

**Prince Edward Island Snowmobile Association
Accident, Loss or Damage Report Form**

<p><i>For all accidents or losses, no matter how minor, involving:</i></p> <p>1. Loss of or damage to any property or equipment of any description;</p> <p>2. Injury to persons or damage to any property of others;</p> <p><i>shall be reported immediately on this form</i></p>	<p>Vehicle collisions must be reported to the local police immediately following a vehicle collision resulting in death, injury or property damage of \$1,000.00 or more.</p>
<p>Where a fatality, serious injury or damage to property in excess of \$5,000.00 occurs report immediately by telephone to Director Insurance Committee at (phone number) and follow with written report within 48 hours.</p>	
<p>Mail the white and yellow copies to the PEISA, Box 2526, Charlottetown, PE C1A 8C2. Retain the pink copy for your records.</p>	

Section One

Person reporting the accident, loss or damage.

Trail Warden <input type="checkbox"/> Groomer operator <input type="checkbox"/> Other volunteer identify _____		
Name	Drivers license no	Date of birth
Address	City/community	Telephone no.
Date _____ Year Month Day Time of Day Location of incident		
Did police take details? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, what Force / Detachment and Officer's name		
If yes, have charges been laid? Yes <input type="checkbox"/> No <input type="checkbox"/> Do not know <input type="checkbox"/>		
If yes, what charges and against whom?		

Section Two

Identification of PEISA persons and property involved with the accident, loss or damage.

Volunteer 1: Trail Warden <input type="checkbox"/> Groomer operator <input type="checkbox"/> Other volunteer identify _____				
Name		Drivers license no		Date of birth
Address		City/community		Telephone no.
Injuries				
Motor vehicle	Model	Plate No.	Describe the damage	
Taken to (check one)		Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>		
Volunteer 2: Trail Warden <input type="checkbox"/> Groomer operator <input type="checkbox"/> Other volunteer identify _____				
Name		Drivers license no		Date of birth
Address		City/community		Telephone no.
Injuries				
Motor vehicle	Model	Plate No.	Describe the damage	
Taken to (check one)		Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>		
Volunteer 3: Trail Warden <input type="checkbox"/> Groomer operator <input type="checkbox"/> Other volunteer identify _____				
Name		Drivers license no		Date of birth
Address		City/community		Telephone no.
Injuries				
Motor vehicle	Model	Plate No.	Describe the damage	
Taken to (check one)		Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>		

Section Three

Identification of Other persons and property involved with the accident, loss or damage.

Other person:					
Name		Drivers license no		Date of birth	
Address		City/community		Telephone no.	
Injuries					
Motor vehicle	Model	Plate No.	Describe the damage		
Taken to (check one)		Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>			
Other person:					
Name		Drivers license no		Date of birth	
Address		City/community		Telephone no.	
Injuries					
Motor vehicle	Model	Plate No.	Describe the damage		
Taken to (check one)		Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>			
Other person:					
Name		Drivers license no		Date of birth	
Address		City/community		Telephone no.	
Injuries					
Motor vehicle	Model	Plate No.	Describe the damage		
Taken to (check one)		Home <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/>			

Part Four

Witness Section.

Print name in full	Address	Postal code	Telephone number
1.			
2.			
3.			
4.			

Part 5

Please use this section to fully describe the details of the accident, loss, or damage to property or persons. The description must include who was involved, when it occurred, where it took place, what was damaged or lost, and if know, why it occurred. Failure to include all relevant information may delay processing of the insurance claim.

Signature of person completing this report	Date completed
Signature of PEISA administrator	Date received