

# 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:

[donsredtractor@hotmail.com](mailto:donsredtractor@hotmail.com) or Wayne Timchuk, 419-706-9457, e-mail: [stackhand69@aol.com](mailto:stackhand69@aol.com)

Name of Show:

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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:

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City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No \_\_\_\_\_

***Take Pictures if possible. Film type camera best***

Description of the accident:

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***Equipment involved:***

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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

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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)

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Signature:

Use additional pages if necessary