

ADIRONDACK MOUNTAIN CLUB
PO Box 4390, Queensbury, NY 12804

ACCIDENT REPORT

PERSON COMPLETING REPORT: _____

ADDRESS: _____ PHONE: _____ (H)

CHAPTER: _____ PHONE: _____ (W)

DATE OF ACCIDENT: _____ TIME: _____

LOCATION: _____

DESCRIPTION OF ACCIDENT: (PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY) _____

PERSON CLAIMING INJURY OR DAMAGE

NAME: _____ AGE: _____ PHONE: _____

ADDRESS: _____

IF PROPERTY, DESCRIBE: _____

IF INJURY, DESCRIBE: _____

TAKEN TO HOSPITAL? _____ DOCTOR? _____

IF ACCIDENT OCCURRED ON INSURED PREMISES, WHY WAS PERSON ON THE PREMISES? _____

WITNESSES:

NAME: _____ ADDRESS: _____ PH: _____

NAME: _____ ADDRESS: _____ PH: _____

ANY POLICE INVOLVED? _____

ADDITIONAL COMMENTS, IF ANY _____

PERSON COMPLETING THIS REPORT: _____ DATE: _____

(Signature)

After completing this form, please mail original to Headquarters as soon as possible.
2/96, 12/09, 1/11, 2/23