

Trails BC Accident Report Form

ATTACH NOTES IF NECESSARY

YOUR NAME: _____

ADDRESS: _____

CITY: _____ PHONE NUMBER: _____ FAX NUMBER: _____

INJURED PERSON NAME: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ PHONE NUMBER: _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____ (A.M./P.M.)

LOCATION OF ACCIDENT: _____

WEATHER CONDITIONS: _____

DESCRIBE WHAT HAPPENED: _____

WAS AN AMBULANCE CALLED: _____ (Yes/No) HOW LONG BEFORE IT ARRIVED: _____

WAS MEDICAL ASSISTANCE PROVIDED BEFORE THE AMBULANCE ARRIVED: _____ (Yes/No)

IF "YES", DESCRIBE WHAT ASSISTANCE WAS GIVEN AND BY WHOM: _____

WAS THE INJURED PERSON A MINOR: _____ (Yes/No)

IF "YES", WERE PARENTS/GUARDIANS PRESENT AT THE TIME OF THE ACCIDENT: _____ (Yes/No)

PARENT/GUARDIAN NAMES: _____

WERE ANY OTHER PEOPLE PRESENT WHO COULD DESCRIBE WHAT HAPPENED: _____ (Yes/No)

IF "YES", PROVIDE THE FOLLOWING FOR EACH:

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBERS</u>
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IF THE ACCIDENT INVOLVED A HORSE, SNOWMOBILE, ATV OR OTHER VEHICLE PROVIDE:

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

CITY: _____ PROVINCE: _____ PHONE NUMBER: _____

LIST/DESCRIBE ANY KNOWN PARTICULARS OF THE HORSE, SNOWMOBILE, ATV OR VEHICLE:

YOUR SIGNATURE: _____ DATE SIGNED: _____

**CONTACT DOMINICA CHRISTIANSEN AT CAPRI INSURANCE (1-800-670-1877)
AND FORWARD A COPY OF THIS INFORMATION TO CAPRI INSURANCE (FAX# 250-860-1213)**