

**Family Motor Coach Association
International Convention, Area Rally and Chapter Rally Incident Report**

SEND TO:

Family Motor Coach Association, Inc.
Contact: Chris Lusk
8291 Clough Pike
Cincinnati, OH 45244
Phone: (800) 543-3622, Ext. 249
Fax: (513) 388-5292

SUBJECT INFORMATION

Subject #1 Name _____ FMCA# _____
Street Address _____ Res Phone(____) _____
City _____ State _____ ZIP Code _____ Cell Phone(____) _____
Occupation _____ Work phone (____) _____ Was subject volunteering for
FMCA at the time of the incident Yes _____ No _____ If yes, in what capacity? _____
Subject #2 Name _____ FMCA# _____
Street Address _____ Res Phone(____) _____
City _____ State _____ ZIP Code _____ Cell Phone(____) _____
Occupation _____ Work phone (____) _____ Was subject volunteering for
FMCA at the time of the incident Yes _____ No _____ If yes, in what capacity? _____

DESCRIPTION OF INCIDENT:

CHAPTER/AREA/EVENT _____
Date/Time of Incident _____ AM ___ PM ___ Date reported to FMCA _____
Location of incident _____

Description of incident _____

FMCA Authority notified on site _____
Civil Authority Notified _____
Medical Transport? Yes _____ No _____ By Whom? _____
Where Transported _____
Name and Address of Institution _____

INSURED/PROPERTY DAMAGE:

Description of property damage and estimate of costs to repair

(Continued on Reverse Side)

WITNESSES

#1 Witness Name _____ FMCA# _____
Address _____
City _____ State _____ Zip _____
Home Phone(_____) _____ Cell Phone(_____) _____
Relationship to Claimant _____
Description of incident by witness #1 _____

#2 Witness Name _____ FMCA# _____
Address _____
City _____ State _____ Zip _____
Home Phone(_____) _____ Cell Phone(_____) _____
Relationship to Claimant _____
Description of incident by witness #2 _____

PHOTOS, SKETCHES AND/OR DIAGRAMS

Were Photos taken? Yes ___ No ___ At the scene? Yes ___ No ___ Later? Yes ___ No ___
Photos taken by _____
Disposition of Photos? Filed with report Yes ___ No ___ If no, explain _____
Were Sketches or diagrams made? Yes ___ No ___ If yes, by whom _____
When were sketches or diagrams made? _____
Disposition of sketches or diagrams? Filed with report Yes ___ No ___ If no, explain _____

STATEMENTS FROM SUBJECTS

Date _____

Person completing this form _____ FMCA # _____
Title _____ Date of report _____

TREATMENT REFUSAL FORM

I, _____ DO HEREBY REFUSE FIRST AID OR MEDICAL ATTENTION OFFERED BY AN AUTHORIZED REPERESENTIVE OF FMCA, AREA RALLY OR CHAPTER RALLY.

SIGNED _____ DATE _____ TIME _____

PARENT OR GUARDIAN (if person is under 18) _____