



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)

Extent of damage to property

Extent of injuries to person(s)

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

Name:

Name:

Address:

Address:

Phone No.

Phone No.

E-mail address

E-mail address

Medical Treatment (person/agency administering aid)

Witnesses (List additional witnesses on reverse OR distribute and collect Witness Courtesy Cards)

Name:

Name:

Address:

Address:

Phone No.

Phone No.

E-mail address

E-mail address

DISTRIBUTION:

Send to: General Superintendent
Safety Superintendent
Insurance Manager
Minnesota Streetcar Museum
P.O. Box 16509
Minneapolis, MN 55416-0509

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

Person Completing Report:	
Name (Print):	
Signature:	
Address:	
City, State, Zip Code:	
Telephone Number:	Date:
E-mail address:	

MSM INCIDENT REPORT (CONTINUED)

Person(s) Injured:

Name:

Name:

Address:

Address:

Phone No.

Phone No.

E-mail address

E-mail address

Name:

Name:

Address:

Address:

Phone No.

Phone No.

E-mail address

E-mail address

Witnesses: (List additional witnesses here OR distribute and collect Witness Courtesy Cards)

Name:

Name:

Address:

Address:

Phone No.

Phone No.

E-mail address

E-mail address

Name:

Name:

Address:

Address:

Phone No.

Phone No.

E-mail address

E-mail address

Name:

Name:

Address:

Address:

Phone No.

Phone No.

E-mail address

E-mail address

Description of Incident (Continued) or Other Information:
