
INCIDENT REPORT

To be completed by Show/Event Co-ordinator

1.) Report should be taken on all injuries, even if as minor as a bump or small cut.

*****Please Note*****

If parent/gaurdian wants to move or pick up their child you cannot interfere!

2.) Call PMT Ins. ASAP to report incident. We are available 24/7!

Peterson, McAnally & Tabor Ins.: Phone # 1-800-422-6210

3.) Mail or fax a copy of the completed incident report and event release form to both:

HUB International Insurance Services

1600 E. Florida Ave., Suite 202

Hemet, CA 92544

Fax # 1-800-531-5692

Club/Association Name: _____

Region #: _____

Policy #: _____

Type of Event: Rodeo

Parade

Trail Ride

Poker Ride

Camping

Other: _____

Event Location: (Address) _____ (City) _____ (State) _____

Incident occurred on ____ / ____ / ____ date at ____ : ____ am / pm

Did incident occur during actual event? Yes No

Location where incident occurred (I.e. arena, bleachers, trailer, etc.): _____

Was 911 called? Yes No

If Yes:

Name of agency who responded: _____

Did injured party refuse medical attention from event personnel? Yes No

Did injured party refuse medical attention from medical personnel? Yes No

If Yes, was "Refusal of Medical Aid Form" signed? Yes No

**ATTN: if the injured is a MINOR THEIR PARENT/GAURDIAN
MUST SIGN FOR THEM!**

Description of incident: _____

(use other side if necessary)

Information of person injured:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: _____ - _____ - _____ Age: _____ *Please note if this is an estimate*

List of atleast 3 witnesses:

1.) Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: _____ - _____ - _____ Occupation: _____

Brief Statement:

2.) Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: _____ - _____ - _____ Occupation: _____

Brief Statement:

3.) Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone #: _____ - _____ - _____ Occupation: _____

Brief Statement:

Name of Co-ordinator: (Please Print) _____

Phone #: _____ - _____ - _____ Signature: _____