

REPORT OF OCCURRENCE

Name of Swim School/Club Business _____

Injured's name _____ Age _____

Address _____

City/State/Zip _____

Phone () _____ Date of Accident _____

Participant Spectator

Activity Taking Place at Time of Accident _____

Insured Location Where Accident Occurred _____

(Include City/State) _____

Describe the Accident: _____

Person in Charge of the Activity _____

Address _____

City/State/Zip _____

Phone () _____

Probable Nature of the Injury? _____

Who Determined the Nature of Injury? _____

What Was Done On-Site for Injured? _____

Where Taken for Treatment? _____

Who Provided Treatment (Name)? _____

Name and Address of Three Witnesses:

Additional Witnesses, List Names and Addresses on Reverse.

Remarks _____

Report Submitted By: _____ Date _____

Address _____

City/State/Zip _____

Phone () _____

Please attach any additional accident reports
(Facility report, newspaper, and witnesses' statements).

Fax or email this report to: dwilliams@theriskpeople.com

Or

ktate@theriskpeople.com

You must report all occurrences immediately. Thank you for your time and cooperation.