ADIRONDACK MOUNTAIN CLUB
PO Box 867, Lake Placid, NY 12946

Attn: Josh Ellis

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 OCCURRED ON INSURED PREMISES, WHY WAS PERSON ON THE PREMISES?_____

_____

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 mail original to Headquarters as soon as possible. In addition to mailing a copy to ADK, please scan or take a picture of the form and email it to joshe@adk.org