TRA Insurance Incident Form

Please provide preliminary information on your TRA Incident by completing the form below. Please be as complete and accurate as you possibly can in filling out this form. After reviewing this initial report, TRA Headquarters and / or the TRA Insurance Agent will contact you directly for additional details and instruct you as to the next steps required to complete your claim.

**Member Information** - Provide complete information on the TRA member involved in this incident.

Name: ___________________________________________ TRA #: __________
Street: _____________________________________________
City: ___________________________ State: __________ ZIP: __________
Phone: _________________________ E-mail: _________________________

**Incident Information** - Please provide information on where this incident took place.

Location/Launch/Prefecture Name: ____________________________________
Location Owner: __________________________________________________
Street: ____________________________________________________________
City, State, Zip: ___________________________________________________

Phone: _________________________  E-mail: ________________________

Date and Time of Incident: __________________________________________

Description - Please provide a description of this incident, including the persons involved, any important details of the accident, and the nature of any damage or injury sustained.

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