

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

2/96, 12/09, 1/11