

# When, Where, Why & How It Happened

## Club Accident Report

State MINNESOTA

Association/Federation SQUARE DANCE FEDERATION OF MINNESOTA, INC.

Club \_\_\_\_\_ Date of Accident \_\_\_\_\_

Club Officer \_\_\_\_\_ Telephone \_\_\_\_\_

Location of Accident \_\_\_\_\_

Was the accident reported to the facility where the accident occurred? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Injured Person \_\_\_\_\_

Address \_\_\_\_\_

Member of \_\_\_\_\_ Club

Nature of Injury \_\_\_\_\_

Description of Accident \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When & Where was treatment given \_\_\_\_\_

\_\_\_\_\_

Name & Address of Witness:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Signed \_\_\_\_\_

Telephone \_\_\_\_\_

PLEASE COMPLETE THIS FORM WITHIN 48 HOURS OF AN ACCIDENT AND SEND TO

**Federation Insurance Chair**

UPON RECEIPT OF THIS ACCIDENT REPORT, A CLAIM FORM WILL BE MAILED TO THE CLUB