

# AMA Recreation Incident Report



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Complete all Sections - Send by Fax or Email to:

Fax: (612) 392-2166

Email: [jbirdsong@jonesbirdsong.com](mailto:jbirdsong@jonesbirdsong.com)

**Event Name:** \_\_\_\_\_ **Organizer Name:** \_\_\_\_\_

**Incident Date:** \_\_\_\_\_ **Incident Time:** \_\_\_\_\_ (circle choice) AM / PM

**Event Type:** (circle choice) Off Road / Dual Sport/Adventure Ride / Road Ride / Rally/Grand Tour

**Incident Type:** (circle choice) Bodily Injury / Property Damage / Other \_\_\_\_\_

**Location of Accident:** \_\_\_\_\_

**Injured Person:** (circle choice) Driver/Rider / Spectator / Other \_\_\_\_\_

**Signed Waiver:** (circle choice) Yes / No (Please include a copy of the waiver)

## Information of Injured Person or Property Owner:

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Daytime Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Gender:** (circle choice) Male / Female **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Vehicle:** Car Class \_\_\_\_\_

**Incident Description:** (describe what happened) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Injury Description:** \_\_\_\_\_

\_\_\_\_\_

**Transported to Hospital:** (circle choice) Yes / No **Admitted to Hospital:** (circle choice) Yes / No

**Hospital Name:** \_\_\_\_\_ **Address, City, State:** \_\_\_\_\_

**Witnesses:** **Witness 1** **Witness 2**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reported By:** Name \_\_\_\_\_ Title: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_