

When, Where, Why & How It Happened

Club Accident Report

State			
Association/Federation			
Club		Date of Accident	
Club Officer		Telephone	
Location of Accident			
Was the accident reported to the facility where the accident occurred? Yes No			
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.