**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 PERMISES?

_____

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 to: 518-668-3746 and then mail original to Headquarters as soon as possible.**

2/96, 12/09, 1/11