ADIRONDACK MOUNTAIN CLUB
814 GOGGINS ROAD
LAKE GEORGE, NY 12845-4117

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 OCCURED 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 fax (518) 668-3746 and then mail original to Headquarters as soon as possible. 2/96, 12/09