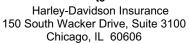
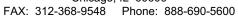


Injury Report Form

MAIL OR FAX COMPLETED FORM

to





Mailing Address: Wo	rk Ph:st time to ca	all:	
Email Address: Chapter Insurance Certificate #: Place of Injury:	st time to ca		
Email Address:		all:	
Chapter Insurance Certificate #: Dat Place of Injury:	e of Injury:		
Place of Injury:	e of Injury:		
Name, addresses, ages of person(s) Injured:			
Names, addresses, telephone numbers of persons who saw incident. Attach extra sh	eets if nec	essary.	
When, where, how injury occurred. Attach a separate sheet if necessary.			
Then, into o, now injury occanical. Altaen a coparate check in hoccostary.			
Type of Injury. Check appropriate Boxes.			
Inte	ernal uries Ar	mputation	Other
Name, address, phone number of person(s) having pictures of accident scene:			
realite, address, priorite manifer of person(s) having pictures of accident sectic.			
Name, address, phone number of responding police department and complaint #:			
ivame, address, priorie number of responding police department and complaint #			

ATTACH A <u>PHOTOCOPY</u> OF EACH INJURED PERSON'S SIGNED RELEASE FORM (REQUIRED). ATTACH THE POLICE REPORT IF AVAILABLE. ONLY POLICE SHOULD TAKE WITNESS REPORTS.