Notice of Injury Form

Organization	Name: ______ Address: ______
Time and Place of Injury	Date of Injury: ______ Time: ______ ▢AM ▢PM Where did the injury occur? ______
Person Injured	Name: ______ Age: ______ Address: ______ Phone: ______ Name of parents/guardians (if a minor): ______ Employer: ______ Injuries sustained: ______ Where was injured taken? (hospital/doctor): ______ Relationship to organization: ▢Member ▢Visitor ▢Volunteer ▢Employee ▢Student Facility user 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? ▢Yes ▢No Name of medical insurance company: ______
Full Description of Incident	______ ______ ______ ______
Witnesses	Name: ______ Phone: ______ Address: ______ Name: ______ Phone: ______ Address: ______

Signature: ______ Date of report: ______