

NATIONAL HORSEMEN'S ASSOCIATION, INC.

REPLY TO: 9090 FM 1026, GOULDBUSK, TEXAS 76845, Phone:(325) 357-4679 Fax (325) 357-4688

ACCIDENT REPORT

Please Type or Print Clearly

CLUB: _____ CLUB CODE: _____

CONTACT PERSON: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF ACCIDENT: _____

INJURED PARTY: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WITNESS#1: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WITNESS#2: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DESCRIPTION OF CIRCUMSTANCES: _____

(USE OTHER SIDE IF NECESSARY, FOR ADDITIONAL FACTS.)

DOES THE INJURED HAVE INSURANCE: _____ IF SO, WHAT: _____

ATTENDING DOCTOR: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOSPITAL INJURED ATTENDED: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CLUB OFFICER: _____

TITLE: _____

NOTE: THIS REPORT MUST BE SIGNED BY A CLUB OFFICER.

THIS REPORT MUST BE FILED WITH US WITHIN 48 HOURS OF AN ACCIDENT!