

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 _____ Milepost/Address _____
Trains or Vehicles Involved _____

WHAT HAPPENED AND HOW? (Keep Brief)

TO WHOSE PERSON OR PROPERTY

Full name of injured or owner _____
Injured/Owner's Home Address _____
Injured/Owner's Home Telephone _____
Extent of Injury or Damage _____
Approximate Cost or Value _____
Hospital or Place Taken _____

NAMES AND ADDRESS OF WITNESSES

Signed _____ Printed Name _____ Date _____

**REPORT ALL INCIDENTS AND ACCIDENTS
PROMPTLY TO**

Walter Stapleton

603-542-2756

EMAIL: waltstapleton1@juno.com

In case of an accident or incident:

- 1) Contact authorities and care for any injured
- 2) Fill out Accident/Incident Report
- 3) Report Accident/Incident to Walter Stapleton ASAP
- 4) As soon as possible notify Insurance Coordinator Bill McKenney - 603-387-9295
- 5) Email copy of the report to Bill McKenney, - macdepot@metrocast.net

Policy Number is RRL 6710051 00 and the insured name is Northeast Rail Coalition