

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.

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?

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

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?
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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: _____

Describe Object (if applicable): _____

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

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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Driver's License Number	State Issued	Expiration Date
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NARCOA Insurance Card Number _____ NARCOA Operator Certification Card Number _____

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

Vehicle License Number	State Issued	Expiration Date
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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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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: _____

Describe Object (if applicable): _____

WITNESS 1:

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

WITNESS 2:

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

WITNESS 3:

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

WITNESS 4:

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

WITNESS 5:

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

