

When, Where, Why & How It Happened

Club Accident Report

State			
Association/Federation			
Club		Date of Accident	
Club Officer		Telephone	
Location of Accident			
Name of Injured Person			
Address			
Member of		Club	
Nature of Injury			
Description of Accident	-----		
When & Where was treatment given	-----		
Name & Address of Witness: -----			
1.			
2.			
3.			
Signed			
Telephone			

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN ACCIDENT AND SEND TO:
Your Federation / Association Insurance Chairman

UPON RECEIPT OF THIS ACCIDENT REPORT A CLAIM FORM WILL BE MAILED TO THE CLUB.