

Notice of Insurance Occurrence Claim Form

Photographs are necessary.

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 OR
P.O.Box 635
Pearblossom, CA 93553-0635

Wayne Timchuk
Phone: 419-706-9457
e-mail: stackhand69@aol.com

Phone: 661-733-6816

e-mail: donsgeneraltractor@gmail.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 _____

Photographs are necessary. Digital photographs are acceptable. Branch members are encouraged to use their phone to take pictures, since nearly everybody now has a phone with a camera.

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: _____

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