



# MINNESOTA STREETCAR MUSEUM

COMO-HARRIET STREETCAR LINE  
EXCELSIOR STREETCAR LINE

# INCIDENT REPORT

To be completed by volunteers and persons who were involved in or observed the incident

Date of Incident:	Time: AM / PM	Weather Conditions:
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**Description of Incident, i.e., who, what, when, where, how and why (continue on reverse if necessary):**

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**Extent of damage to property:**

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**Extent of injuries to person(s):**

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**Person(s) Injured (List additional persons on reverse):**

Name:

Name:

Address:

Address:

Phone No.

Phone No.

**Medical Treatment (person/agency administering aid):**

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**Witnesses (List additional witnesses on reverse):**

Name:

Name:

Address:

Address:

Phone No.

Phone No.

## DISTRIBUTION:

**Original:** General Superintendent  
Minnesota Streetcar Museum  
P.O. Box 16509  
Minneapolis, MN 55416-0509

**Xerox Copy:** Person completing this form should make a copy for their personal records.

<b>Printed name of person completing form:</b>
Signature (signature indicates I have retained a copy of this report)
Address:
City, State, Zip Code:
Telephone Number: <span style="float: right;">Date:</span>
Position Title (If Volunteer):

**Person(s) Injured:**

Name:

Address:

Phone No.

Name:

Address:

Phone No.

Name:

Address:

Phone No.

Name:

Address:

Phone No.

**Witnesses:**

Name:

Address:

Phone No.

Name:

Address:

Phone No.

Name:

Address:

Phone No.

Name:

Address:

Phone No.

Name:

Address:

Phone No.

Name:

Address:

Phone No.

**Description of Incident (Continued) or Other Information:**

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