



ADIRONDACK MOUNTAIN CLUB
P.O. Box 4390, Queensbury, NY 12804
(518) 668-4447
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, fax to # above or email to Michael Barrett at michael@adk.org with a CC to Virginia Etu at virginia@adk.org. As soon as possible, make sure to mail the original to Headquarters at the address above.