**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.