

Notice of Injury

Organization	Name: _____ Address: _____
Time and Place of Injury	Date of Injury: _____ Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM Where did the injury occur? _____
Person Injured	Name: _____ Age: _____ Address: _____ Telephone: _____ Name of parents/guardians (if a minor): _____ Employer: _____ Injuries sustained: _____ Where was injured taken? (hospital/doctor): _____ Relationship to organization: <input type="checkbox"/> Member <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Employee <input type="checkbox"/> Student/Camper <input type="checkbox"/> Tenant/Resident <input type="checkbox"/> Other If injury occurred on insured's premises, for what purpose was the injured on the premises? _____ Who was responsible for supervision at the time of injury? _____ If injury occurred elsewhere, what connection did it have with the insured's operations or activities? _____ Does the injured party have personal medical insurance that could apply? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of medical insurance company: _____ _____
Full Description of Incident	_____ _____ _____ _____
Witnesses	Name: _____ Telephone: _____ Address: _____ Name: _____ Telephone: _____ Address: _____

Signature: _____ Date of report: _____