

## INCIDENT REPORT

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

Date of Incident	Day/ Month/Year
------------------	-----------------

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

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

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

**INJURY  
FIRST AID**

Injury, Signs and Symptoms	Treatment

**WITNESS**

Name	Business	
Address	Residence	
	Mobile	

Name	Business	
Address	Residence	
	Mobile	

**INCIDENT  
INVESTIGATION**

<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><b>IMMEDIATELY TELEPHONE, FAX OR EMAIL THIS REPORT TO:</b></p> <p><b>SportUnderwriters.com</b>  <b>Tel: 1-833-636-3939 EXT.33</b>  <b>Fax: 1-866-467-8770</b>  <b>claims@sportunderwriters.com</b></p>
---	---