

General Details

Fund Subscriber: Name of Person Injured			
Full Address:			
Phone No.:		Date of Birth:	

Name of Gun Club to which you belong:	
County Body to which your Club is affiliated:	
State Fund Membership Card Number:	
State date on which protection commenced:	
How long have you been shooting:	Years

Marital Status:	
Number Of Children:	
F.P.S. Number:	
Occupation:	

The Accident

Place of Occurrence:	
Date of Occurrence:	
Time of Occurrence:	a.m. / p.m.

In the following, provide copious details of:

- A) The circumstances leading up to the incident. - What were you doing?
- B) How the incident actually occurred.
- C) What injuries were sustained.
- D) What took place in the immediate aftermath.

A)

B)

C)

D)

Have you been totally unable to attend to any portion of your business, if so give dates:

In Hospital:		From the:		To the:	
In Bed At Home:		From the:		To the:	
Confined to the House:		From the:		To the:	

Are you still totally unable to attend to any portion of your business?

If yes, probable period of incapacity?

Name of Witness (if any):	
Address:	
Phone Number:	
Name of Witness (if any):	
Address:	
Phone Number:	
To whom was the incident first reported and when:	

Only if this incident relates to a shooting accident state:

Who discharged the gun? Name:			
Address:			
Type of cartridge involved - Make:		No.:	
Distance from your:		How old is the gun:	Years

Only if this incident relates to a dog attack state:

Breed of Dog:		Owner:	
Address:			

I declare that the information given in this Report is a truthful and honest expression of the facts pertaining to the incident described and I understand that a false declaration will render my protection by the Compensation Fund to be null and void.

Fund Subscriber:	Date:
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For Official Use Only

[REF: PA OUT: IN:]

Total TTD WKS:			
Value:		Paid:	
LP's.:		Date:	
Due Net:			

**The
N.A.R.G.C.
Game Hunting
Compensation Fund**

**Personal
Accident
Report
Form**

