

## INCIDENT REPORT

Please complete report immediately and forward after an incident has occurred.

Date of Incident	Day/ Month/Year
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**OPERATOR**

Company Name			
Activity	Business		
Address	Mobile		
	Fax		
	Email		
Person completing Report		Date report completed	Day/Month/Year

**INJURED PARTY**

Name				Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address				Business	
				Mobile	
Date of Birth	Day/Month/Year	Age		Residence	

**INCIDENT**

Objective description of incident
<b>Attach additional page if needed</b>

<b>AIDFIRSTRY INJU</b>	Injury, Signs and Symptoms	Treatment

Name	Business	
Address	Residence	
	Mobile	

<b>WITNESS</b>	Name	Business	
	Address	Residence	
		Mobile	

<b>INCIDENT INVESTIGATION</b>	<input type="checkbox"/> Witness statements <input type="checkbox"/> Photographs of incident site <input type="checkbox"/> Diagram of incident site <input type="checkbox"/> Notify police – serious injury or fatality <input type="checkbox"/> Ambulance summoned  Attach Waiver Lesson/Rental agreement Police Report # Police Department Address	<p align="center"><b>IMMEDIATELY TELEPHONE, FAX OR EMAIL THIS REPORT TO:</b></p> <p align="center"><b>SportUnderwriters.com</b>  <b>Tel: 866-889-4762 EXT.33</b>  <b>Fax: 720-294-9525</b>  <b>claims@sportunderwriters.com</b></p>
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