

Notice of Insurance Occurrence Claim Form

Revised: 1-12-2010

Important Please Print or type report

Send a completed form to both:

EDGETA insurance agent, Carrel Sanders, fax 417-581-4045

EDGETA Safety Committee/Accident Review Committee, Don Young.

P.O. Box 635, Pearblossom, CA 93553, Phone 661-944-3229, Fax 661-944-3229 e-mail:

dongeneraltractor@gmail.com or Wayne Timchuk, 419-706-9457, e-mail: stackhand69@aol.com

Name of Show:

Branch Number: _____ Is it an EDGETA Sponsored Event: Yes No (Circle one) If not explain

Date _____ Time _____ AM/PM (Circle) Address

of where accident happened:

City _____ State _____ Zip _____

Phone No _____

Take Pictures if possible. Film type camera best Description

of the accident:

Equipment involved:

Equipment owned by:

Full name _____ EDGETA Member _____

Branch No. _____

Address _____ City _____ State _____

Zip _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

Make _____ Model _____ SN _____

Was the owner the operator: Yes No (circle one) If answer is No:

Operators name _____ EDGETA Member _____

Branch No. _____

Address _____ City _____ State _____

Zip _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ *Injured*

party:

Full name _____ EDGETA Member _____

Branch _____

Address _____ City _____ State _____

Zip _____

Home Phone: _____ Business Phone _____

Cell Phone: _____

Type of injury: Personal Property (circle correct answer) If Personal

Was emergency personnel called: Yes No (circle one) Was 911 called: Yes No (Circle one)

Whom

Response time: _____ minutes

Police Report _____

Report No. _____

Ambulance Report _____

Wrecker Report _____

If Property: Make _____ Model _____

SN _____

If an automobile: VN# _____

Tag # _____ State _____

Was vehicle: Moving Parked (circle one)

Where can damaged equipment be viewed:

Witnesses: Full name, address, and phone number

#1 _____

Branch No _____

#2 _____

Branch No _____

#3 _____

Branch No _____

Attach statements from all of the above. Witness report on Page 2 of 2

Were the EDGE&TA Safety Requirements being followed: Yes No (Circle One)

EDGETA Branch Contact

Report made by: _____

Branch Officer Position: _____

Address: _____ City _____ State

_____ Zip _____

Phone: _____ Cell Phone: _____

Best time to contact: _____

Revised: January 12,2010

EARLY DAY GAS ENGINE & TRACTOR ASSOCIATION, INC

Notice of Insurance Occurrence/Claim Form

OWNER/OPERATOR/WITNESS

STATEMENT

Date _____ Time _____ Where _____

Full name _____

EDGETA Member _____ Branch _____

Address _____ City _____ State _____

Zip _____

Home Phone: _____ Business Phone _____

Cell Phone: _____

When can you be contacted: _____

OWNER OPERATOR WITNESS

(Circle one)

Signature:

Use additional pages if necessary