certification Card Number _____

Make of Motorcar/Vehicle: _____ Model of Motorcar/Vehicle: _____

Vehicle License Number	State Issued	Expiration Date

Estimated Speed at Time Danger Noticed: _____ Estimated Speed at Time of Impact/Derailment: _____

List Passengers: _____

Were there injuries to anyone in this vehicle? _____ List those who were injured including the extent of their injuries:

Name	Extent of Injuries	Treated at Scene?	Transported to Medical Facility?	How transported?

Name	Extent of Injuries	Treated at Scene?	Transported to Medical Facility?	How transported?

Vehicle operable after incident? _____ Describe damage to Vehicle: _____

Describe Object (if applicable): _____

WITNESS 1:

First Name	Middle Initial	Last Name
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Street Address	City/Town	State Zip
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Home Telephone	Business Telephone	Email Address
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WITNESS 2:

First Name	Middle Initial	Last Name
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Street Address	City/Town	State Zip
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Home Telephone	Business Telephone	Email Address
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WITNESS 3:

First Name	Middle Initial	Last Name
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Street Address	City/Town	State Zip
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Home Telephone	Business Telephone	Email Address
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WITNESS 4:

First Name	Middle Initial	Last Name
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Street Address	City/Town	State Zip
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Home Telephone	Business Telephone	Email Address
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WITNESS 5:

First Name	Middle Initial	Last Name
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Street Address	City/Town	State Zip
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Home Telephone	Business Telephone	Email Address
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