



HORSEMEN'S UNITED ASSOCIATION

P.O. Box 5454
High Point NC 27262
Phone: 1-888-435-6464
Fax: 336-217-8924

ACCIDENT REPORT

Club _____

Secretary _____

Phone (day) _____ (evening) _____

Address _____

ABOUT THE ACCIDENT

Date of Accident _____

Event name and location _____

Injured party _____

Address _____

Phone (day) _____ (evening) _____

If the injured party has applicable insurance (e.g. health, auto, liability), please complete the following:

Insurance company _____

Policy Number _____

Employer's name _____ Group # _____

Employer's address _____

Describe the accident (use additional sheets if necessary) _____

WITNESSES

Witness #1 _____

Address _____

Phone (day) _____ (evening) _____

Witness #2 _____

Address _____

Phone (day) _____ (evening) _____

MEDICAL TREATMENT

Attending Doctor _____

Date(s) of treatment _____

Phone _____

Address _____

Hospital _____

Date(s) of treatment _____

Address _____

SIGNATURES

By signing this document, I attest that, to the best of my knowledge, these events happened as described above.

Club President _____

Signature _____

Club Secretary _____

Signature _____

Please send this document, with original signatures, to the Horsemen's United Association, P.O. Box 5454, High Point NC 27262. Keep a copy for your club's records.