



HORSEMEN'S UNITED ASSOCIATION

**ACCIDENT REPORT**

*Report accidents immediately, even if you do not anticipate a claim!*

Club Name \_\_\_\_\_

Secretary \_\_\_\_\_

Phone (s) \_\_\_\_\_

Address \_\_\_\_\_

Date of accident \_\_\_\_\_

Event name and location \_\_\_\_\_

Injured Party	Address	Phone

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

Insurance company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's address \_\_\_\_\_

Describe the accident (use additional sheets if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witnesses**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (s) \_\_\_\_\_

Email address \_\_\_\_\_

.....  
Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (s) \_\_\_\_\_

Email address \_\_\_\_\_

**Medical Treatment**

Attending doctor \_\_\_\_\_

Date(s) of treatment \_\_\_\_\_

Doctor phone \_\_\_\_\_

Doctor address \_\_\_\_\_

Hospital \_\_\_\_\_

Hospital address \_\_\_\_\_

**Club Officer Signatures**

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

Club President \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Club Secretary \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please send this original form and any relevant documentation, to the address below. Keep a copy for your club's records.*