

# REPORT ALL INCIDENTS AND ACCIDENTS PROMPTLY TO...

**United Rail Claim Service Inc.**

Attn: Joanne Horak  
412 West Avon Road  
Avon, CT 06001  
Phone: (866) 671-1130  
Fax: (860) 673-3556

**24/7 Emergency Phone 1-866-671-1130**

**Email: [jhorak@drm-inc.com](mailto:jhorak@drm-inc.com)**

In Case of an accident do the following:

- 1) Contact authorities and care for the injured.
- 2) Fill out accident report.
- 3) Report incident to the United Rail Claim Service Inc.
- 4) Notify Insurance Coordinator and e-mail a copy of accident report to

[macdepot@metrocast.net](mailto:macdepot@metrocast.net)

Our 2010 policy number is RRL 6710051 00 and the insured name is the Northeast Rail  
Coalition.

FIELD ACCIDENT - INCIDENT REPORT

Your Name: \_\_\_\_\_, Position: \_\_\_\_\_  
Telephone, Work: \_\_\_\_\_ Home/Cell: \_\_\_\_\_  
Address: \_\_\_\_\_, City/State/Zip: \_\_\_\_\_  
Employer: \_\_\_\_\_, Department: \_\_\_\_\_

WHEN DID IT HAPPEN ?

Date: \_\_\_\_\_, Day of Week: \_\_\_\_\_ Time: \_\_\_\_\_

WHERE DID IT HAPPEN ?

Location Name: \_\_\_\_\_, MP/Address: \_\_\_\_\_  
Trains or Vehicles Involved: \_\_\_\_\_

WHAT HAPPENED & HOW ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TO WHOSE PERSON OR PROPERTY ?

Full Name of Injured or Owner: \_\_\_\_\_  
Injured/Owner's Home Address: \_\_\_\_\_  
Injured/Owner's Telephone #'s: \_\_\_\_\_  
Extent of Injury or Damage: \_\_\_\_\_  
Approximate Cost or Value: \_\_\_\_\_  
Hospital or Location where Taken: \_\_\_\_\_

NAMES & ADDRESSES OF WITNESSES ?

\_\_\_\_\_  
\_\_\_\_\_

HOW DID IT END UP ?

Briefly tell how the Accident/Incident was handled, who assisted, how site was protected, and how it was safely and satisfactorily concluded.

\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_, Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_