

ACCIDENT / INCIDENT REPORT

Named insured _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Contact _____ Best time _____ am pm

Insurance policy number _____

Effective date _____

Name of injured party _____

Age _____ Gender: male female

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Employed by _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ - _____

Activity participating in _____

Date of incident _____ Time _____ am pm

Nature of injury: mild moderate serious fatal

Described type and location of bodily injury _____

Allergies and medications _____

Was first aid administered? Yes No

If yes, described _____

Was injured party taken to a doctor? Yes No

If yes, doctor's name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ - _____

Was injured party taken to a hospital? Yes No

If yes, hospital name _____

Address _____

City _____ State _____ Zip _____

Telephone () _____ - _____

Medical treatment given _____

Insured person's reaction to incident _____

Is this a re-injury of an old condition? Yes No

Activity time lost: none one-half day or more ended participation

Has the injured party signed a release and is it available? Yes No
If so, please forward

Has the injured party participated in
this activity at this location before? Yes No

If so, describe _____

Describe evacuation _____

Describe the accident site _____

Weather: Air temperature _____ ° Water Temperature _____ °

Wind _____ Precipitation _____

Clouds _____ Visibility _____

Describe any other contributing factors _____

Did equipment contribute in any way to the accident Yes No
If so, describe _____

Were any photographs taken? (if so, please forward) Yes No
Trip leader or senior guide _____ Age _____
Experience/training _____

Guide whose participant/customer was injured _____
Experience/training _____

Other guides on trip
Name Age Experience

Other employees who were involved, witnessed the incident, or
were involved in the post incident care _____

If the injured party stated he/she contributed to the incident, what
did he/she say? _____

If the incident was equine-related, name(s) of horse(s) _____

Was the incident contributed to in any way by
the actions or omission of the injured guests? Yes No
If yes, described _____

Was the incident contributed to in any way by
the actions or omissions of another guest? Yes No
If yes, list names and provide a witness statement from each _____

Were instructions or warnings given and then
Ignored which could have prevented the incident? Yes No
If yes, described _____

_____	_____
Date signed	Signature of person completing incident/accident report

	Typed or printed name
Report Incidents Immediately	
Please include copies of each of the following with submission of this report:	
1.	A copy of <i>your</i> release of liability or assumption of risk form signed by the injured party
2.	A narrative report of what happened, written by the guide whose guest was injured
3.	Witness statement(s)
4.	On a separate sheet, name, address and telephone number of each witness for whom no witness statement is submitted
REPORT ALL INCIDENTS AS SOON AS POSSIBLE	

Insured's Name

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Location of accident _____

Was the accident reported to the police department? Yes No

If so, what department? _____

Were any citations issued? Yes No

If so, described _____

Please give your version of the accident. Be as accurate as possible _____

Was anyone injured in the accident? Yes No

If yes please complete the information below.

(Use reverse of form if needed)

Name 1 _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Type of injury _____

Name 2 _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Type of injury _____

Name 3 _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Type of injury _____

Name 4 _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Type of injury _____

Witnesses (use reverse of form if needed).

Witness 1 _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Type of injury _____

Witness 2 _____

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

Type of injury _____